



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

## Golden Rule Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 62286 Employer's ID Number 37-6028756  
(Current) (Prior)

Organized under the Laws of Indiana State of Domicile or Port of Entry IN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 06/17/1959 Commenced Business 06/23/1961

Statutory Home Office 7440 Woodland Drive Indianapolis, IN, US 46278  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7440 Woodland Drive  
(Street and Number) Indianapolis, IN, US 46278 317-290-8100  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane, MN006-W500 Minnetonka, MN, US 55343  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7440 Woodland Drive  
(Street and Number) Indianapolis, IN, US 46278 317-290-8100  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address goldenrule.com

Statutory Statement Contact Mika Yamada 952-979-6178  
(Name) (Area Code) (Telephone Number)  
gric\_naic62286@uhc.com 952-931-4651  
(E-mail Address) (FAX Number)

**OFFICERS**

Chief Executive Officer, President, and Chair John William Cosgriff Treasurer Marilyn Victoria Hirsch #  
 Secretary and Vice President Richard Charles Sullivan Chief Financial Officer and Vice President Ahmad Isam Ansari

**OTHER**

Nyle Brent Cottingham, Vice President Heather Anastasia Lang, Assistant Secretary

**DIRECTORS OR TRUSTEES**

Ahmad Isam Ansari John William Cosgriff Christopher Michael Reuter  
Taryn Sarah Risucci # Richard Charles Sullivan

State of INDIANA State of \_\_\_\_\_ State of \_\_\_\_\_  
 County of MARION County of \_\_\_\_\_ County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from 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.

*Richard Charles Sullivan*

Richard Charles Sullivan  
Secretary, Vice President

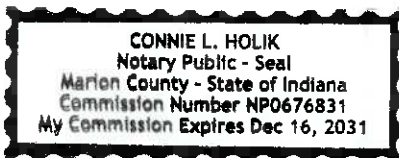
Ahmad Isam Ansari

Chief Financial Officer, Vice President

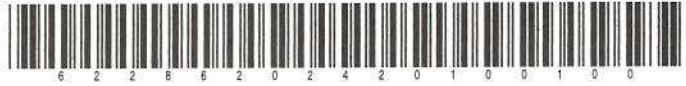
John William Cosgriff

Chief Executive Officer, President, Chair

Subscribed and sworn to before me this 14<sup>th</sup> day of FEBRUARY, 2025 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
*Connie L. Holik*



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



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Golden Rule Insurance Company

NAIC Group Code 0707 (Current) 0707 (Prior) NAIC Company Code 62286 Employer's ID Number 37-6028756

Organized under the Laws of Indiana, State of Domicile or Port of Entry IN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 06/17/1959 Commenced Business 06/23/1961

Statutory Home Office 7440 Woodland Drive Indianapolis, IN, US 46278

Main Administrative Office 7440 Woodland Drive Indianapolis, IN, US 46278 317-290-8100

Mail Address 9800 Health Care Lane, MN006-W500 Minnetonka, MN, US 55343

Primary Location of Books and Records 7440 Woodland Drive Indianapolis, IN, US 46278 317-290-8100

Internet Website Address goldenrule.com

Statutory Statement Contact Mika Yamada 952-979-6178
gric\_naic62286@uhc.com 952-931-4651

OFFICERS

Chief Executive Officer, President, and Chair John William Cosgriff Treasurer Marilyn Victoria Hirsch #
Secretary and Vice President Richard Charles Sullivan Chief Financial Officer and Vice President Ahmad Isam Ansari

OTHER

Nyle Brent Cottingham, Vice President Heather Anastasia Lang, Assistant Secretary

DIRECTORS OR TRUSTEES

Ahmad Isam Ansari John William Cosgriff Christopher Michael Reuter
Taryn Sarah Risucci # Richard Charles Sullivan

State of County of

State of Minnesota County of Hennepin

State of Minnesota County of Hennepin

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 there from 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.

Richard Charles Sullivan
Secretary, Vice President

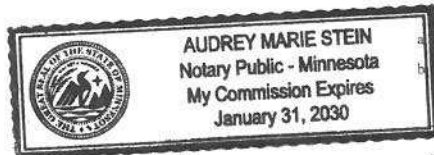
Ahmad Isam Ansari
Chief Financial Officer, Vice President

John William Cosgriff
Chief Executive Officer, President, Chair

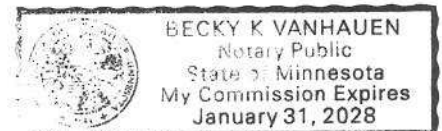
Subscribed and sworn to before me this day of

Subscribed and sworn to before me this 30th day of January 2025
Audrey Marie Stein

Subscribed and sworn to before me this 31st day of February 2025
Becky Van Hauen



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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	404,469,628	0	404,469,628	394,970,802
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	2,033,128
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ ..... (9,835,943) , Schedule E - Part 1), cash equivalents (\$ ..... 27,856,239 , Schedule E - Part 2) and short-term investments (\$ ..... 32,458,128 , Schedule DA) .....	50,478,424	0	50,478,424	128,209,790
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	18,074	0	18,074	28,310
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	454,966,126	0	454,966,126	525,242,030
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	3,347,123	0	3,347,123	3,356,164
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,803,366	7,098	9,796,268	8,982,798
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	482,530	0	482,530	486,975
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....	13,102,554	0	13,102,554	8,089,005
18.2 Net deferred tax asset .....	25,045,707	14,329,785	10,715,922	10,697,182
19. Guaranty funds receivable or on deposit .....	2,773,341	0	2,773,341	2,780,925
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ ..... 11,041,901 ) and other amounts receivable .....	19,658,323	8,616,422	11,041,901	10,277,065
25. Aggregate write-ins for other-than-invested assets .....	24,837,899	23,638,710	1,199,189	244,419
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	554,016,969	46,592,015	507,424,954	570,156,563
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	554,016,969	46,592,015	507,424,954	570,156,563
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Advances and Prepaids .....	23,630,540	23,630,540	0	0
2502. State Taxes Receivable .....	1,199,189	0	1,199,189	244,419
2503. Miscellaneous Receivables .....	8,170	8,170	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	24,837,899	23,638,710	1,199,189	244,419

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 13,637,554 reinsurance ceded) .....	94,463,333	9,891,465	104,354,798	123,583,966
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses.....	4,030,148	0	4,030,148	4,686,026
4. Aggregate health policy reserves, including the liability of \$ ..... 5,042,742 for medical loss ratio rebate per the Public Health Service Act .....	46,601,607	155,764	46,757,371	49,766,872
5. Aggregate life policy reserves.....	951,844	0	951,844	836,491
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	1,815,962	151,945	1,967,907	2,204,541
8. Premiums received in advance.....	15,635,683	0	15,635,683	28,842,034
9. General expenses due or accrued.....	21,280,735	0	21,280,735	22,278,542
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	7,383	0	7,383	4,538
13. Remittances and items not allocated.....	689,696	0	689,696	339,916
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	20,112,199	0	20,112,199	838,128
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ ..... 28,220,397 current).....	28,220,397	0	28,220,397	26,475,751
24. Total liabilities (Lines 1 to 23).....	233,808,987	10,199,174	244,008,161	259,856,805
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	3,262,704	3,262,704
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	14,162,016	14,162,016
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	245,992,073	292,875,038
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ).....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	263,416,793	310,299,758
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	507,424,954	570,156,563
<b>DETAILS OF WRITE-INS</b>				
2301. Drafts Outstanding .....	23,466,122	0	23,466,122	22,414,292
2302. Miscellaneous Liabilities .....	2,109,746	0	2,109,746	2,040,004
2303. Association Group Escrow Account .....	908,105	0	908,105	1,199,192
2398. Summary of remaining write-ins for Line 23 from overflow page .....	1,736,424	0	1,736,424	822,263
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	28,220,397	0	28,220,397	26,475,751
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	15,544,701	14,897,271
2. Net premium income ( including \$ .....3,128,142 non-health premium income) .....	XXX	1,447,111,292	1,545,789,768
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	3,147,175	4,148,137
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	40,093	3,777,862
8. Total revenues (Lines 2 to 7) .....	XXX	1,450,298,560	1,553,715,767
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	60,972,438	645,887,943	714,512,348
10. Other professional services .....	12,238,425	116,004,023	92,856,873
11. Outside referrals .....	0	0	0
12. Emergency room and out-of-area .....	0	0	0
13. Prescription drugs .....	9,249,078	86,894,869	96,345,946
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0
16. Subtotal (Lines 9 to 15) .....	82,459,941	848,786,835	903,715,167
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	15,440,016	19,733,710
18. Total hospital and medical (Lines 16 minus 17) .....	82,459,941	833,346,819	883,981,457
19. Non-health claims (net) .....	0	1,137,485	1,440,124
20. Claims adjustment expenses, including \$ .....17,316,409 cost containment expenses ....	0	43,231,648	49,029,681
21. General administrative expenses .....	0	398,096,968	413,047,924
22. Increase in reserves for life and accident and health contracts (including \$ .....134,735 increase in reserves for life only) .....	0	134,735	(74,594)
23. Total underwriting deductions (Lines 18 through 22).....	82,459,941	1,275,947,655	1,347,424,592
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	174,350,905	206,291,175
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	22,307,822	19,246,289
26. Net realized capital gains (losses) less capital gains tax of \$ .....252,934 .....	0	(1,320,943)	929,972
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	20,986,879	20,176,261
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )] .....	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	70,413	(91,283)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	195,408,197	226,376,153
31. Federal and foreign income taxes incurred .....	XXX	39,648,606	43,189,703
32. Net income (loss) (Lines 30 minus 31) .....	XXX	155,759,591	183,186,450
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. Other Income .....	XXX	(4,639)	3,724,947
0702. Policyholder Fees .....	XXX	44,732	52,915
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	40,093	3,777,862
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Fines And Penalties .....	0	(2,232)	(144,229)
2902. Miscellaneous .....	0	72,645	52,880
2903. Investment Proceeds - Settlement .....	0	0	66
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	70,413	(91,283)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	310,299,758	311,782,513
34. Net income or (loss) from Line 32 .....	155,759,591	183,186,450
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	510,096	(1,600,813)
39. Change in nonadmitted assets .....	(7,271,533)	(218,997)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	(183,000,000)	(181,500,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	(12,881,119)	(1,349,395)
48. Net change in capital and surplus (Lines 34 to 47) .....	(46,882,965)	(1,482,755)
49. Capital and surplus end of reporting period (Line 33 plus 48)	263,416,793	310,299,758
<b>DETAILS OF WRITE-INS</b>		
4701. Change in Surplus Due to Reinsurance .....	0	(1,349,395)
4702. Correction of Error .....	(12,881,119)	0
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(12,881,119)	(1,349,395)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,433,088,600	1,543,696,977
2. Net investment income .....	23,615,929	25,006,736
3. Miscellaneous income .....	(21,029,291)	3,830,808
4. Total (Lines 1 through 3) .....	1,435,675,238	1,572,534,521
5. Benefit and loss related payments .....	858,385,142	911,355,874
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	441,933,908	464,194,365
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	41,490,994	40,471,836
10. Total (Lines 5 through 9) .....	1,341,810,044	1,416,022,075
11. Net cash from operations (Line 4 minus Line 10) .....	93,865,194	156,512,446
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	109,221,548	140,879,784
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	30,250	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	109,251,798	140,879,784
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	119,711,943	92,714,036
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	119,711,943	92,714,036
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(10,460,145)	48,165,748
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	183,000,000	181,500,000
16.6 Other cash provided (applied) .....	21,863,585	(2,173,839)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(161,136,415)	(183,673,839)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(77,731,366)	21,004,355
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	128,209,790	107,205,435
19.2 End of year (Line 18 plus Line 19.1) .....	50,478,424	128,209,790

Note: Supplemental disclosures of cash flow information for non-cash transactions:

--	--	--

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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											
1. Net premium income	1,447,111,292	439,925,138	0	8,445,048	36,764,183	163,766,915	0	0	0	0	58,934	0	795,022,932	3,128,142
2. Change in unearned premium reserves and reserve for rate credit	3,147,175	734,071	0	49,827	2,692	4,450	0	0	0	0	9	0	2,353,185	2,941
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	40,093	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,093
7. Total revenues (Lines 1 to 6)	1,450,298,560	440,659,209	0	8,494,875	36,766,875	163,771,365	0	0	0	0	58,943	0	797,376,117	3,171,176
8. Hospital/medical benefits	645,887,943	266,190,549	0	6,811,952	29,427	121,379	0	0	0	0	1,545	0	372,733,091	XXX
9. Other professional services	116,004,023	0	0	0	18,659,455	97,344,568	0	0	0	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	86,894,869	76,207,276	0	(81,663)	0	0	0	0	0	0	0	0	10,769,256	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	848,786,835	342,397,825	0	6,730,289	18,688,882	97,465,947	0	0	0	0	1,545	0	383,502,347	XXX
16. Net reinsurance recoveries	15,440,016	0	0	0	0	0	0	0	0	0	0	0	15,440,016	XXX
17. Total medical and hospital (Lines 15 minus 16)	833,346,819	342,397,825	0	6,730,289	18,688,882	97,465,947	0	0	0	0	1,545	0	368,062,331	XXX
18. Non-health claims (net)	1,137,485	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,137,485
19. Claims adjustment expenses including \$ 17,316,409 cost containment expenses	43,231,648	6,960,295	0	129,695	5,793,041	1,340,181	0	0	0	0	0	0	28,835,509	172,927
20. General administrative expenses	398,096,968	64,093,613	0	1,194,291	53,344,994	12,341,006	0	0	0	0	0	0	265,530,676	1,592,388
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	134,735	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134,735
23. Total underwriting deductions (Lines 17 to 22)	1,275,947,655	413,451,733	0	8,054,275	77,826,917	111,147,134	0	0	0	0	1,545	0	662,428,516	3,037,535
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	174,350,905	27,207,476	0	440,600	(41,060,042)	52,624,231	0	0	0	0	57,398	0	134,947,601	133,641
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. Other Income	(4,639)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(4,639)
0602. Policyholder Fees	44,732	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,732
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	40,093	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,093
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	439,925,134	0	0	439,925,134
2. Comprehensive (hospital and medical) group .....	0	0	0	0
3. Medicare Supplement .....	8,445,050	0	0	8,445,050
4. Vision only .....	36,764,184	0	0	36,764,184
5. Dental only .....	163,766,917	0	0	163,766,917
6. Federal Employees Health Benefits Plan .....	0	0	0	0
7. Title XVIII - Medicare .....	0	0	0	0
8. Title XIX - Medicaid .....	0	0	0	0
9. Credit A&H .....	0	0	0	0
10. Disability Income .....	58,936	0	0	58,936
11. Long-Term Care .....	0	0	0	0
12. Other health .....	795,022,929	0	0	795,022,929
13. Health subtotal (Lines 1 through 12) .....	1,443,983,150	0	0	1,443,983,150
14. Life .....	15,030,541	0	11,902,399	3,128,142
15. Property/casualty .....	0	0	0	0
16. Totals (Lines 13 to 15)	1,459,013,691	0	11,902,399	1,447,111,292

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	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											
1. Payments during the year:														
1.1 Direct	977,889,689	358,606,109	0	6,855,722	18,593,261	95,663,685	0	0	0	0	3,929	0	377,858,086	120,308,897
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	118,998,606	0	0	0	0	0	0	0	0	0	0	0	0	118,998,606
1.4 Net	858,891,083	358,606,109	0	6,855,722	18,593,261	95,663,685	0	0	0	0	3,929	0	377,858,086	1,310,291
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	117,992,352	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	15,408,737
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	13,637,554	0	0	0	0	0	0	0	0	0	0	0	0	13,637,554
3.4 Net	104,354,798	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	1,771,183
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Net health care receivables (a)	4,940,976	4,066,358	0	(50,180)	0	0	0	0	0	0	0	0	899,798	25,000
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	134,348,897	49,553,505	0	5,201,681	1,055,093	5,294,493	0	0	0	0	5,119	0	60,530,087	12,708,919
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	10,764,931	0	0	0	0	0	0	0	0	0	0	0	0	10,764,931
8.4 Net	123,583,966	49,553,505	0	5,201,681	1,055,093	5,294,493	0	0	0	0	5,119	0	60,530,087	1,943,988
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	2,204,541	1,220,849	0	56,909	0	0	0	0	0	0	2,493	0	924,290	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	2,204,541	1,220,849	0	56,909	0	0	0	0	0	0	2,493	0	924,290	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	956,355,534	342,397,823	0	6,730,283	18,688,884	97,465,946	0	0	0	0	1,545	0	368,087,338	122,983,715
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	121,871,229	0	0	0	0	0	0	0	0	0	0	0	0	121,871,229
12.4 Net	834,484,305	342,397,823	0	6,730,283	18,688,884	97,465,946	0	0	0	0	1,545	0	368,087,338	1,112,486
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	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											
1. Reported in Process of Adjustment:														
1.1 Direct .....	15,459,561	25,824	0	0	0	0	0	0	0	0	0	0	25,000	15,408,737
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	13,637,554	0	0	0	0	0	0	0	0	0	0	0	0	13,637,554
1.4 Net .....	1,822,007	25,824	0	0	0	0	0	0	0	0	0	0	25,000	1,771,183
2. Incurred but Unreported:														
2.1 Direct .....	102,532,791	37,542,593	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,708,943	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	102,532,791	37,542,593	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,708,943	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	117,992,352	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	15,408,737
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	13,637,554	0	0	0	0	0	0	0	0	0	0	0	0	13,637,554
4.4 Net .....	104,354,798	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	1,771,183

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	29,313,013	329,293,096	(105,132)	38,737,557	29,207,881	50,774,355
2. Comprehensive (hospital and medical) group .....	0	0	0	0	0	0
3. Medicare Supplement .....	5,646,672	1,209,050	(755,054)	5,838,024	4,891,618	5,258,590
4. Vision Only .....	227,450	18,365,811	682,188	468,529	909,638	1,055,094
5. Dental Only .....	1,065,087	94,598,598	3,578,489	3,518,265	4,643,576	5,294,493
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	0	0	0	0	0	0
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	3,929	0	5,003	(10,231)	8,932	7,612
11. Long-Term Care .....	0	0	0	0	0	0
12. Other health .....	46,661,921	331,196,165	(2,563,006)	55,156,891	44,098,915	61,454,376
13. Health subtotal (Lines 1 to 12) .....	82,918,072	774,662,720	842,488	103,709,035	83,760,560	123,844,520
14. Health care receivables (a) .....	4,996,777	14,661,546	0	0	4,996,777	14,717,345
15. Other non-health .....	(523,032)	1,833,324	1,943,989	(172,806)	1,420,957	1,943,988
16. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
17. Totals (Lines 13 - 14 + 15 + 16)	77,398,263	761,834,498	2,786,477	103,536,229	80,184,740	111,071,163

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	877,682	1,332,838	1,332,838	1,332,838	1,332,838
2.	2020 .....	395,576	873,289	873,289	873,289	873,289
3.	2021 .....	XXX	467,882	518,583	518,583	518,583
4.	2022 .....	XXX	XXX	410,924	444,532	444,532
5.	2023 .....	XXX	XXX	XXX	371,987	401,300
6.	2024 .....	XXX	XXX	XXX	XXX	329,293

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	878,515	1,332,838	1,332,838	1,332,838	1,332,838
2.	2020 .....	482,716	874,307	873,289	873,289	873,289
3.	2021 .....	XXX	543,251	519,525	518,583	518,583
4.	2022 .....	XXX	XXX	468,286	445,089	444,532
5.	2023 .....	XXX	XXX	XXX	422,204	401,194
6.	2024 .....	XXX	XXX	XXX	XXX	368,031

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	696,577	873,289	0	0.0	873,289	125.4	0	0	873,289	125.4
2. 2021 .....	629,168	518,583	3,494	0.7	522,077	83.0	0	0	522,077	83.0
3. 2022 .....	575,964	444,532	21,860	4.9	466,392	81.0	0	0	466,392	81.0
4. 2023 .....	511,526	401,300	8,062	2.0	409,362	80.0	(105)	(2)	409,255	80.0
5. 2024 .....	440,659	329,293	6,659	2.0	335,952	76.2	38,738	838	375,528	85.2

12.HM

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	14,236	21,619	21,619	21,619	21,618
2.	2020 .....	6,416	14,164	14,166	14,166	14,166
3.	2021 .....	XXX	7,589	8,871	8,901	8,901
4.	2022 .....	XXX	XXX	6,586	7,757	7,786
5.	2023 .....	XXX	XXX	XXX	6,544	12,161
6.	2024 .....	XXX	XXX	XXX	XXX	1,209

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	14,294	21,619	21,619	21,619	21,619
2.	2020 .....	12,516	14,236	14,166	14,166	14,166
3.	2021 .....	XXX	12,865	12,732	8,901	8,901
4.	2022 .....	XXX	XXX	7,939	11,617	7,786
5.	2023 .....	XXX	XXX	XXX	7,942	11,406
6.	2024 .....	XXX	XXX	XXX	XXX	7,047

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2020 .....	14,898	14,166	0	0.0	14,166	95.1	0	0	14,166	95.1
2. 2021 .....	12,703	8,901	1	0.0	8,902	70.1	0	0	8,902	70.1
3. 2022 .....	10,604	7,786	4	0.1	7,790	73.5	0	0	7,790	73.5
4. 2023 .....	9,477	12,161	55	0.5	12,216	128.9	(755)	(16)	11,445	120.8
5. 2024 .....	8,495	1,209	76	6.3	1,285	15.1	5,838	127	7,250	85.3

12.MS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	108,612	164,937	164,944	164,944	164,943
2. 2020 .....	48,952	108,068	108,103	108,106	108,108
3. 2021 .....	XXX	57,900	59,561	59,573	59,582
4. 2022 .....	XXX	XXX	71,460	72,904	72,922
5. 2023 .....	XXX	XXX	XXX	76,793	77,828
6. 2024 .....	XXX	XXX	XXX	XXX	94,599

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	108,684	164,937	164,944	164,943	164,943
2. 2020 .....	56,547	108,157	108,103	108,106	108,108
3. 2021 .....	XXX	64,469	61,999	59,573	59,582
4. 2022 .....	XXX	XXX	75,175	75,276	72,922
5. 2023 .....	XXX	XXX	XXX	79,716	81,406
6. 2024 .....	XXX	XXX	XXX	XXX	98,117

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	102,828	108,108	1	0.0	108,109	105.1	0	0	108,109	105.1
2. 2021 .....	132,945	59,582	660	1.1	60,242	45.3	0	0	60,242	45.3
3. 2022 .....	147,073	72,922	5,911	8.1	78,833	53.6	0	0	78,833	53.6
4. 2023 .....	152,967	81,406	4,451	5.5	85,857	56.1	3,578	165	89,600	58.6
5. 2024 .....	163,771	98,117	1,158	1.2	99,275	60.6	3,518	162	102,955	62.9

12.D0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	22,496	34,162	34,162	34,162	34,162
2. 2020 .....	10,139	22,383	22,384	22,384	22,384
3. 2021 .....	XXX	11,992	12,532	12,532	12,532
4. 2022 .....	XXX	XXX	13,408	13,997	13,996
5. 2023 .....	XXX	XXX	XXX	15,262	15,490
6. 2024 .....	XXX	XXX	XXX	XXX	18,366

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	22,511	34,162	34,162	34,162	34,162
2. 2020 .....	11,674	22,401	22,384	22,384	22,384
3. 2021 .....	XXX	13,320	12,802	12,532	12,532
4. 2022 .....	XXX	XXX	14,650	14,266	13,996
5. 2023 .....	XXX	XXX	XXX	16,048	16,172
6. 2024 .....	XXX	XXX	XXX	XXX	18,834

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	21,405	22,384	0	0.0	22,384	104.6	0	0	22,384	104.6
2. 2021 .....	28,099	12,532	148	1.2	12,680	45.1	0	0	12,680	45.1
3. 2022 .....	31,111	13,996	1,247	8.9	15,243	49.0	0	0	15,243	49.0
4. 2023 .....	32,749	16,172	1,486	9.2	17,658	53.9	682	49	18,389	56.2
5. 2024 .....	36,767	18,834	5,177	27.5	24,011	65.3	469	33	24,513	66.7

12 VO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	734,446	1,115,323	1,115,183	1,113,734	1,113,735
2.	2020 .....	331,019	730,773	715,470	715,557	715,555
3.	2021 .....	XXX	391,526	479,111	480,579	480,657
4.	2022 .....	XXX	XXX	361,346	420,793	424,100
5.	2023 .....	XXX	XXX	XXX	342,979	386,263
6.	2024 .....	XXX	XXX	XXX	XXX	331,196

**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	735,399	1,115,323	1,115,183	1,113,734	1,113,734
2.	2020 .....	430,644	731,935	715,470	715,557	715,555
3.	2021 .....	XXX	477,691	473,260	480,579	480,657
4.	2022 .....	XXX	XXX	446,830	415,606	424,100
5.	2023 .....	XXX	XXX	XXX	409,628	383,705
6.	2024 .....	XXX	XXX	XXX	XXX	386,343

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	790,827	715,555	2	0.0	715,557	90.5	0	0	715,557	90.5
2. 2021 .....	894,042	480,657	6,261	1.3	486,918	54.5	0	0	486,918	54.5
3. 2022 .....	867,838	424,100	34,996	8.3	459,096	52.9	0	0	459,096	52.9
4. 2023 .....	839,753	383,705	35,223	9.2	418,928	49.9	(2,557)	(164)	416,207	49.6
5. 2024 .....	797,435	386,343	25,677	6.6	412,020	51.7	55,146	2,838	470,004	58.9

12.01

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	1,757,472	2,668,879	2,668,746	2,667,297	2,667,296
2.	2020 .....	792,102	1,748,677	1,733,412	1,733,502	1,733,502
3.	2021 .....	XXX	936,889	1,078,658	1,080,168	1,080,255
4.	2022 .....	XXX	XXX	863,724	959,983	963,336
5.	2023 .....	XXX	XXX	XXX	813,565	893,042
6.	2024 .....	XXX	XXX	XXX	XXX	774,663

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	1,759,403	2,668,879	2,668,746	2,667,296	2,667,296
2.	2020 .....	994,097	1,751,036	1,733,412	1,733,502	1,733,502
3.	2021 .....	XXX	1,111,596	1,080,318	1,080,168	1,080,255
4.	2022 .....	XXX	XXX	1,012,880	961,854	963,336
5.	2023 .....	XXX	XXX	XXX	935,538	893,883
6.	2024 .....	XXX	XXX	XXX	XXX	878,372

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	1,626,535	1,733,502	3	0.0	1,733,505	106.6	0	0	1,733,505	106.6
2. 2021 .....	1,696,957	1,080,255	10,564	1.0	1,090,819	64.3	0	0	1,090,819	64.3
3. 2022 .....	1,632,590	963,336	64,018	6.6	1,027,354	62.9	0	0	1,027,354	62.9
4. 2023 .....	1,546,472	894,744	49,277	5.5	944,021	61.0	843	32	944,896	61.1
5. 2024 .....	1,447,127	833,796	38,747	4.6	872,543	60.3	103,709	3,998	980,250	67.7

12.GT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	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
		2 Individual	3 Group										
1. Unearned premium reserves .....	36,269,616	18,032,177	0	405,420	9,377	19,723	0	0	0	0	1,059	0	17,801,860
2. Additional policy reserves (a) .....	6,260,243	974,958	0	1,676,125	0	0	0	0	0	0	0	0	3,609,160
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 for investment income) ..	5,054,742	5,042,742	0	12,000	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	47,584,601	24,049,877	0	2,093,545	9,377	19,723	0	0	0	0	1,059	0	21,411,020
7. Reinsurance ceded .....	827,230	827,230	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	46,757,371	23,222,647	0	2,093,545	9,377	19,723	0	0	0	0	1,059	0	21,411,020
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company  
**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			
1. Rent (\$ .....0 for occupancy of own building) .....	471,874	763,428	4,112,158	0	5,347,460
2. Salary, wages and other benefits .....	9,105,972	14,732,234	112,362,608	0	136,200,814
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	0	0	156,778,972	0	156,778,972
4. Legal fees and expenses .....	122,581	198,320	1,512,586	0	1,833,487
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services ... ..	1,144,310	1,851,340	14,120,152	0	17,115,802
7. Traveling expenses .....	153,053	247,619	1,888,585	0	2,289,257
8. Marketing and advertising .....	424,215	686,322	5,234,572	0	6,345,109
9. Postage, express and telephone .....	333,684	539,856	4,117,479	0	4,991,019
10. Printing and office supplies .....	640,187	1,035,736	7,899,546	0	9,575,469
11. Occupancy, depreciation and amortization .....	171,725	277,829	2,255,003	0	2,704,557
12. Equipment .....	77,239	124,962	953,087	0	1,155,288
13. Cost or depreciation of EDP equipment and software .....	1,009,032	1,632,477	12,450,889	0	15,092,398
14. Outsourced services including EDP, claims, and other services .....	541,891	876,707	6,686,634	0	8,105,232
15. Boards, bureaus and association fees .....	12,423	20,099	153,297	0	185,819
16. Insurance, except on real estate .....	220,259	356,349	2,717,870	0	3,294,478
17. Collection and bank service charges .....	55,440	89,694	11,571,203	0	11,716,337
18. Group service and administration fees .....	152,145	246,150	1,880,166	0	2,278,461
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	15,195	34,856	281,592	0	331,643
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	3,499,244	0	3,499,244
23.2 State premium taxes .....	0	0	23,841,825	0	23,841,825
23.3 Regulatory authority licenses and fees .....	0	0	6,418,468	0	6,418,468
23.4 Payroll taxes .....	379,880	871,397	7,039,795	0	8,291,072
23.5 Other (excluding federal income and real estate taxes) .....	0	0	24	0	24
24. Investment expenses not included elsewhere .....	0	0	0	280,254	280,254
25. Aggregate write-ins for expenses .....	2,285,304	1,329,864	10,321,213	0	13,936,381
26. Total expenses incurred (Lines 1 to 25) .....	17,316,409	25,915,239	398,096,968	280,254	(a) 441,608,870
27. Less expenses unpaid December 31, current year .....	1,614,273	2,415,875	21,205,931	74,804	25,310,883
28. Add expenses unpaid December 31, prior year .....	1,966,297	2,719,729	22,161,791	116,751	26,964,568
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	17,668,433	26,219,093	399,052,828	322,201	443,262,555
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Expenses .....	2,285,304	1,329,864	10,321,213	0	13,936,381
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	2,285,304	1,329,864	10,321,213	0	13,936,381

(a) Includes management fees of \$ ..... 221,095,244 to affiliates and \$ ..... 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) ..... 924,838	..... 941,645
1.1 Bonds exempt from U.S. tax .....	(a) ..... 0	..... 0
1.2 Other bonds (unaffiliated) .....	(a) ..... 10,850,537	..... 10,998,621
1.3 Bonds of affiliates .....	(a) ..... 0	..... 0
2.1 Preferred stocks (unaffiliated) .....	(b) ..... 0	..... 0
2.11 Preferred stocks of affiliates .....	(b) ..... 0	..... 0
2.2 Common stocks (unaffiliated) .....	..... 0	..... 0
2.21 Common stocks of affiliates .....	..... 0	..... 0
3. Mortgage loans .....	(c) ..... 0	..... 0
4. Real estate .....	(d) ..... 370,773	..... 370,773
5. Contract Loans .....	..... 0	..... 0
6. Cash, cash equivalents and short-term investments .....	(e) ..... 10,331,375	..... 10,294,044
7. Derivative instruments .....	(f) ..... 0	..... 0
8. Other invested assets .....	..... (10,236)	..... (10,236)
9. Aggregate write-ins for investment income .....	..... 0	..... 0
10. Total gross investment income .....	22,467,287	22,594,847
11. Investment expenses .....		(g) ..... 280,254
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g) ..... 0
13. Interest expense .....		(h) ..... 6,771
14. Depreciation on real estate and other invested assets .....		(i) ..... 0
15. Aggregate write-ins for deductions from investment income .....		..... 0
16. Total deductions (Lines 11 through 15) .....		..... 287,025
17. Net investment income (Line 10 minus Line 16) .....		22,307,822
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....		0

- (a) Includes \$ .....614,025 accrual of discount less \$ ..... 2,806,044 amortization of premium and less \$ ..... 570,757 paid for accrued interest on purchases.
- (b) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.
- (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (d) Includes \$ ..... 0 for company's occupancy of its own buildings; and excludes \$ ..... 0 interest on encumbrances.
- (e) Includes \$ .....2,232,462 accrual of discount less \$ ..... 1,152 amortization of premium and less \$ .....47,225 paid for accrued interest on purchases.
- (f) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium.
- (g) Includes \$ ..... 0 investment expenses and \$ ..... 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... 0 interest on surplus notes and \$ ..... 0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	1,200,454	0	1,200,454	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	(2,270,858)	0	(2,270,858)	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	3,995	0	3,995	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	(1,066,409)	0	(1,066,409)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	7,098	4,228	(2,870)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	14,329,785	13,838,429	(491,356)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	8,616,422	4,440,280	(4,176,142)
25. Aggregate write-ins for other-than-invested assets .....	23,638,710	21,037,545	(2,601,165)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	46,592,015	39,320,482	(7,271,533)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	46,592,015	39,320,482	(7,271,533)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Advances & Prepaids .....	23,630,540	21,034,356	(2,596,184)
2502. Miscellaneous Receivables .....	8,170	3,189	(4,981)
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	23,638,710	21,037,545	(2,601,165)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	0	0	0	0	0	0
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	1,233,671	1,252,742	1,318,176	1,363,507	1,374,153	15,544,701
7. Total	1,233,671	1,252,742	1,318,176	1,363,507	1,374,153	15,544,701
<b>DETAILS OF WRITE-INS</b>						
0601. Comprehensive .....	77,038	70,819	68,395	65,796	62,834	823,800
0602. Medicare Supplement .....	2,599	2,458	2,360	2,266	2,174	27,964
0603. Dental Only .....	364,112	382,257	403,457	416,785	423,171	4,744,673
0698. Summary of remaining write-ins for Line 6 from overflow page .....	789,922	797,208	843,964	878,660	885,974	9,948,264
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	1,233,671	1,252,742	1,318,176	1,363,507	1,374,153	15,544,701

**GOLDEN RULE INSURANCE COMPANY****NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS  
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023****1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****Organization and Operation**

Golden Rule Insurance Company (the "Company"), licensed as a life, accident, and health insurer, offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of Golden Rule Financial Corporation. Golden Rule Financial Corporation is a wholly owned subsidiary of United HealthCare Services, Inc., a management corporation that provides services to the Company under the terms of a management agreement (the "Agreement"). United HealthCare Services, Inc. is a wholly owned subsidiary of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on June 17, 1959 as a life, accident, and health insurer and operations commenced in June 1961. The Company is certified as a life, accident, and health insurer by the Indiana Department of Insurance and is also licensed in 48 additional states, Guam and the District of Columbia. The Company's accident and health revenues are primarily derived from the sale of individual major medical policies and short-term medical policies. The Company's life and annuity revenues are primarily derived from term life, whole life, single premium and flexible premium annuities, and long-term care investment products. Effective October 1, 2005, the Company entered into an indemnity reinsurance agreement to reinsure all life and annuity business, excluding group life and term life rider business.

The Company offers comprehensive commercial products to individuals. Each contract outlines the coverage provided and renewal provisions.

**A. Accounting Practices**

The statutory basis financial statements (herein referred to as "financial statements") are presented on the basis of accounting practices prescribed or permitted by the Indiana Department of Insurance.

The Indiana Department of Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of Indiana, for determining and reporting the financial condition and results of operations of a life, accident, and health insurer, for determining its solvency under Indiana Insurance Law. The state of Indiana prescribes the use of the National Association of Insurance Commissioners' Accounting Practices and Procedures manual in effect for the accounting periods covered in the financial statements.

No significant differences exist between the practices prescribed or permitted by the state of Indiana and the National Association of Insurance Commissioners' Accounting Practices and Procedures manual, also known as NAIC SAP, which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

<b>Net Income (Loss)</b>	<b>SSAP #</b>	<b>F/S Page #</b>	<b>F/S Line #</b>	<b>2024</b>	<b>2023</b>
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 155,759,591	\$ 183,186,450
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 155,759,591</u>	<u>\$ 183,186,450</u>
<b>Capital and Surplus</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 263,416,793	\$ 310,299,758
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$ 263,416,793</u>	<u>\$ 310,299,758</u>

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of these financial statements in conformity with the National Association of Insurance Commissioners' Annual Statement Instructions and the National Association of Insurance Commissioners' Accounting Practices and Procedures manual include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates), aggregate health claim reserves, risk corridor, and risk adjustment estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted.

**C. Accounting Policy**

**Basis of Presentation** — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the Indiana Department of Insurance. These statutory practices differ from generally accepted accounting principles in the United States of America.

The Company has deemed the following to be significant differences between statutory practices and generally accepted accounting principles:

- Certain debt investments categorized as available-for-sale or held-to-maturity under generally accepted accounting principles are presented at the lower of book/adjusted carrying value or fair value in accordance with the National Association of Insurance Commissioners' designations in the financial statements, whereas under generally accepted accounting principles, these investments are shown at fair value or book/adjusted carrying value, respectively.
- Cash, cash equivalents, and short-term investments in the financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date. The Company reported \$32,458,128 and \$29,292,632 short-term investments as of December 31, 2024 and 2023, respectively.
- Outstanding checks are required to be netted against cash balances in the financial statements, whereas under generally accepted accounting principles, outstanding checks are presented as other liabilities.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures manual. The statutory basis statements of cash flows are prepared in accordance with the National Association of Insurance Commissioners' Annual Statement Instructions.
- Reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under generally accepted accounting principles.
- Certain assets, including certain aged premium receivables, certain health care and other amounts receivable, certain deferred tax assets, and prepaid expenses, are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual and are excluded from the financial statements and charged directly to unassigned funds (surplus).
- Comprehensive income and its components are not separately presented in the financial statements, whereas under generally accepted accounting principles, it is a requirement to present comprehensive income and its components in the financial statements.

Accounting policy disclosures that are required by the National Association of Insurance Commissioners' Annual Statement instructions are as follows:

- (1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet National Association of Insurance Commissioners designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet National Association of Insurance Commissioners' designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the National Association of Insurance Commissioners identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office in accordance with the National Association of Insurance Commissioners' Valuation of Securities manual prepared by the Securities Valuation Office or an external pricing service;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;

- (6) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- (10) Premium deficiency reserves (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, claims adjustment expenses and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the premium deficiency reserves calculation (see Note 30);
- (11) Claims adjustment expenses are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc., in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2024 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified;
- (12) Maintenance and repairs that do not improve or extend the life of the respective assets are expensed in the period incurred and included in general administrative expenses in the financial statements;

**Properties Occupied by the Company, Properties Held for the Production of Income, Properties Held for Sale, Furniture and Equipment, and Electronic Data Processing Equipment and Software —**

The Company has no properties held for the production of income, properties held for sale, furniture and equipment or electronic data processing equipment and software.

The amounts reported for properties occupied by the Company are stated at cost less accumulated depreciation. The Company calculates depreciation using the straight-line method over the estimated useful lives of the assets, which is 39 years for properties occupied by the Company, excluding land. Depreciation expense of \$135,885 and \$114,206 is included in net investment income in statutory basis statements of operations for the years ended December 31, 2024 and December 31, 2023, respectively.

The Company has no properties occupied by the Company at December 31, 2024. The components of properties occupied by the Company at December 31, 2023, are as follows:

	2024	2023
Land, buildings, and improvements	\$ —	\$ 4,518,651
Less: accumulated depreciation	—	(2,485,523)
Properties occupied by the Company	—	2,033,128
Less: nonadmitted land, buildings, and improvements	—	—
Net admitted real estate	<u>\$ —</u>	<u>\$ 2,033,128</u>

- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc. Health care and other amounts receivable are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the financial statements (see Note 28).

The Company has also deemed the following to be significant accounting policies:

## **ASSETS**

### ***Cash and Invested Assets***

- Bonds include securities with a maturity of greater than one year at the time of purchase;
- Cash represents cash held by the Company in disbursement accounts/operating accounts and certificates of deposit with a maturity date of less than one year from acquisition. Claims and other payments are made from the disbursement accounts daily. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments;
- Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition. Cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by United HealthCare Services, Inc. The investment pool is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value as a practical expedient;
- Short-term investments include securities that have a maturity of greater than three months but less than one year at the time of purchase;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains (losses) less capital gains tax in the financial statements. The Company has not recognized any realized capital gains or losses on sales of investments in 2024 or 2023;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains (losses) less capital gains tax, in the financial statements. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition (see Note 5).

## **LIABILITIES**

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2024 and 2023. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2024; however, actual payments may differ from those established estimates.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

- **Aggregate Health Policy Reserves** — The reserves for disability, accidental death, and life insurance are developed by actuarial methods and are determined based on published or established tables, using interest rates less than or equal to statutorily prescribed interest rates, and valuation methods that will provide, in the aggregate, reserves that are greater than or equal to the minimum or guaranteed cash values or the amounts required by the Indiana Department of Insurance. Tabular interest, tabular less actual reserve released, tabular cost, and tabular interest on funds not involving life contingencies are determined by a formula in accordance with the state of Indiana statutes. Contract claims reserves include claims processed but not yet paid, estimates for claims received but not yet processed, and estimates for the costs of health care services enrollees have received, but for which claims have not yet been submitted.

The estimates for aggregate reserves and incurred but not reported contract claims are developed using actuarial methods based upon historical data for payment patterns, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during the years ended December 31, 2024 and 2023. Management believes the amount of aggregate reserves for life, accident, and health contracts is the best estimate of the Company's liability of aggregate reserves for life, accident, and health contracts as of December 31, 2024; however, actual payments may differ from those established estimates. Adjustments to estimates for aggregate reserves for life, accident, and health contracts are reflected in operating results in the period in which the change in estimate is identified.

- **Premiums Received in Advance** — Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums for life, accident, and health contracts received in advance in the financial statements.
- **Drafts Outstanding** — Drafts outstanding represent a legal offer to settle outstanding claims with the claimant.

#### **CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS**

- **Restricted Cash Reserves** — The Company is in compliance with the various states regulatory deposit requirements as of December 31, 2024 and 2023, respectively, for qualification purposes as a domestic and foreign insurer. These restricted cash reserves are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds, cash, cash equivalents and short-term investments in the financial statements. Interest earned on these deposits accrues to the Company (see Note 5).
- **Minimum Capital and Surplus** — Under the laws of the state of Indiana, the Indiana Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$450,000.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a life, accident, and health insurer to support its overall business operations in consideration of its size and risk profile. The Indiana Department of Insurance requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the risk based capital formula, or the level needed to avoid action pursuant to the trend test in the risk-based capital formula.

The Company is also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2024 and 2023.

#### **STATEMENTS OF OPERATIONS**

- **Net Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the financial statements. The corresponding change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the financial statements.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the Affordable Care Act and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies changes to the estimated rebates and retrospective premium adjustments as change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). In addition, pursuant to Section 1343 of the Affordable Care Act, the Company records premium adjustments for changes to the commercial risk adjustment balances which are reflected in net premium income in the financial statements (see Note 24).

Net premium income also includes dental revenue derived from managed dental care plans. Dental revenue is recognized in the period in which enrollees are entitled to receive services.

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

- **General Administrative Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to United HealthCare Services, Inc. in exchange for administrative and management services. State income taxes are also a component of general administrative expenses. Costs for items not included within the scope of the management agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses to be reported in the financial statements.
- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes (see Note 9).

### **REINSURANCE**

- **Reinsurance Ceded** — In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts or specific transfer of risk agreements. The Company remains primarily liable as the direct insurer on the risks reinsured (see Note 23).
- **Amounts Recoverable from Reinsurers** — The Company records amounts recoverable from reinsurers which represents amounts contractually due to the Company as net reinsurance recoveries in the financial statements.

### **OTHER**

- **Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business. The business is subject to normal claims fluctuations and environmental issues.
- The Company has no commercial customers that individually exceed 10% of total direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, for the years ended December 31, 2024 and 2023.

### **Recently Issued Accounting Standards**

In May 2024, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 107, *Risk-Sharing Provisions of the Affordable Care Act* to remove the federal Affordable Care Act disclosure on the transitional reinsurance program and the risk corridor program (see Note 24), effective for annual 2024. The Company chose to early adopt the revision during quarter 2 of 2024.

The Company reviewed all other recently issued guidance in 2024 and 2023 that has been adopted for 2024 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

#### **D. Going Concern**

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

## **2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No changes in accounting principles have been recorded during the years ended December 31, 2023 and 2024.

During the preparation of the 2024 financial statements, the Company identified an error in recording revenues and commission expenses related to certain non-insurance products for years 2017 through 2023 resulting in an overstatement of aggregate write-ins for other non-health revenues of \$21,142,030 and general administrative expenses of \$4,501,775. In addition, the related current federal income taxes incurred were overstated by \$3,759,135 as a result of this error. Had this adjustment been recorded to the 2023 statutory financial statements, the decrease to net income and capital and surplus would have been \$2,281,129 and \$12,881,120, respectively. The cumulative effect of this error was corrected by the Company in accordance with Statements of Statutory Accounting Principles No. 3, *Accounting Changes and Corrections of Error*, and is reflected in the financial statements as a correction of error for the period ended December 31, 2024.

## **3. BUSINESS COMBINATIONS AND GOODWILL**

**A–E.** The Company was not party to a business combination during the years ended December 31, 2024 and 2023, and does not carry goodwill in its financial statements.

## **4. DISCONTINUED OPERATIONS**

### **A. Discontinued Operation Disposed of or Classified as Held for Sale**

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2024 and 2023.

**B. Change in Plan of Sale of Discontinued Operation** — Not applicable.

C. **Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal** — Not applicable.

D. **Equity Interest Retained in the Discontinued Operation after Disposal** — Not applicable.

5. **INVESTMENTS**

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. The gross realized gains and losses on sales of long-term investments were \$1,199,672 and \$2,746, respectively, for 2024 and \$1,308,789 and \$4,188, respectively, for 2023. The gross realized gains and losses on sales of short-term investments were \$5,396 and \$2,239, respectively, for 2024 and there were no gross realized gains and losses on sales of short-term investments for 2023. The net realized gains and losses are included in net realized capital gains (losses) less capital gains tax in the financial statements. Total proceeds on the sale of long-term investments were \$74,083,742 and \$84,979,613 and for short-term investments were \$18,184,190 and \$0 in 2024 and 2023, respectively.

As of December 31, 2024 and 2023, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company's investments, excluding cash and cash equivalents of \$18,020,296 and \$98,917,158 respectively, are disclosed in the table below:

	2024				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 152,131,679	\$ 63,843	\$ 1,943,868	\$ 9,431,209	\$ 140,820,445
State and agency municipal securities	35,025,987	—	169,662	1,103,420	33,752,905
City and county municipal securities	57,183,022	—	228,107	1,930,725	55,024,190
Corporate debt securities	192,587,068	69,062	1,435,829	8,438,467	182,781,834
Other invested assets	18,074	—	—	—	18,074
	<u>\$ 436,945,830</u>	<u>\$ 132,905</u>	<u>\$ 3,777,466</u>	<u>\$ 20,903,821</u>	<u>\$ 412,397,448</u>

	2024				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
Less than one year	\$ 70,230,765	\$ 15,948	\$ 1,318	\$ 320,512	\$ 69,924,883
One to five years	138,894,361	66,471	165,686	4,292,955	134,502,191
Five to ten years	107,972,439	48,801	965,817	8,585,077	98,470,346
Over ten years	119,848,265	1,684	2,644,645	7,705,277	109,500,027
	<u>\$ 436,945,830</u>	<u>\$ 132,904</u>	<u>\$ 3,777,466</u>	<u>\$ 20,903,821</u>	<u>\$ 412,397,447</u>

	2023				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 140,467,482	\$ 254,495	\$ 73,110	\$ 8,324,702	\$ 132,324,165
State and agency municipal securities	36,780,976	96,740	10,158	1,029,574	35,837,984
City and county municipal securities	54,891,902	122,028	9,291	1,832,589	53,172,050
Corporate debt securities	192,123,074	165,865	280,033	10,275,725	181,733,181
Other invested assets	28,310	—	—	—	28,310
	<u>\$ 424,291,744</u>	<u>\$ 639,128</u>	<u>\$ 372,592</u>	<u>\$ 21,462,590</u>	<u>\$ 403,095,690</u>

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-related loan-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$118,265,556 and fair value of \$108,653,643.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2024 and 2023:

	2024					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 52,710,554	\$ 1,943,868	\$ 57,937,191	\$ 9,431,209	\$ 110,647,745	\$ 11,375,077
State and agency municipal securities	8,666,215	169,662	25,086,691	1,103,420	33,752,906	1,273,082
City and county municipal securities	17,563,653	228,107	35,460,537	1,930,725	53,024,190	2,158,832
Corporate debt securities	44,856,704	1,435,829	111,746,192	8,438,467	156,602,896	9,874,296
Total bonds and short-term investments	<u>\$ 123,797,126</u>	<u>\$ 3,777,466</u>	<u>\$ 230,230,611</u>	<u>\$ 20,903,821</u>	<u>\$ 354,027,737</u>	<u>\$ 24,681,287</u>

	2023					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 32,698,387	\$ 73,110	\$ 56,802,922	\$ 8,324,702	\$ 89,501,309	\$ 8,397,812
State and agency municipal securities	3,078,870	10,158	22,895,355	1,029,574	25,974,225	1,039,732
City and county municipal securities	7,010,944	9,291	33,479,993	1,832,589	40,490,937	1,841,880
Corporate debt securities	22,187,017	280,033	134,063,235	10,275,725	156,250,252	10,555,758
Total bonds and short-term investments	<u>\$ 64,975,218</u>	<u>\$ 372,592</u>	<u>\$ 247,241,505</u>	<u>\$ 21,462,590</u>	<u>\$ 312,216,723</u>	<u>\$ 21,835,182</u>

The unrecognized unrealized losses on investments in U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities at December 31, 2024 and 2023, were mainly caused by interest rate fluctuations and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of the U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company assessed the credit quality of the state and agency municipal securities, city and county municipal securities and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an other-than-temporary impairment, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain loan-backed securities for a period of time sufficient to recover the amortized cost. As a result of these reviews, the Company recorded an other-than-temporary impairment of \$0 and \$100,966 as of December 31, 2024 and 2023, respectively, which are included in net realized capital gains (losses) less capital gains tax in the financial statements.

**A–C.** The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

**D. Loan-Backed Securities**

- (1) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any other-than-temporary impairments on loan-backed securities as of December 31, 2024.
- (3) The table below represents the loan-backed securities with an other-than-temporary impairment for the years ended December 31, 2023, presented by CUSIP:

CUSIP	2023					
	1	2	3	4	5	6
	Book/Adjusted Carrying Value Amortized Cost before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-than-Temporary Impairment	Amortized Cost After Other-than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
12325XAA5	\$ 100,221	\$ 91,250	\$ 8,971	\$ 91,250	\$ 91,250	6/30/2023
12625XAA5	1,027,308	935,313	91,995	935,313	935,313	6/30/2023
Total	<u>XXX</u>	<u>XXX</u>	<u>\$ 100,966</u>	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>

- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the loan-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2024 and 2023:

	<b>2024</b>
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 1,935,487
2. 12 months or longer	7,734,386
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	49,049,361
2. 12 months or longer	44,855,781
	<b>2023</b>
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 78,608
2. 12 months or longer	7,033,215
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	21,230,250
2. 12 months or longer	52,478,184

- (5) The Company believes that it will continue to collect timely the principal and interest due on its loan-backed securities that have an amortized cost in excess of fair value. The unrealized losses were primarily caused by interest rate changes and not by unfavorable changes in the credit quality associated with these securities that impacted the assessment on collectability of principal and interest. At each reporting period, the Company evaluates available-for-sale debt securities for any credit-related impairment when the fair value of the investment is less than its amortized cost. The Company evaluated the expected cash flows and the underlying credit quality and credit ratings of the issuers, noting no significant credit deterioration since purchase. As of December 31, 2024, the unrealized loss on any security that the Company classified as available-for-sale was not material to the Company's investment portfolio. Any other securities in an unrealized loss position as of December 31, 2024, the Company considers to be temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions** — Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- J. Real Estate** — Not applicable.
- K. Low-Income Housing Tax Credits** —

- (1–7) Low-income housing tax credit investments of \$18,074 and \$28,310 as of December 31, 2024 and 2023, respectively, are included in other invested assets in the financial statements. There are no remaining years of unexpired tax credits and the required holding period for the low-income housing tax credit investments is 4 years. The low-income housing tax credit investments are not currently subject to any regulatory reviews. The Company did not recognize any impairment losses, write-downs, or reclassifications during 2024 or 2023.

**L. Restricted Assets —**

(1) Restricted assets, including pledged securities as of December 31, 2024 and 2023, are presented below:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted From Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 Minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b. Collateral held under security lending agreements	—	—	—	—	—	— %	— %
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %
d. Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g. Placed under option contracts	—	—	—	—	—	— %	— %
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	2,385,117	2,355,193	29,924	—	2,385,117	<1 %	<1 %
i. FHLB capital stock	—	—	—	—	—	— %	— %
j. On deposit with states	—	—	—	—	—	— %	— %
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n. Other restricted assets	—	—	—	—	—	— %	— %
<b>o. Total restricted assets</b>	<b>\$ 2,385,117</b>	<b>\$ 2,355,193</b>	<b>\$ 29,924</b>	<b>\$ —</b>	<b>\$ 2,385,117</b>	<b>&lt;1%</b>	<b>&lt;1%</b>

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

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

(2–4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2024 or 2023.

**M. Working Capital Finance Investments — Not applicable.**

**N. Offsetting and Netting of Assets and Liabilities**

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

**O. 5GI Securities**

The Company does not have any investments with an National Association of Insurance Commissioners' designation of 5GI as of December 31, 2024 and 2023.

**P. Short Sales — Not applicable.**

**Q. Prepayment Penalty and Acceleration Fees**

The Company does not have any prepayment penalty and acceleration fees as of December 31, 2024.

**R. Reporting Entity's Share of Cash Pool by Asset Type —**

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$20,999,856 and \$51,932,850 as of December 31, 2024 and 2023, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2024:

Asset Type	Percent Share
(1) Cash	3%
(2) Cash Equivalents	51%
(3) Short-Term Investments	46%
(4) Total	100%

**S. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable**

**6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

**A–B.** The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

**7. INVESTMENT INCOME**

**A.** The Company excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.

**B.** There were no investment income amounts excluded from the financial statements.

**C.** The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued, and admitted interest income due and accrued amounts as of December 31, 2024 and 2023:

		<b>2024</b>
Interest Income Due And Accrued:		
1. Gross	\$	3,347,123
2. Nonadmitted		—
3. Admitted		3,347,123
		<b>2023</b>
Interest Income Due And Accrued:		
1. Gross	\$	3,356,164
2. Nonadmitted		—
3. Admitted		3,356,164

**D.** The Company has no aggregated deferred interest as of December 31, 2024 or 2023.

**E.** The Company has no paid-in-kind interest as of December 31, 2024 or 2023.

**8. DERIVATIVE INSTRUMENTS**

**A–B.** The Company has no derivative instruments.

**9. INCOME TAXES**

The corporate alternative minimum tax is calculated as 15% of adjusted financial statement income and applies only to corporations with average annual adjusted financial statement income in excess of \$1 billion for three prior taxable years. The applicability of the corporate alternative minimum tax is determined on a tax-controlled group basis.

The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated which constitutes a controlled group. The controlled group's expected federal income tax will exceed the corporate alternative minimum tax and therefore the Company does not expect to be subject to the minimum tax.

The controlled group has not made any material modifications to the methodology used to project the corporate alternative minimum tax.

**A. Deferred Tax Asset/Liability**

(1) The components of the net deferred tax asset at December 31, 2024 and 2023 are as follows:

	2024			2023			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7+8) Total
(a) Gross deferred tax assets	\$ 25,499,322	\$ —	\$ 25,499,322	\$ 24,979,495	\$ —	\$ 24,979,495	\$ 519,827	\$ —	\$ 519,827
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	25,499,322	—	25,499,322	24,979,495	—	24,979,495	519,827	—	519,827
(d) Deferred tax assets nonadmitted	14,329,785	—	14,329,785	13,838,429	—	13,838,429	491,356	—	491,356
(e) Subtotal net admitted deferred tax asset (1c - 1d)	11,169,537	—	11,169,537	11,141,066	—	11,141,066	28,471	—	28,471
(f) Deferred tax liabilities	453,615	—	453,615	443,884	—	443,884	9,731	—	9,731
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 10,715,922</u>	<u>\$ —</u>	<u>\$ 10,715,922</u>	<u>\$ 10,697,182</u>	<u>\$ —</u>	<u>\$ 10,697,182</u>	<u>\$ 18,740</u>	<u>\$ —</u>	<u>\$ 18,740</u>

(2) The components of the adjusted gross deferred tax assets admissibility calculation under Statement of Statutory Accounting Principles No. 101, *Income Taxes*, are as follows:

	2024			2023			Change		
	1	2	3	4	5	6	7	8	9
Admission Calculation Components SSAP No. 101	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 8,803,215	\$ —	\$ 8,803,215	\$ 8,756,859	\$ —	\$ 8,756,859	\$ 46,356	\$ —	\$ 46,356
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	1,912,706	—	1,912,706	1,940,322	—	1,940,322	(27,616)	—	(27,616)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	1,912,706	—	1,912,706	1,940,322	—	1,940,322	(27,616)	—	(27,616)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	39,284,539	XXX	XXX	44,940,386	XXX	XXX	(5,655,847)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	453,616	—	453,616	443,885	—	443,885	9,731	—	9,731
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	<u>\$ 11,169,537</u>	<u>\$ —</u>	<u>\$ 11,169,537</u>	<u>\$ 11,141,066</u>	<u>\$ —</u>	<u>\$ 11,141,066</u>	<u>\$ 28,471</u>	<u>\$ —</u>	<u>\$ 28,471</u>

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

	2024	2023
(a) Ratio percentage used to determine recovery period and threshold limitation amount	>300%	>300%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 252,700,871	\$ 299,602,576

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2024 and 2023 is presented below:

Impact of Tax-Planning Strategies	2024		2023		Change	
	1	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 25,499,322	\$ —	\$ 24,979,495	\$ —	\$ 519,827	\$ —
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	— %	— %	— %	— %	— %	— %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 11,169,537	\$ —	\$ 11,141,066	\$ —	\$ 28,471	\$ —
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	— %	— %	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes		No	X

**B. Unrecognized Deferred Tax Liabilities**

(1-4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2024 and 2023.

**C. Significant Components of Income Taxes**

(1) The current federal income taxes incurred for the years ended December 31, 2024 and 2023 are as follows:

	1	2	3
	2024	2023	(Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 39,648,606	\$ 43,189,703	\$ (3,541,097)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	39,648,606	43,189,703	(3,541,097)
(d) Federal income tax on net capital gains (losses)	252,934	274,064	(21,130)
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	—	—	—
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 39,901,540</u>	<u>\$ 43,463,767</u>	<u>\$ (3,562,227)</u>

(2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2024 and 2023, are as follows:

	1	2	3
	2024	2023	(Col 1 - 2) Change
2. Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 331,227	\$ 391,623	\$ (60,396)
(2) Unearned premium reserve	2,180,022	2,939,884	(759,862)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	20,957,002	20,650,573	306,429
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	179,508	9,440	170,068
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables — nonadmitted	1,812,655	934,017	878,638
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	38,908	53,958	(15,050)
(99) Subtotal (sum of 2a1 through 2a13)	25,499,322	24,979,495	519,827
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	14,329,785	13,838,429	491,356
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	11,169,537	11,141,066	28,471
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	11,169,537	11,141,066	28,471
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	453,615	443,884	9,731
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	453,615	443,884	9,731
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	453,615	443,884	9,731
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 10,715,922</u>	<u>\$ 10,697,182</u>	<u>\$ 18,740</u>

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2024 and 2023.

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2024 and 2023 is as follows:

	2024		2023	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 41,088,837	21 %	\$ 47,596,545	21 %
Tax-exempt interest	(273,557)	—	(351,078)	—
Current year tax credit	1	—	(1,545,584)	(1)
Other current year items	—	—	(283,373)	—
Tax effect of nonadmitted assets	(1,423,837)	(1)	(351,930)	—
Deferred corrections	—	—	—	—
Total statutory income taxes	<u>\$ 39,391,444</u>	<u>20 %</u>	<u>\$ 45,064,580</u>	<u>20 %</u>
Federal income taxes incurred	\$ 39,648,606	20 %	\$ 43,189,703	19 %
Capital gains tax	252,934	—	274,064	—
Change in net deferred income tax	(510,096)	—	1,600,813	1
Total statutory income taxes	<u>\$ 39,391,444</u>	<u>20 %</u>	<u>\$ 45,064,580</u>	<u>20 %</u>

- E. At December 31, 2024, the Company had no net operating loss carryforwards.

Current federal income taxes recoverable of \$13,102,554 and \$8,089,005 as of December 31, 2024 and 2023, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$41,490,994 and \$40,471,836 in 2024 and 2023, respectively.

Federal income taxes incurred of \$36,477,445 and \$43,456,995 for 2024 and 2023, respectively, are available for recoupment in the event of future net losses.

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated which constitutes a controlled group. The entities included within the consolidated return are included in the National Association of Insurance Commissioners' Statutory Statement Schedule Y - Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group Incorporated pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal return of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The U.S. Internal Revenue Service has completed exams on UnitedHealth Group Incorporated's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group Incorporated's 2017 through 2020 tax returns are under review by the Internal Revenue Service under its Compliance Assurance Program. UnitedHealth Group Incorporated is no longer subject to income tax examinations prior to the 2015 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward.

- G. **Tax Contingencies** — Not applicable.

- H. **Repatriation Transition Tax** — Not applicable.

- I. **Alternative Minimum Tax Credit** — Not applicable.

## 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

- A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the Indiana Department of Insurance according to Management's understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreements (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

United HealthCare Services, Inc. maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2024 and 2023, the Company's portion was \$20,999,856 and \$51,932,850, respectively and is included in cash equivalents in the financial statements.

The Company has a tax-sharing agreement with UnitedHealth Group Incorporated (see Note 9).

The Company paid dividends of \$183,000,000 and \$181,500,000 in 2024 and 2023, respectively, to its parent (see Note 13).

The Company holds a \$150,000,000 subordinated credit agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate - Upper Bound plus 50 basis points. This credit agreement is subordinate to the claims of non-affiliated creditors and loans from non-affiliated lenders of the borrowers. This credit agreement is revolving, unless terminated by either party. No amounts were outstanding under the line of credit as of December 31, 2024 and January 1, 2024.

- C.** The Company has no material related party transactions that meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties* that are not included in National Association of Insurance Commissioner Statutory Statement Schedule Y—Part 2 Summary Of Insurer’s Transactions With Any Affiliates.
- D.** The Company had amounts due to parent, subsidiaries and affiliates of \$20,112,199 and \$838,128 as of December 31, 2024 and 2023, respectively, which are included in the financial statements. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.
- E.** The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) per member per month; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in general administrative expenses, claims adjustment expenses, and hospital and medical expenses in the financial statements. The following table identifies the amounts reported for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2024 and 2023, which meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties*, regardless of the effective date of the contract:

	<b>2024</b>		<b>2023</b>
United HealthCare Services, Inc.	\$ 221,567,250	\$	242,062,460
OptumRx, Inc. or OptumRx	91,607,717		101,989,776
Dental Benefit Providers, Inc.	10,637,702		9,299,674

United HealthCare Services, Inc. provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for United HealthCare Services, Inc. to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the management agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, medical management, credentialing, preventative health services, utilization management reporting and expenses incurred for new business that will be effective in the subsequent year.

Optum Rx, Inc. provides services that may include, but are not limited to, administrative services related to pharmacy management and pharmacy claims processing for enrollees, manufacturer rebate administration, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products.

Dental Benefit Providers, Inc. provides dental care assistance.

- F.** The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.
- G.** The Company is part of an insurance holding company system with UnitedHealth Group Incorporated as the ultimate parent. Management believes that the Company’s transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.
- H.** The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.
- I.** The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.
- J.** The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.
- K.** The Company does not have any investments in foreign insurance subsidiaries.
- L.** The Company does not hold any investments in a downstream noninsurance holding company.
- M.** The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.
- N.** The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.
- O.** The Company does not have any investments in subsidiary, controlled, or affiliated entities or joint ventures, partnerships, and limited liability companies in which the Company’s share of losses exceeds the investment.

**11. DEBT**

**A–B.** The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2024 and 2023.

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

**A–I.** The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of United HealthCare Services, Inc., which provides services to the Company under the terms of the management agreement (see Note 10).

**13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS**

**A–B.** The Company has 1,000,000 shares authorized and 815,676 shares issued and outstanding of \$4 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company’s parent, Golden Rule Financial Corporation.

**C.** Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Indiana Department of Insurance.

**D.** The Company paid ordinary cash dividends of \$83,000,000 and \$100,000,000 on June 13, 2024 and December 20, 2024, respectively, to Golden Rule Financial Corporation, which was approved by the Indiana Department of Insurance and recorded as a reduction to unassigned funds (surplus) in the financial statements.

The Company paid ordinary cash dividends of \$81,500,000 and \$100,000,000 on June 12, 2023 and December 20, 2023, respectively, to Golden Rule Financial Corporation, which was approved by the Indiana Department of Insurance and recorded as a reduction to unassigned funds (surplus) in the financial statements.

**E.** The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.

**F.** There are no restrictions placed on the Company’s unassigned funds (surplus).

**G.** The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.

**H.** The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.

**I.** The Company does not have any special surplus funds.

**J.** The portion of unassigned funds (surplus), excluding corrections of errors, net income (loss), and dividends, represented (or reduced) by each item below is as follows:

	<b>2024</b>	<b>2023</b>
Net deferred income taxes	25,045,707	24,535,611
Nonadmitted assets	<u>(46,592,015)</u>	<u>(39,320,482)</u>
Total	<u>\$ (21,546,308)</u>	<u>\$ (14,784,871)</u>

**K–M.** The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

**14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

**A. Contingent Commitments**

The Company has no contingent commitments.

**B. Assessments**

**(1–2)** The Company is not aware of any other guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity other than what is reported below.

- (3) Under state guaranty association laws, certain insurance companies can be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of impaired or insolvent insurance companies that write the same line or similar lines of business. On March 1, 2017, the Commonwealth of Pennsylvania Court entered the written liquidation orders, regarding Penn Treaty Network America Insurance Company and its subsidiary. As of December 31, 2024 and 2023, the Company has recorded \$3,037,255 and \$3,281,712 respectively, for its estimated share of the guaranty association assessment liability and \$989,610 and \$1,074,737, respectively, for its associated premium tax credit asset, resulting from the Penn Treaty Network America Insurance Company and its subsidiary liquidation, which is included in general expenses due or accrued and guaranty funds receivable or on deposit, respectively, in the financial statements. While the ultimate payment timing and associated recovery is currently unknown, the Company initially anticipated that the majority of the assessments would be paid within five years. Management of the Company has subsequently learned that some states have opted to defer the funding to later years and while this impacts the aggregation tables, it does not have a significant financial impact on the guaranty association assessment liability and related expense or the associated premium tax credit asset.

As of December 31, 2024, assessments from insolvencies is presented below:

- a. Discount Rate Applied 3.5 %  
 b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency;

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty	\$ 5,737,979	\$ 3,037,255	\$ 1,337,493	\$ 989,610

- c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency;

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average of Number of Years	Number of Jurisdictions	Range of Years	Weighted Average of Number of Years
Penn Treaty	22	1-44	26	25	1-23	8

**C. Gain Contingencies**

The Company is not aware of any gain contingencies that should be disclosed in the financial statements.

**D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits —**

Not applicable.

**E. Joint and Several Liabilities — Not applicable.**

**F. All Other Contingencies**

The Company’s business is regulated at the federal, state, and local levels. The laws and rules governing the Company’s business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The Company has been, or is currently involved, in various governmental investigations, audits and reviews. These include routine, regular, and special investigations, audits and reviews by Centers for Medicare and Medicaid Services, state insurance and health and welfare departments and other governmental authorities. The Company cannot reasonably estimate the range of loss, if any, that may result from any material government investigations, audits and reviews in which it is currently involved given the inherent difficulty in predicting regulatory action, fines and penalties, if any, and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers, and regulators, relating to the Company’s businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility, or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the financial statements of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in the financial statements. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company’s past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company’s statutory basis financial condition.

There are no assets that the Company considers to be impaired at December 31, 2024 and 2023, except as disclosed in Note 5 and Note 20.

## 15. LEASES

**A–B.** According to the management agreement between the Company and United HealthCare Services, Inc. (see Note 10), United HealthCare Services, Inc. is responsible for operating leases for the rental of office facilities and equipment. Fees associated with the lease agreements are included as a component of the Company's management fee.

In 2024 and 2023, the amount of imputed rent relating to the Company's occupancy of its own buildings, which is included in both net investment income and general insurance expenses in the financial statements was \$370,769 and \$182,211, respectively.

## 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

**(1–4)** The Company does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

## 17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

**A–C.** The Company did not participate in any transfer of receivables, financial assets, or wash sales.

## 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

**A–C.** The Company does not have any uninsured or partially insured accident and health plans.

## 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2024 and 2023.

## 20. FAIR VALUE MEASUREMENTS

The National Association of Insurance Commissioner Practices and Procedures manual defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

*Level 1* — Quoted (unadjusted) prices for identical assets in active markets.

*Level 2* — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

*Level 3* — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, cash equivalents, short-term investments, (collectively "investment holdings") are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services have not historically resulted in an adjustment in the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

**A. Fair Value**

**(1) Fair Value Measurements at Reporting Date**

The following tables present information about the Company's financial assets that are measured and reported at fair value at December 31, 2024 and 2023, in the financial statements according to the valuation techniques the Company used to determine their fair values:

Description for Each Class of Asset or Liability	2024			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
U.S. governments	—	—	—	—	—
Industrial and misc	—	—	—	—	—
Hybrid securities	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	2,174,818	—	—	—	2,174,818
Qualified cash pool	20,999,856	—	—	—	20,999,856
Other invested assets	—	—	—	—	—
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 23,174,674</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 23,174,674</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

Description for Each Class of Asset or Liability	2023				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
U.S. governments	—	—	—	—	—
Industrial and misc	—	—	—	—	—
Hybrid securities	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	4,848,970	—	—	—	4,848,970
Qualified cash pool	51,932,850	—	—	—	51,932,850
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 56,781,820</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 56,781,820</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2024 or 2023.
- (4) The framework the Company has established for determining the fair value of the investment holdings is outlined below.

**Low-Income Housing Tax Credit Investments** — The Company considers its investments in low-income housing tax credits as a Level 3 investment even though no market valuation adjustment was required as of December 31, 2024 and 2023. As a result, these investments are excluded from being presented as a level 3 security in the financial hierarchy tables above. As there is no readily available market, these securities are recorded and reported at book/adjusted carrying value and considered held to maturity as they will not be sold. As a result, these investments are recorded and reported at book value of \$18,074 and \$28,310 as of December 31, 2024 and 2023, respectively. Should any contractual breakage occur that jeopardizes the ability to receive the tax credits associated with these securities, impairments will be recognized. As of December 31, 2024, all of these investments are performing in accordance with their original contract terms.

- (5) The Company has no derivative assets and liabilities to disclose.

**B. Fair Value Combination** — Not applicable.

**C. Aggregate Fair Value Hierarchy**

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2024 and 2023 is presented in the table below:

Type of Financial Instrument	2024						
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 140,820,443	\$ 152,131,679	\$ 57,467,661	\$ 83,352,782	\$ —	\$ —	\$ —
State and agency municipal securities	33,752,906	35,025,987	—	33,752,906	—	—	—
City and county municipal securities	55,024,191	57,183,022	—	55,024,191	—	—	—
Corporate debt securities	182,781,834	192,587,068	—	182,781,834	—	—	—
Cash equivalents	27,856,239	27,856,239	26,059,295	1,796,944	—	—	—
Other invested assets	18,074	18,074	—	—	18,074	—	—
<b>Total bonds, short-term investments, and cash equivalents</b>	<b>\$ 440,253,687</b>	<b>\$ 464,802,069</b>	<b>\$ 83,526,956</b>	<b>\$ 356,708,657</b>	<b>\$ 18,074</b>	<b>\$ —</b>	<b>\$ —</b>

Type of Financial Instrument	2023						
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 132,324,164	\$ 140,467,482	\$ 50,950,222	\$ 81,373,942	\$ —	\$ —	\$ —
State and agency municipal securities	35,837,985	36,780,976	—	35,837,985	—	—	—
City and county municipal securities	53,172,050	54,891,902	—	53,172,050	—	—	—
Corporate debt securities	181,733,181	192,123,074	—	181,733,181	—	—	—
Cash equivalents	105,535,478	105,535,478	105,535,478	—	—	—	—
Other invested assets	28,310	28,310	—	—	28,310	—	—
<b>Total bonds, short-term investments, and cash equivalents</b>	<b>\$ 508,631,168</b>	<b>\$ 529,827,222</b>	<b>\$ 156,485,700</b>	<b>\$ 352,117,158</b>	<b>\$ 28,310</b>	<b>\$ —</b>	<b>\$ —</b>

**D. Not Practicable to Estimate Fair Value** — Not applicable.

**E. Investments Measured Using the NAV Practical Expedient** — Not applicable.

**21. OTHER ITEMS**

**A. Unusual or Infrequent Items**

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2024 and 2023.

**B. Troubled Debt Restructuring: Debtors**

The Company has no troubled debt restructurings as of December 31, 2024 and 2023.

**C. Other Disclosures**

The Company does not have any amounts not recorded in the financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

**D. Business Interruption Insurance Recoveries**

The Company has not received any business interruption insurance recoveries during 2024 and 2023.

**E. State Transferable and Non-transferable Tax Credits**

The Company has no transferable or non-transferable state tax credits.

**F. Sub-Prime Mortgage-Related Risk Exposure**

(1–4) The investment policy for the Company limits investments in loan-backed securities, which can include sub-prime issuers. Further, the policy limits investments in private issuer mortgage securities to 10% of the portfolio, which also includes sub-prime issuers. The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2024 and 2023.

**G. Retained Assets**

The Company does not have any retained asset accounts for beneficiaries.

**H. Insurance-Linked Securities Contracts**

As of December 31, 2024, the Company is not aware of any possible proceeds of insurance-linked securities.

**I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy** — Not applicable.

**22. EVENTS SUBSEQUENT**

Subsequent events have been evaluated through March 1, 2025, which is the date these financial statements were available for issuance.

**TYPE I — Recognized Subsequent Events**

Any material Type I events subsequent to December 31, 2024, have been recognized in the financial statements and corresponding disclosures.

**TYPE II — Non-Recognized Subsequent Events**

There are no material non-recognized Type II events that require disclosure.

**23. REINSURANCE**

**Reinsurance Agreements** — In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company does not have any affiliated reinsurance agreements in place as of December 31, 2024 or 2023.

The Company cedes all of the total risk on individual life policies, except group life and term life rider. The ceding commission, net of tax, generated from entering into this agreement was recorded directly to surplus in 2005. Per SSAP No. 61R, Life, Deposit-Type and Accident and Health Reinsurance, the net ceding commission is to be amortized back into income with a corresponding decrease to surplus. The rate of amortization is based upon the Company's projected income on that block of business had it not entered into the transaction. The impact of this treatment is to increase net income and have no effect on surplus.

Due to the 100% external reinsurance agreement with The State Life Insurance Company, the Company does not recognize any reinsurance recoverables. In addition, liabilities associated with aggregate life policy reserves, including annuity contracts, subject to the reinsurance agreement have been 100% ceded to The State Life Insurance Company in the amount of \$1,159,492,123 and \$1,243,461,628 as of December 31, 2024 and 2023, respectively. Accordingly, the Company reports no benefit expenses or liabilities for this activity in the financial statements.

For accident and health and disability policies, the Company has established various limits of coverage it will retain on any one policyholder and cedes the remainder of such coverage.

Effective October 1, 2005, the Company entered into an indemnity reinsurance agreement to reinsure all life and annuity business, excluding group life and term life rider business. This reinsurer accounted for all of the Company's December 31, 2024 and December 31, 2023, ceded reserves for life and accident and health insurance. The Company remains obligated for amounts ceded in the event that the reinsurer does not meet their obligations.

The effect of external reinsurance agreements outlined above on net premium income, hospital and medical expenses, general administrative expenses, claims adjustment expenses, and change in reserve for life and accident and health contracts is presented below:

	<b>2024</b>	<b>2023</b>
Premiums:		
Direct	\$ 1,459,013,692	\$ 1,559,093,317
Assumed	—	—
Ceded	11,902,400	13,303,549
	<u>1,470,916,092</u>	<u>1,572,396,866</u>
Net premium income	<u>\$ 1,447,111,292</u>	<u>\$ 1,545,789,768</u>
Hospital and medical expenses:		
Direct	\$ 848,786,835	\$ 903,715,167
Assumed	—	—
Ceded	15,440,016	19,733,710
	<u>864,226,851</u>	<u>923,448,877</u>
Net hospital and medical expenses	<u>\$ 833,346,819</u>	<u>\$ 883,981,457</u>

The Company recognized reinsurance recoveries related to external reinsurance agreements of \$15,440,016 and \$19,733,710 in 2024 and 2023, respectively, which are recorded as net reinsurance (recoveries) incurred in the financial statements.

**A. Ceded Reinsurance Report**

**Section 1 — General Interrogatories**

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

**Section 2 — Ceded Reinsurance Report — Part A**

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

**Section 3 — Ceded Reinsurance Report — Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.  
  
The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2024.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?  
Yes ( ) No (X)

**B. Uncollectible Reinsurance** — During 2024 and 2023, there were no uncollectible reinsurance recoverables.

**C. Commutation of Ceded Reinsurance** — There was no commutation of reinsurance in 2024 or 2023.

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation** — Not applicable.

**E. Reinsurance Credit**

- (1) The Company has no ceding reinsurance contracts subject to APPENDIX A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.
- (2) The Company has no ceding reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and which includes provisions that limits the reinsurer’s assumption of risk.
- (3) The Company’s reinsurance contracts do not contain features which result in delays in payment in form or in fact.
- (4) The Company has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to APPENDIX A-791 and not yearly renewable term, which meet the risk transfer requirements of Statement of Statutory Accounting Principles No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.
- (5) The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and generally accepted accounting principles accounting treatment were not the same.
- (6) The Company’s ceded reinsurance contract which is not subject to A-791 and not yearly renewable term reinsurance, is treated the same for generally accepted accounting principles and statutory accounting principles.

**24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION**

- A.** The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B.** Estimated accrued retrospective premiums due from the Company are recorded in premiums and considerations and aggregate health policy reserves in the financial statements and as an adjustment to change in unearned premium reserves and reserve for rate credits in the financial statements.
- C.** Pursuant to the Affordable Care Act, the Company’s commercial business is subject to retrospectively rated features based on the actual medical loss ratio experienced on the commercial line of business and redetermination features for premium adjustments for changes to each member’s health scores based on guidelines determined by the Affordable Care Act. The total amount of direct premiums written for which a portion is subject to the retrospectively rated and redetermination are \$439,925,134 and \$508,898,050, representing 33% and 33% of total direct premiums written as of December 31, 2024 and 2023, respectively.
- D.** The Company does not have Medicare business subject to specific minimum medical loss ratio requirements as of December 31, 2024 and 2023. The Company is required to maintain a specific minimum medical loss ratio on the comprehensive commercial line of business.

The following table discloses the minimum medical loss ratio rebate liability for the comprehensive commercial line of business which is included in aggregate health policy reserves in the financial statements for the years ended December 31, 2024 and 2023:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ 4,352,457	\$ —	\$ —	\$ —	\$ 4,352,457
(2) Medical loss ratio rebates paid	4,018,903	—	—	—	4,018,903
(3) Medical loss rebates unpaid	3,173,421	—	—	—	3,173,421
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	3,173,421
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	6,231,944	—	—	—	6,231,944
(8) Medical loss ratio rebates paid	4,362,623	—	—	—	4,362,623
(9) Medical loss rebates unpaid	5,042,742	—	—	—	5,042,742
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	5,042,742

**E. Risk-Sharing Provisions of the Affordable Care Act**

- (1)** The Company has accident and health insurance premiums in 2024 and 2023 subject to the Affordable Care Act risk-sharing provisions for the permanent risk adjustment program.

The risk adjustment program is a permanent program designed to mitigate the potential impact of adverse selection that generally applies to non-grandfathered individual and small group plans inside and outside of exchanges. The program helps to stabilize market premiums by transferring funds from plans with relatively low-risk enrollees to plans with relatively high-risk enrollees. The data used by the Centers for Medicare and Medicaid Services to determine the risk adjustment transfer amount is subject to audits along with the true-up to the final Centers for Medicare and Medicaid Services report, which may result in a material change to arrive at the final risk adjustment amount from the initial risk adjustment estimate recorded. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

- (2)** The following table presents the current year impact for the permanent risk adjustment program regarding the risk-sharing provisions of the Affordable Care Act on assets, liabilities, and operations:

a. Permanent ACA Risk Adjustment Program	2024
<u>Assets</u>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ —
<u>Liabilities</u>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	—
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	—
<u>Operations (Revenue &amp; Expense)</u>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	—
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	—

(3) The following table is a roll forward of the prior year Affordable Care Act risk-sharing provisions for the permanent risk adjustment program for asset and liability balances, along with reasons for adjustments to prior year balances:

	Accrued During the Prior Year on Business Written before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustment receivable (including high risk pool payments)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	A	\$ —	\$ —
2. Premium adjustment (payable) (including high risk pool premium)	—	—	—	—	—	—	—	—	B	—	—
3. Total ACA Permanent Risk Adjustment Program	—	—	—	—	—	—	—	—		—	—

**25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES**

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care and other amounts receivable and reinsurance recoverables for the years ended December 31, 2024 and 2023:

	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (123,844,519)	\$ (123,844,519)
Paid claims — net of health care receivables	774,662,721	82,918,072	857,580,793
End of year claim reserve	103,709,035	842,488	104,551,523
Incurred claims excluding the change in health care receivables	878,371,756	(40,083,959)	838,287,797
Beginning of year health care receivables	—	14,717,345	14,717,345
End of year health care receivables	(14,636,546)	(4,996,777)	(19,633,323)
Total incurred claims	\$ 863,735,210	\$ (30,363,391)	\$ 833,371,819

	2023		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (150,815,528)	\$ (150,815,528)
Paid claims — net of health care receivables	813,564,645	96,408,152	909,972,797
End of year claim reserve	121,973,357	1,871,162	123,844,519
Incurred claims excluding the change in health care receivables	935,538,002	(52,536,214)	883,001,788
Beginning of year health care receivables	—	15,697,014	15,697,014
End of year health care receivables	(13,584,490)	(1,132,855)	(14,717,345)
Total incurred claims	\$ 921,953,512	\$ (37,972,055)	\$ 883,981,457

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable, and reinsurance recoverables as of December 31, 2023 was \$109,127,174. As of December 31, 2024, \$82,918,072 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable and reinsurance recoverables are now \$(4,154,289), as a result of re-estimation of unpaid claims. Therefore, there has been \$30,363,391 favorable prior year development since December 31, 2023 to December 31, 2024. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of \$19,812,716 in retroactivity for inpatient, outpatient, physician and pharmacy claims and by favorable development as a result of a change in the provision for adverse deviations in experience of \$6,378,821. At December 31, 2023, the Company recorded \$37,972,055 of favorable development. The primary drivers consist of favorable development of \$25,954,959 as a result of a change in retroactivity for inpatient, outpatient, physician, and pharmacy claims and by a favorable development of \$7,664,699 in the provision for adverse deviations in experience. Original estimates are increased or decreased as additional information becomes known regarding individual claims. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the financial statements.

The liabilities for aggregate life policy reserves are \$951,844 and \$836,491 as of December 31, 2024 and 2023, respectively. The change in the reserve is related to prior year run-out activity.

The Company incurred claims adjustment expenses of \$43,231,648 and \$49,029,681 in 2024 and 2023, respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc. as a part of the management agreement (see Note 10). The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2024 and 2023:

	2024		2023
Total claims adjustment expenses	\$ 43,231,648	\$	49,029,681
Less: current year unpaid claims adjustment expenses	(4,030,148)		(4,686,026)
Add: prior year unpaid claims adjustment expenses	4,686,026		5,678,305
	<u>43,887,526</u>		<u>50,021,960</u>
Total claims adjustment expenses paid	<u>\$ 43,887,526</u>	\$	<u>50,021,960</u>

- B.** The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses in 2024.

## 26. INTERCOMPANY POOLING ARRANGEMENTS

- A–G.** The Company did not have any intercompany pooling arrangements in 2024 or 2023.

## 27. STRUCTURED SETTLEMENTS

- A–B.** The Company did not have structured settlements in 2024 or 2023.

## 28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

- A.** Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables* from the financial statements.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, the pharmacy rebate transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2024	\$ 8,202,678	\$ 2,122,787	\$ —	\$ —	\$ —
9/30/2024	8,675,643	7,573,523	3,459,061	—	—
6/30/2024	7,465,874	7,454,972	3,298,092	3,194,773	—
3/31/2024	7,485,178	7,205,210	2,731,003	3,514,079	642,861
12/31/2023	8,268,181	8,058,980	4,368,529	2,577,344	312,709
9/30/2023	8,889,858	8,462,459	4,151,371	2,727,619	999,612
6/30/2023	8,383,780	7,951,032	4,204,676	2,656,935	808,385
3/31/2023	8,952,706	9,650,026	3,530,048	4,526,560	923,687
12/31/2022	9,358,942	9,620,072	3,453,070	4,983,477	1,606,297
9/30/2022	7,020,066	7,308,817	3,484,197	2,759,671	1,321,775
6/30/2022	7,132,738	7,350,696	3,666,357	2,704,133	1,097,064
3/31/2022	6,565,778	6,957,249	3,122,657	2,482,396	1,512,063

Of the amount reported as health care and other amounts receivable, \$18,947,845 and \$10,154,679 relate to pharmacy rebates receivable as of December 31, 2024 and 2023, respectively. This change is primarily due to increased/ (decreased) membership along with the change in generic/name brand mix.

B. The Company does not have any risk-sharing receivables.

The Company also admitted \$710,478 and \$122,386 of provider receivables resulting from claim overpayments as of December 31, 2024 and December 31, 2023, respectively, which are included in health care and other amounts receivable in the financial statements.

**29. PARTICIPATING POLICIES**

The Company did not have any participating contracts in 2024 or 2023.

**30. PREMIUM DEFICIENCY RESERVES**

The Company has not recorded any premium deficiency reserves as of December 31, 2024 or 2023. The analysis of premium deficiency reserves was completed as of December 31, 2024 and 2023. The Company did consider anticipated investment income when calculating the premium deficiency reserves.

The following table summarizes the Company’s premium deficiency reserves as of December 31, 2024 and 2023:

	<b>2024</b>
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	<u>12/31/2024</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<b>2023</b>
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	<u>12/31/2023</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**31. ANTICIPATED SALVAGE AND SUBROGATION**

Due to the type of business being written, the Company has no salvage. As of December 31, 2024 and 2023, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Indiana
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000731766
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2022
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/13/2024
- 3.4 By what department or departments?  
Indiana Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]
- 8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank .....	Salt Lake City, UT .....	NO.....	NO.....	YES.....	NO.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Baker Tilly US, LLP, Minneapolis, MN .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain.  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Kristin J. Kuhn, FSA, Director of Actuarial Services of United HealthCare Services, Inc., of which Golden Rule Insurance Company is an affiliate, 300 Burnett Street, Fort Worth, TX 76102 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved ..... 0
- 12.13 Total book/adjusted carrying value ..... \$ .....0
- 12.2 If yes, provide explanation  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....0
  - 20.12 To stockholders not officers.....\$ .....0
  - 20.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....0
  - 20.22 To stockholders not officers.....\$ .....0
  - 20.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....0
  - 21.22 Borrowed from others.....\$ .....0
  - 21.23 Leased from others .....\$ .....0
  - 21.24 Other .....\$ .....0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ X ] No [ ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ ..... 2,336
  - 22.22 Amount paid as expenses .....\$ ..... 465,545
  - 22.23 Other amounts paid .....\$ ..... 20,835
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information, relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
.....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 25.093 Total payable for securities lending reported on the liability page ..... \$ .....0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....0
- 26.22 Subject to reverse repurchase agreements ..... \$ .....0
- 26.23 Subject to dollar repurchase agreements ..... \$ .....0
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....0
- 26.25 Placed under option agreements ..... \$ .....0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....0
- 26.27 FHLB Capital Stock ..... \$ .....0
- 26.28 On deposit with states ..... \$ ..... 2,385,117
- 26.29 On deposit with other regulatory bodies ..... \$ .....0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ .....0
- 26.32 Other ..... \$ .....0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ X ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....0
29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon .....	Global Liquidity Services 1 Wall Street 14th Floor New York, NY 10286 .....
Nothern Trust .....	50 S. LaSalle Chicago, IL 60675 .....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company**  
**GENERAL INTERROGATORIES**

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

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

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

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

1 Name of Firm or Individual	2 Affiliation
JPMorgan Investment Management Inc. ....	U.....
BNY Mellon Asset Management North America .....	U.....
Internally Managed .....	I.....
BlackRock Financial Management, Inc .....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107038 .....	JPMorgan Investment Management Inc. ....	549300W78QH4XMM6K69 .....	SEC .....	NO.....
105764 .....	BNY Mellon Asset Management North America .....	ME7YUCK4NF1W8W8SP25 .....	SEC .....	NO.....
107105 .....	BlackRock Financial Management, Inc .....	549300LVXY1VJKE13M84 .....	SEC .....	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company**  
**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	441,609,321	417,060,939	(24,548,382)
31.2 Preferred stocks .....	0	0	0
31.3 Totals	441,609,321	417,060,939	(24,548,382)

31.4 Describe the sources or methods utilized in determining the fair values:

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....

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

33.2 If no, list exceptions:  
 .....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

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

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

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ X ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ X ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ .....0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
A M BEST RATING SERVICES INC .....	59,600

41.1 Amount of payments for legal expenses, if any? ..... \$ .....0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes  No

1.2 If yes, indicate premium earned on U.S. business only. .... \$ 8,494,877

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ 0

1.31 Reason for excluding  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ 6,730,289

1.6 Individual policies: Most current three years:

1.61 Total premium earned ..... \$ ..... 0

1.62 Total incurred claims ..... \$ ..... 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ ..... 8,494,877

1.65 Total incurred claims ..... \$ ..... 6,730,289

1.66 Number of covered lives ..... 2,174

1.7 Group policies: Most current three years:

1.71 Total premium earned ..... \$ ..... 0

1.72 Total incurred claims ..... \$ ..... 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ ..... 0

1.75 Total incurred claims ..... \$ ..... 0

1.76 Number of covered lives ..... 0

2. Health Test:

		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator .....	1,435,390,529	1,536,459,964	
2.2	Premium Denominator .....	1,450,258,467	1,549,937,905	
2.3	Premium Ratio (2.1/2.2) .....	0.990	0.991	
2.4	Reserve Numerator .....	146,188,451	169,273,143	
2.5	Reserve Denominator .....	154,031,920	176,391,870	
2.6	Reserve Ratio (2.4/2.5) .....	0.949	0.960	

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes  No

3.2 If yes, give particulars:  
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes  No

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes  No

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes  No

5.2 If no, explain:  
Golden Rule Insurance Company is not required to have stop loss reinsurance. ....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ ..... 0

5.32 Medical Only ..... \$ ..... 0

5.33 Medicare Supplement ..... \$ ..... 0

5.34 Dental & Vision ..... \$ ..... 0

5.35 Other Limited Benefit Plan ..... \$ ..... 0

5.36 Other ..... \$ ..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreements. ....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... Yes  No

7.2 If no, give details  
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year ..... 1,483,843

8.2 Number of providers at end of reporting year ..... 1,316,308

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes  No

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$..... 0

9.22 Business with rate guarantees over 36 months ..... \$..... 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....0

10.22 Amount actually paid for year bonuses.....\$ .....0

10.23 Maximum amount payable withholds.....\$ .....0

10.24 Amount actually paid for year withholds.....\$ .....0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, ..... Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? .... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... State of Indiana  
Department of  
Insurance

11.4 If yes, show the amount required. .... \$ 450,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation  
Indiana Statue Title 27, Section 1-6-14 .....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Licensed statewide in the following states: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming and Guam. ....

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ X ] N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written ..... \$ .....0

15.2 Total Incurred Claims .....\$ .....0

15.3 Number of Covered Lives ..... 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**FIVE-YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	507,424,954	570,156,563	607,970,598	575,797,329	628,902,509
2. Total liabilities (Page 3, Line 24) .....	244,008,161	259,856,805	296,188,085	328,859,836	371,947,332
3. Statutory minimum capital and surplus requirement .....	450,000	450,000	450,000	0	207,493,258
4. Total capital and surplus (Page 3, Line 33) .....	263,416,793	310,299,758	311,782,513	246,937,493	256,955,177
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	1,450,298,560	1,553,715,767	1,640,673,231	1,706,055,934	1,627,660,524
6. Total medical and hospital expenses (Line 18) .....	833,346,819	883,981,457	959,563,941	1,075,076,368	955,407,963
7. Claims adjustment expenses (Line 20) .....	43,231,648	49,029,681	66,376,420	55,045,915	53,803,163
8. Total administrative expenses (Line 21) .....	398,096,968	413,047,924	393,303,602	429,398,702	419,704,323
9. Net underwriting gain (loss) (Line 24) .....	174,350,905	206,291,175	218,500,269	145,306,219	202,207,212
10. Net investment gain (loss) (Line 27) .....	20,986,879	20,176,261	8,701,873	6,942,733	8,348,440
11. Total other income (Lines 28 plus 29) .....	70,413	(91,283)	277,692	42,154	31,184
12. Net income or (loss) (Line 32) .....	155,759,591	183,186,450	181,663,547	120,192,818	162,811,148
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	93,865,194	156,512,446	173,406,637	86,332,567	187,995,357
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	263,416,793	310,299,758	311,782,513	246,937,493	258,704,349
15. Authorized control level risk-based capital .....	44,898,461	48,084,016	53,648,706	60,558,534	51,108,841
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	1,374,153	1,233,671	1,242,155	1,254,574	1,218,504
17. Total members months (Column 6, Line 7) .....	15,544,701	14,897,271	14,799,042	14,903,274	13,601,553
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	57.5	57.1	58.8	63.3	57.0
20. Cost containment expenses .....	1.2	1.3	1.4	1.4	1.4
21. Other claims adjustment expenses .....	1.8	1.8	2.6	1.8	1.9
22. Total underwriting deductions (Line 23) .....	88.0	86.9	86.9	91.8	87.8
23. Total underwriting gain (loss) (Line 24) .....	12.0	13.3	13.4	8.5	12.4
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	80,184,740	99,393,687	129,280,335	167,404,274	143,069,121
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	111,071,163	137,131,243	167,385,347	203,924,151	179,382,907
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	L	17,526,080	0	0	0	0	222,697	0	17,748,777	0
2. Alaska	L	568,252	0	0	0	0	9,412	0	577,664	0
3. Arizona	L	104,803,586	0	0	0	0	463,565	0	105,267,151	0
4. Arkansas	L	15,533,737	0	0	0	0	275,998	0	15,809,735	0
5. California	L	11,297,120	0	0	0	0	508,128	0	11,805,248	0
6. Colorado	L	24,638,533	0	0	0	0	269,382	0	24,907,915	0
7. Connecticut	L	2,569,799	0	0	0	0	242,527	0	2,812,326	0
8. Delaware	L	1,220,990	0	0	0	0	55,594	0	1,276,584	0
9. District of Columbia	L	268,195	0	0	0	0	19,770	0	287,965	0
10. Florida	L	310,649,912	0	0	0	0	1,366,946	0	312,016,858	0
11. Georgia	L	63,133,586	0	0	0	0	393,476	0	63,527,062	0
12. Hawaii	L	851,783	0	0	0	0	64,427	0	916,210	0
13. Idaho	L	467,998	0	0	0	0	20,313	0	488,311	0
14. Illinois	L	52,061,662	0	0	0	0	1,232,458	0	53,294,120	0
15. Indiana	L	47,826,269	0	0	0	0	610,415	0	48,436,684	0
16. Iowa	L	16,038,705	0	0	0	0	326,777	0	16,365,482	0
17. Kansas	L	7,365,843	0	0	0	0	113,516	0	7,479,359	0
18. Kentucky	L	15,221,777	0	0	0	0	357,825	0	15,579,602	0
19. Louisiana	L	15,025,152	0	0	0	0	207,787	0	15,232,939	0
20. Maine	L	4,243,216	0	0	0	0	53,314	0	4,296,530	0
21. Maryland	L	20,705,023	0	0	0	0	347,870	0	21,052,893	0
22. Massachusetts	L	47,803	0	0	0	0	86,807	0	134,610	0
23. Michigan	L	44,618,611	0	0	0	0	542,984	0	45,161,595	0
24. Minnesota	L	4,825,993	0	0	0	0	305,215	0	5,131,208	0
25. Mississippi	L	30,238,478	0	0	0	0	160,310	0	30,398,788	0
26. Missouri	L	62,354,532	0	0	0	0	538,418	0	62,892,950	0
27. Montana	L	1,983,168	0	0	0	0	2,593	0	1,985,761	0
28. Nebraska	L	28,001,564	0	0	0	0	206,690	0	28,208,254	0
29. Nevada	L	11,192,280	0	0	0	0	57,142	0	11,249,422	0
30. New Hampshire	L	729,121	0	0	0	0	75,296	0	804,417	0
31. New Jersey	L	1,241,657	0	0	0	0	43,820	0	1,285,477	0
32. New Mexico	L	315,977	0	0	0	0	37,843	0	353,820	0
33. New York	N	154,120	0	0	0	0	29,528	0	183,648	0
34. North Carolina	L	57,025,364	0	0	0	0	612,436	0	57,637,800	0
35. North Dakota	L	238,299	0	0	0	0	34,356	0	272,655	0
36. Ohio	L	69,105,495	0	0	0	0	636,002	0	69,741,497	0
37. Oklahoma	L	21,762,492	0	0	0	0	277,553	0	22,040,045	0
38. Oregon	L	2,813,434	0	0	0	0	62,749	0	2,876,183	0
39. Pennsylvania	L	40,480,222	0	0	0	0	529,420	0	41,009,642	0
40. Rhode Island	L	1,064,477	0	0	0	0	17,837	0	1,082,314	0
41. South Carolina	L	34,735,663	0	0	0	0	197,160	0	34,932,823	0
42. South Dakota	L	312,711	0	0	0	0	135,558	0	448,269	0
43. Tennessee	L	59,354,828	0	0	0	0	674,660	0	60,029,488	0
44. Texas	L	163,286,574	0	0	0	0	1,394,887	0	164,681,461	0
45. Utah	L	5,189,027	0	0	0	0	29,451	0	5,218,478	0
46. Vermont	L	52,562	0	0	0	0	17,364	0	69,926	0
47. Virginia	L	21,882,597	0	0	0	0	453,303	0	22,335,900	0
48. Washington	L	2,675,764	0	0	0	0	79,135	0	2,754,899	0
49. West Virginia	L	7,340,139	0	0	0	0	116,612	0	7,456,751	0
50. Wisconsin	L	35,994,410	0	0	0	0	505,082	0	36,499,492	0
51. Wyoming	L	2,948,493	0	0	0	0	5,153	0	2,953,646	0
52. American Samoa	N	0	0	0	0	0	0	0	0	0
53. Guam	L	0	0	0	0	0	0	0	0	0
54. Puerto Rico	N	0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	N	0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	N	0	0	0	0	0	0	0	0	0
57. Canada	N	0	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	78	0	0	0	0	2,980	0	3,058	0
59. Subtotal	XXX	1,443,983,151	0	0	0	0	15,030,541	0	1,459,013,692	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	1,443,983,151	0	0	0	0	15,030,541	0	1,459,013,692	0
DETAILS OF WRITE-INS										
58001. ZZZ Other Alien	XXX	78	0	0	0	0	2,980	0	3,058	0
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	78	0	0	0	0	2,980	0	3,058	0

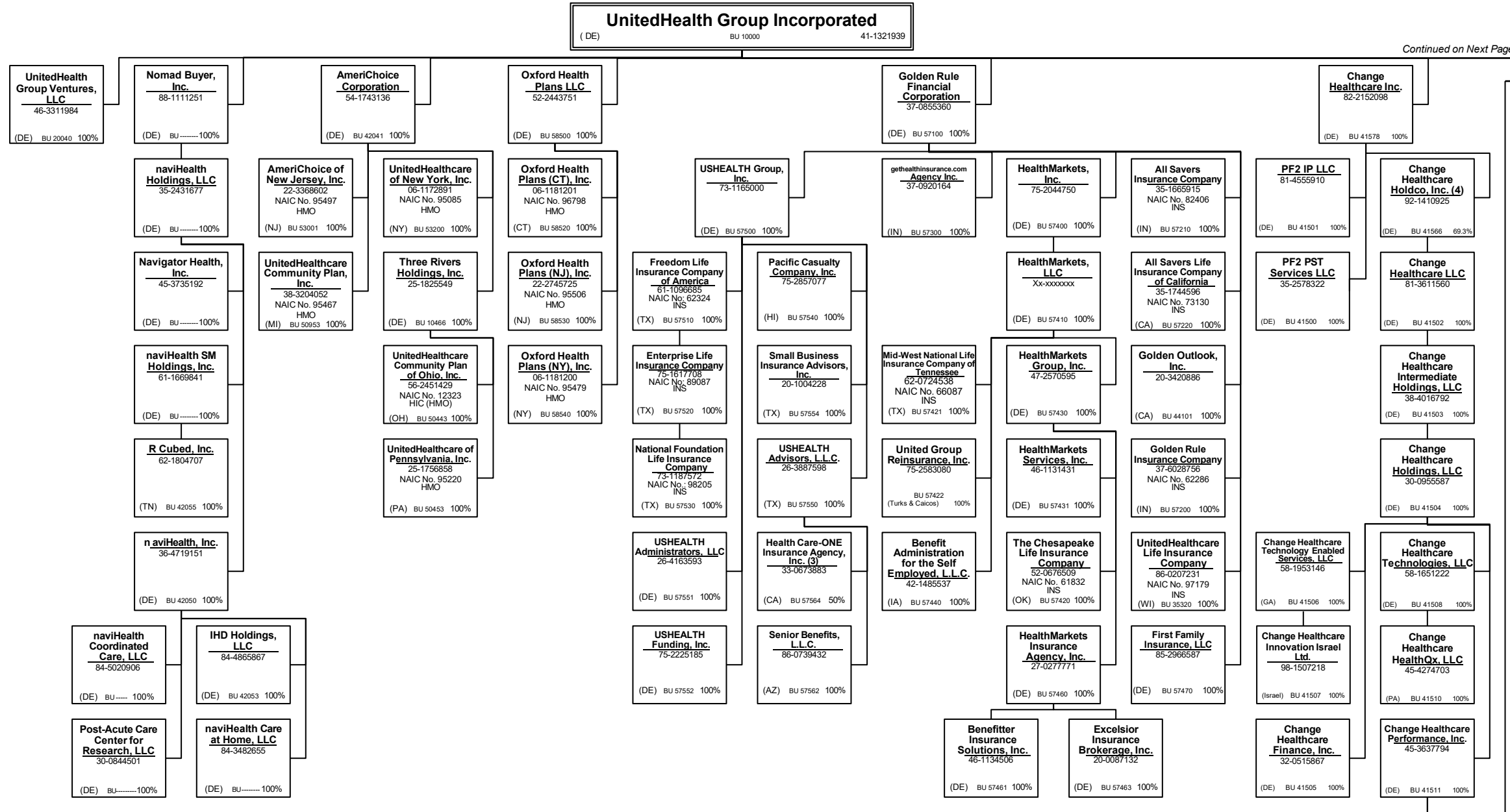
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 51
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 6

(b) Explanation of basis of allocation by states, premiums by state, etc.

Allocation of premiums based upon insured's address state.  
Allocation of premiums is based on insured's address state.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



Continued on Next Page

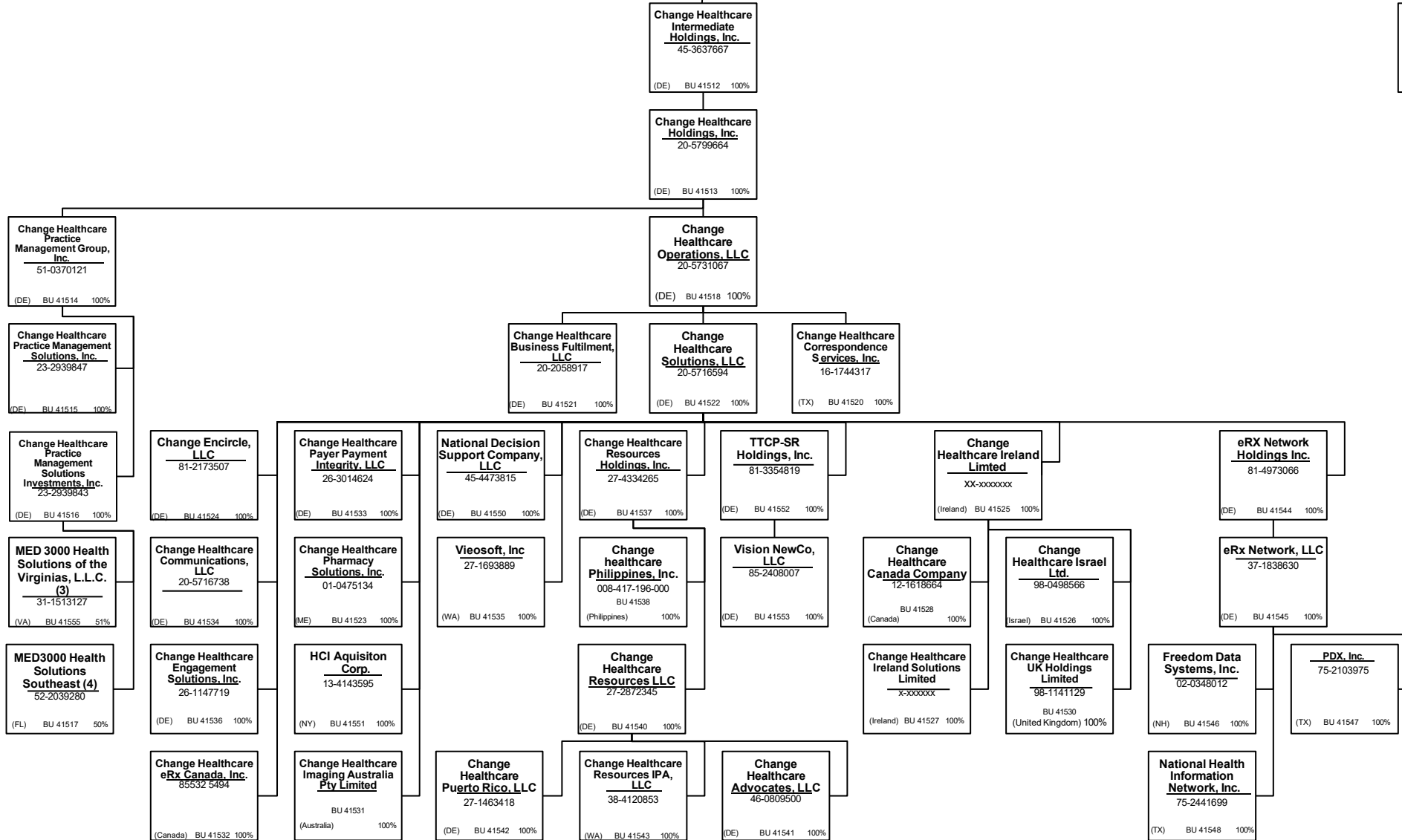
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU----- 100%

Continued from Previous Page

Continued on Next Page



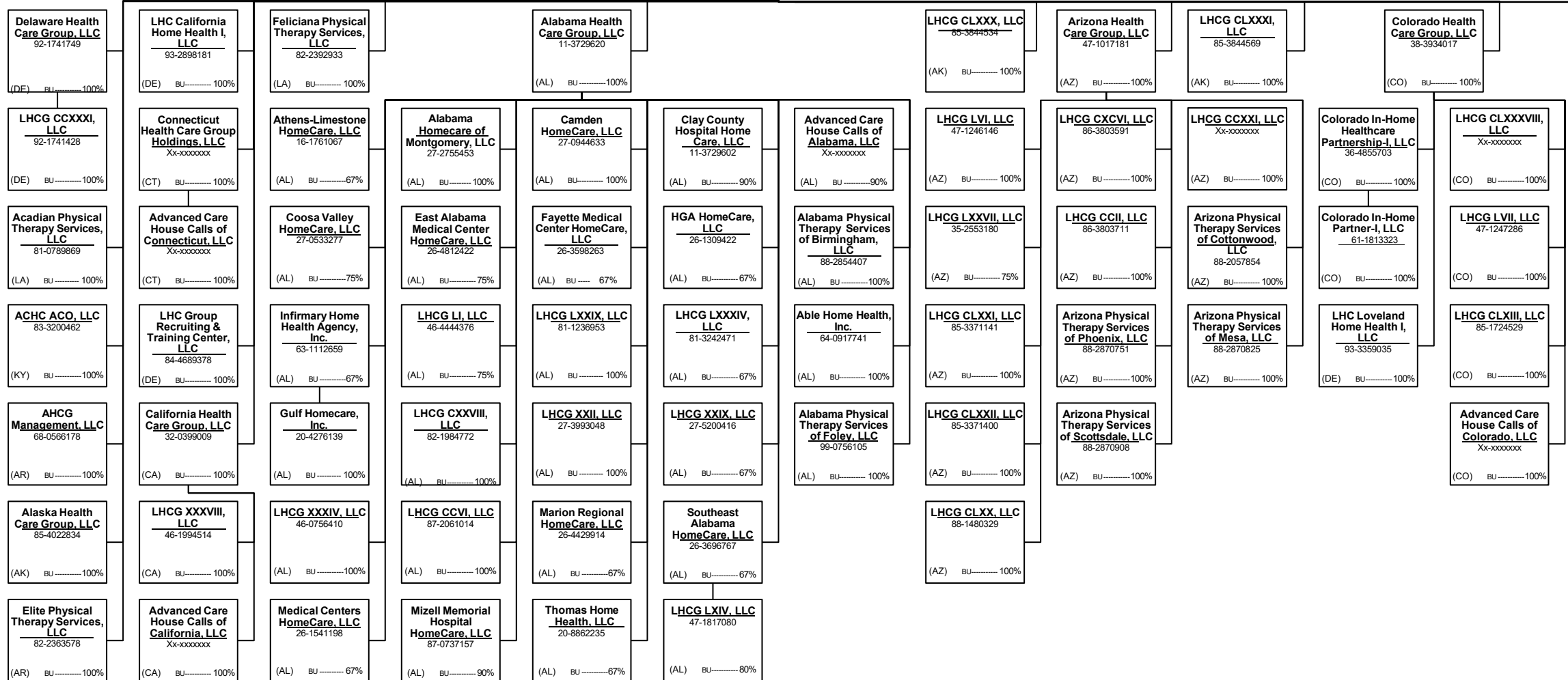
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%





**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Georgia Health Care Group, LLC**  
 04-3826206  
 (GA) BU 100%

**LHC Health Care Group of Florida, LLC**  
 20-3840328  
 (FL) BU 100%

**LHCG CCXXVII, LLC**  
 88-3285752  
 (GA) BU 100%

**Georgia HomeCare of Harris, LLC**  
 38-3749123  
 (GA) BU 100%

**LHCG LXXIV, LLC**  
 81-1105754  
 (GA) BU 100%

**LHCG XL, LLC**  
 46-2509518  
 (GA) BU 100%

**Northwest Georgia Home Health, LLC**  
 27-1803583  
 (GA) BU 75%

**LHCG CCXXVI, LLC**  
 88-3281766  
 (GA) BU 100%

**Advanced Care House Calls of Florida, LLC**  
 30-1111990  
 (FL) BU 100%

**Florida Physical Therapy Services of Miramar, LLC**  
 85-2890611  
 (FL) BU 100%

**Florida Physical Therapy Services of Panama City, LLC**  
 85-2890874  
 (FL) BU 100%

**LHCG XIX, LLC**  
 27-3529253  
 (FL) BU 75%

**Munroe Regional HomeCare, LLC**  
 77-0670885  
 (FL) BU 51%

**Florida Physical Therapy Services of Orlando, LLC**  
 87-2819939  
 (FL) BU 100%

**Atlantic Homecare, Inc.**  
 58-1811794  
 (GA) BU 100%

**Eastern Georgia Partnership, LLC**  
 85-2462743  
 (GA) BU 75%

**LHCG CLVIII, LLC**  
 84-4811662  
 (GA) BU 100%

**Halcyon Healthcare, LLC**  
 27-4237248  
 (DE) BU 100%

**Advanced Care House Calls of Georgia, LLC**  
 Xx-xxxxxx  
 (GA) BU 100%

**Floyd HomeCare, LLC**  
 37-1533134  
 (GA) BU 75%

**Central Florida Partnership, LLC**  
 84-4741808  
 (FL) BU 60%

**Florida Physical Therapy Services of Sarasota II, LLC**  
 85-4184074  
 (FL) BU 100%

**LHCG CCX, LLC**  
 87-2695298  
 (FL) BU 100%

**Florida Physical Therapy Services of Pensacola, LLC**  
 38-4077716  
 (FL) BU 100%

**Lifeline Home Health Care of Lady Lake, LLC**  
 314-1975227  
 (FL) BU 100%

**Florida Physical Therapy Services of Sun City, LLC**  
 88-2870661  
 (FL) BU 100%

**Atlantic Homeaid, Inc.**  
 58-1863635  
 (GA) BU 100%

**Augusta Home Care Services LLC**  
 26-3389004  
 (DE) BU 100%

**LHCG LXXV, LLC**  
 Xx-xxxxxx  
 (GA) BU 100%

**Altus Hospice of Georgia, LLC**  
 45-3437288  
 (DE) BU 100%

**Community Hospice, LLC**  
 20-0896023  
 (MS) BU 100%

**LHCG CCXXVIII, LLC**  
 88-3303273  
 (GA) BU 100%

**Bayfront HMA Home Health LLC**  
 46-1642468  
 (FL) BU 100%

**Florida Physical Therapy Services of Orange City, LLC**  
 99-4674628  
 (FL) BU 100%

**Florida Physical Therapy Services of Ormond Beach, LLC**  
 87-2820055  
 (FL) BU 100%

**LHCG LXXXII, LLC**  
 61-1788793  
 (FL) BU 75%

**Florida Physical Therapy Services of Fort Myers, LLC**  
 86-3177130  
 (FL) BU 100%

**Florida Physical Therapy Services of Ocala, LLC**  
 88-2854101  
 (FL) BU 75%

**Ware Visiting Nurse Services, Inc.**  
 58-1811796  
 (GA) BU 100%

**LHCG CLXIV, LLC**  
 85-2474241  
 (GA) BU 100%

**Northeast Georgia Home Health II, LLC**  
 88-4214089  
 (GA) BU 100%

**Cornerstone Palliative and Hospice, LLC**  
 45-4845966  
 (MS) BU 67%

**Covenant Palliative and Hospice, LLC**  
 45-4845621  
 (MS) BU 100%

**ACF Group, Inc.**  
 99-4163615  
 (DE) BU 100%

**LHCG CLIV, LLC**  
 84-4776384  
 (FL) BU 100%

**LHCG CLIII, LLC**  
 84-4776234  
 (FL) BU 100%

**Florida Physical Therapy Services of Sarasota, LLC**  
 85-3733455  
 (FL) BU 100%

**Suncoast Healthcare Partnership, LLC**  
 Xx-xxxxxx  
 (FL) BU 60%

**Florida Physical Therapy Services of Gainesville, LLC**  
 86-1936043  
 (FL) BU 100%

**Lifeline Home Health Care of Lakeland, LLC**  
 14-1975232  
 (FL) BU 51%

**Chesterfield Visiting Nurses Services, Inc.**  
 57-0876493  
 (SC) BU 100%

**LHCG CLXV, LLC**  
 85-2474342  
 (GA) BU 100%

**Southern Georgia Partnership, LLC**  
 88-0998884  
 (GA) BU 75%

**Compassionate Hospice of Georgia, Inc.**  
 45-3245661  
 (DE) BU 100%

**Grace Hospice, LLC**  
 20-3301932  
 (GA) BU 100%

**LHCG CLVI, LLC**  
 84-4829979  
 (FL) BU 100%

**LHCG CLV, LLC**  
 84-4829877  
 (FL) BU 100%

**Suncoast Partnership-I, LLC**  
 Xx-xxxxxx  
 (FL) BU 100%

**Suncoast Partnership-II, LLC**  
 Xx-xxxxxx  
 (FL) BU 100%

**Suncoast Partnership-III, LLC**  
 Xx-xxxxxx  
 (FL) BU 60%

**Lifeline Home Health Care of Marathon, LLC**  
 14-1975234  
 (FL) BU 100%

**Florence Visiting Nurses Services, Inc.**  
 57-0876491  
 (SC) BU 100%

**LHCG CLXVI, LLC**  
 85-2501394  
 (SC) BU 100%

**LHCG CCXXII, LLC**  
 88-0998942  
 (GA) BU 100%

**Compassionate Healthcare Management Group, Inc.**  
 20-4591877  
 (GA) BU 100%

**Halcyon Hospice of Aiken, LLC**  
 27-0380864  
 (FL) BU 100%

**LHCG CLX, LLC**  
 85-0792455  
 (FL) BU 100%

**LHCG CLVII, LLC**  
 85-0778549  
 (FL) BU 100%

**Suncoast Partnership-I, LLC**  
 Xx-xxxxxx  
 (FL) BU 100%

**Suncoast Partnership-II, LLC**  
 Xx-xxxxxx  
 (FL) BU 100%

**Suncoast Partnership-III, LLC**  
 Xx-xxxxxx  
 (FL) BU 100%

**Lifeline Home Health Care of Port Charlotte, LLC**  
 14-1975231  
 (FL) BU 100%

40.4

Continued from Previous Page

Continued on Next Page



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

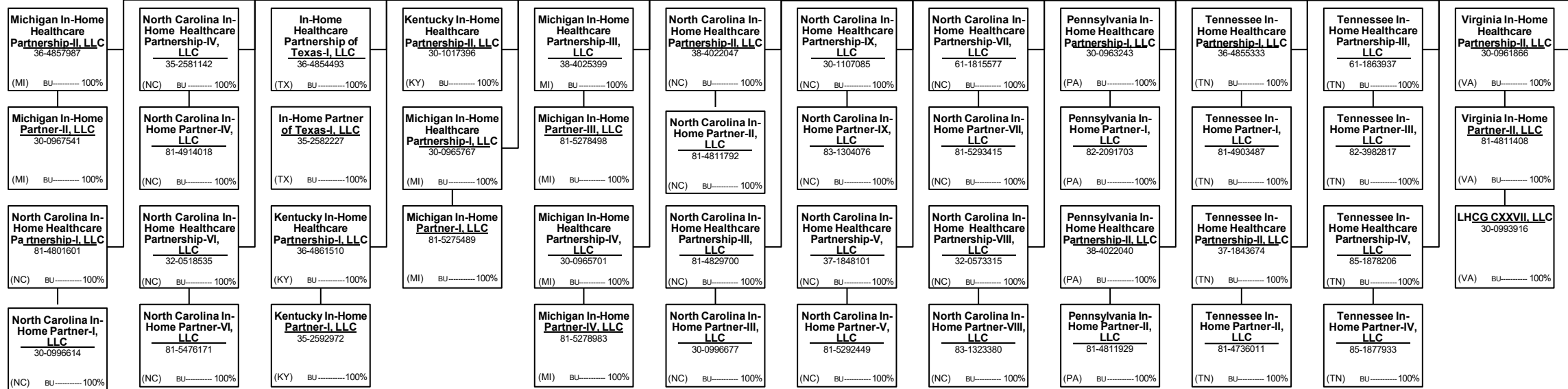
Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU-----100%

**LHCG Partner, LLC**  
 81-4453882  
 (DE) BU-----100%

**In-Home Healthcare Partnership, LLC**  
 38-4019518  
 (DE) BU-----80%



40.6

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU-----100%

**LHCG Partner, LLC**  
 81-4453882  
 (DE) BU-----100%

**In-Home Healthcare Partnership, LLC**  
 38-4019518  
 (DE) BU-----80%

**LHCG Partner II, LLC**  
 82-1485228  
 (TX) BU-----100%

**Southwest Post-Acute Care Partnership, LLC**  
 61-1846018  
 (TX) BU-----60%

**Virginia In-Home Healthcare Partnership-IX, LLC**  
 32-0516972  
 (VA) BU-----100%

**Virginia In-Home Healthcare Partnership-VII, LLC**  
 37-1844686  
 (VA) BU-----100%

**Virginia In-Home Healthcare Partnership-XI, LLC**  
 36-4908131  
 (VA) BU-----100%

**Louisiana In-Home Healthcare Partnership-II, LLC**  
 36-4886826  
 (LA) BU-----100%

**Virginia In-Home Healthcare Partnership-VI, LLC**  
 37-1843673  
 (VA) BU-----100%

**Virginia In-Home Healthcare Partnership-IV, LLC**  
 61-1810641  
 (VA) BU-----100%

**GSHS Home Health, LLC**  
 16-1727633  
 (TX) BU-----100%

**LHCG CXXIII, LLC**  
 87-3155545  
 (LA) BU-----100%

**LHCG CIX, LLC**  
 82-2084222  
 (LA) BU-----100%

**LHCG CLI, LLC**  
 85-1221268  
 (TX) BU-----100%

**LHCG CVI, LLC**  
 82-2020284  
 (LA) BU-----100%

**LHCG CVII, LLC**  
 82-2044952  
 (LA) BU-----100%

**Virginia In-Home Partner-IX, LLC**  
 81-5294732  
 (VA) BU-----100%

**Virginia In-Home Partner-VII, LLC**  
 81-4888210  
 (VA) BU-----100%

**Virginia In-Home Partner-XI, LLC**  
 83-2040583  
 (VA) BU-----100%

**Louisiana In-Home Partner-II, LLC**  
 35-2616195  
 (LA) BU-----100%

**Virginia In-Home Partner-VI, LLC**  
 81-4737281  
 (VA) BU-----100%

**Virginia In-Home Partner-IV, LLC**  
 32-0516324  
 (VA) BU-----100%

**LHCG CXII, LLC**  
 82-2146037  
 (TX) BU-----100%

**LHCG CXIII, LLC**  
 82-2159030  
 (TX) BU-----100%

**LHCG CXIV, LLC**  
 82-2174970  
 (TX) BU-----100%

**LHCG CXXIII, LLC**  
 82-2301047  
 (GA) BU-----100%

**LHCG CX, LLC**  
 82-2098229  
 (LA) BU-----100%

**LHCG CXXVI, LLC**  
 88-0582397  
 (LA) BU-----100%

**Virginia In-Home Healthcare Partnership-V, LLC**  
 38-4020777  
 (VA) BU-----100%

**Virginia In-Home Healthcare Partnership-VIII, LLC**  
 61-1814029  
 (VA) BU-----100%

**Virginia In-Home Healthcare Partnership-XII, LLC**  
 86-2505437  
 (VA) BU-----100%

**Louisiana In-Home Healthcare Partnership-III, LLC**  
 35-2614777  
 (LA) BU-----100%

**Virginia In-Home Healthcare Partnership-X, LLC**  
 32-0580044  
 (VA) BU-----100%

**LHCG CXV, LLC**  
 82-2187727  
 (TX) BU-----100%

**LHCG CXVI, LLC**  
 82-2206275  
 (TX) BU-----100%

**LHCG CXVII, LLC**  
 82-2217874  
 (TX) BU-----100%

**Texas Health Care Group of Texarkana, LLC**  
 41-2076211  
 (TX) BU-----100%

**LHCG CCIII, LLC**  
 87-0969466  
 (LA) BU-----100%

**LHCG CXI, LLC**  
 82-2140184  
 (TX) BU-----100%

**Virginia In-Home Partner-V, LLC**  
 81-4737123  
 (VA) BU-----100%

**Virginia In-Home Partner-VIII, LLC**  
 81-5294131  
 (VA) BU-----100%

**Virginia In-Home Partner-XII, LLC**  
 86-2445798  
 (VA) BU-----100%

**Louisiana In-Home Partner-III, LLC**  
 82-4146470  
 (LA) BU-----100%

**Virginia In-Home Partner-X, LLC**  
 83-2555935  
 (VA) BU-----100%

**LHCG CXXIV, LLC**  
 82-2261569  
 (TX) BU-----100%

**LHCG CXXX, LLC**  
 82-2276690  
 (TX) BU-----100%

**LHCG CXXXI, LLC**  
 82-2469676  
 (TX) BU-----100%

**Marshall HomeCare, LLC**  
 02-0732705  
 (TX) BU-----100%

**LHCG CXXXIII, LLC**  
 32-0540219  
 (TX) BU-----100%

**LHCG CVIII, LLC**  
 82-1666299  
 (LA) BU-----100%

**LHC Lufkin Home Health I, LLC**  
 99-2735771  
 (TX) BU-----100%

**LHC Onalaska Home Health I, LLC**  
 99-2735959  
 (TX) BU-----100%

**LHCG CCXXXII, LLC**  
 82-2244399  
 (TX) BU-----100%

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

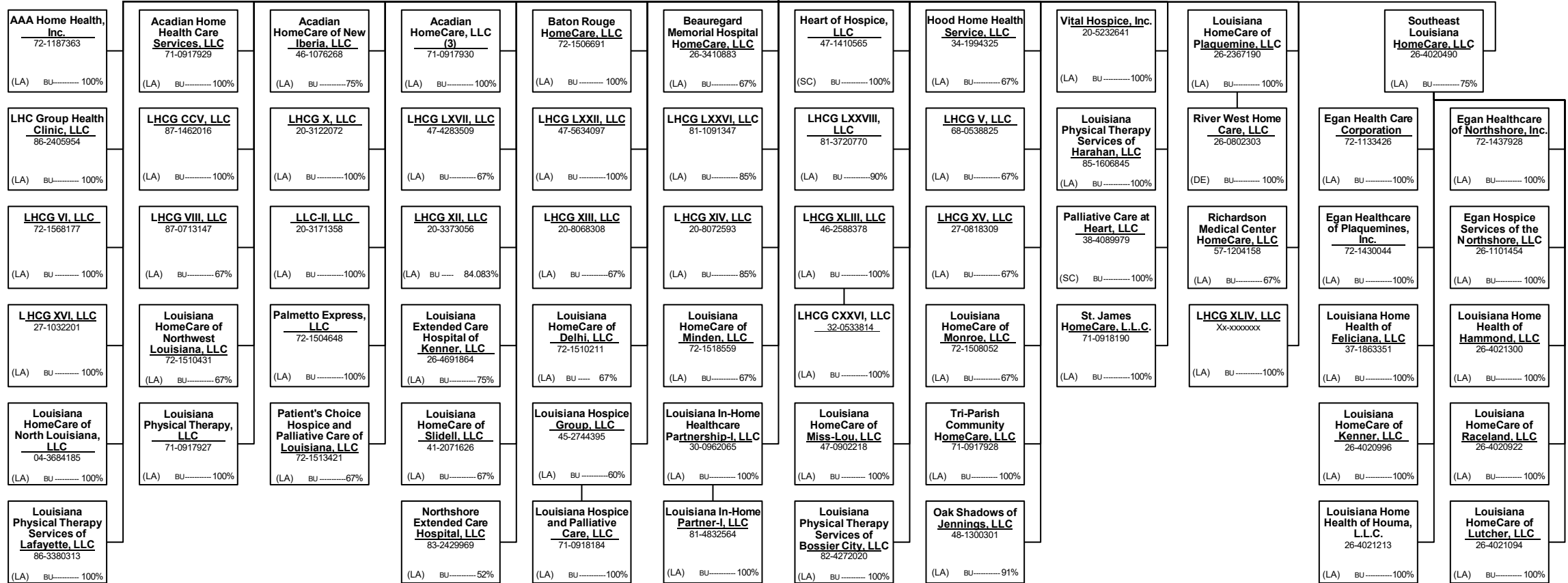
**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Louisiana Health Care Group, LLC**  
 71-0917926  
 (LA) BU 100%



40.8

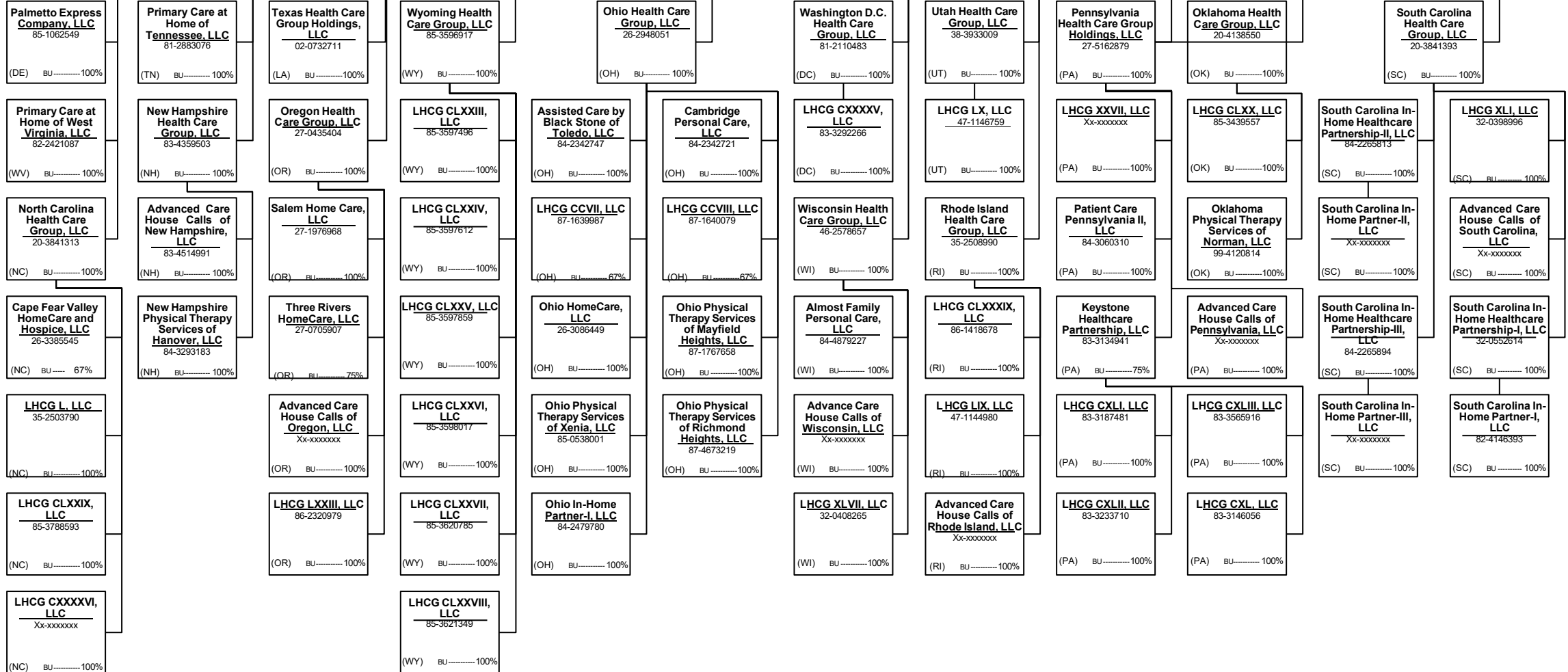
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%



40.9

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Texas Health Care Group, LLC**  
 62-1850044  
 (TX) BU 100%

**Virginia Health Care Group, LLC**  
 06-1762010  
 (VA) BU 100%

**Washington Health Care Group, LLC**  
 26-3811771  
 (WA) BU 100%

**West Virginia Health Care Group, LLC**  
 87-0748651  
 (WV) BU 100%

**Idaho Health Care Group, LLC**  
 27-2498964  
 (ID) BU 100%

**Massachusetts Health Care Group, LLC**  
 38-3932998  
 (MA) BU 100%

**LHC CXCI, LLC**  
 86-2900948  
 (TX) BU 100%

**Red River HomeCare, LLC**  
 81-0627339  
 (TX) BU 100%

**LHCG CCI, LLC**  
 87-1012762  
 (VA) BU 100%

**Virginia HomeCare, LLC**  
 06-1762015  
 (VA) BU 100%

**Assured Capital Partners, Inc.**  
 88-0369557  
 (NV) BU 100%

**Washington HomeCare and Hospice of Central Basin, LLC**  
 26-4568497  
 (WA) BU 100%

**Preston Memorial HomeCare, LLC**  
 27-1446056  
 (WV) BU 100%

**LHCG LXXXVII, LLC**  
 37-1847660  
 (WV) BU 90%

**Grant Memorial HomeCare and Hospice, LLC**  
 26-2578433  
 (WV) BU 67%

**Boone Memorial HomeCare, LLC**  
 20-8826558  
 (WV) BU 100%

**LHCG XVII, LLC**  
 27-2544602  
 (ID) BU 100%

**LHCG CXCI, LLC**  
 86-2900948  
 (MA) BU 100%

**LHC CXCV, LLC**  
 86-2947633  
 (TX) BU 100%

**Texas Health Care Group of The Golden Triangle, LLC**  
 27-0075424  
 (TX) BU 81.25%

**LHCG CCIV, LLC**  
 87-2102125  
 (VA) BU 100%

**Advanced Care House Calls of Virginia, LLC**  
 Xx-xxxxxx  
 (VA) BU 100%

**Northwest Healthcare Alliance, Inc.**  
 91-1738970  
 (WA) BU 100%

**Advanced Care House Calls of Washington, LLC**  
 Xx-xxxxxx  
 (WA) BU 100%

**St. Mary's Medical Center Health Services, LLC**  
 26-0730248  
 (WV) BU 67%

**LHCG LXXXIX, LLC**  
 81-5300843  
 (WV) BU 100%

**Housecalls Home Health and Hospice, LLC**  
 37-1533130  
 (WV) BU 100%

**Home Care Plus, Inc.**  
 55-0668235  
 (WV) BU 100%

**LHCG XXI, LLC**  
 27-3529180  
 (ID) BU 100%

**Massachusetts Physical Therapy Services of Framingham, LLC**  
 88-2854292  
 (MA) BU 100%

**Rivercrest Home Health Care, Inc.**  
 46-0504059  
 (TX) BU 100%

**LHCG CLIX, LLC**  
 Xx-xxxxxx  
 (TX) BU 100%

**LHCG CXCI, LLC**  
 87-0821919  
 (VA) BU 100%

**LHCG LXXX, LLC**  
 Xx-xxxxxx  
 (VA) BU 100%

**LHCG LXIII, LLC**  
 61-1739528  
 (WA) BU 100%

**LHCG CLXXXV, LLC**  
 85-3845250  
 (WA) BU 100%

**Wetzel County HomeCare, LLC**  
 26-0274385  
 (WV) BU 100%

**LHCG XCI, LLC**  
 81-5322329  
 (OH) BU 100%

**West Virginia HomeCare, LLC**  
 26-3043290  
 (WV) BU 83.3%

**LHCG LII, LLC**  
 46-4704340  
 (WV) BU 100%

**Advanced Care House Calls of Idaho, LLC**  
 Xx-xxxxxx  
 (ID) BU 100%

**Massachusetts Physical Therapy Services of Quincy Bay, LLC**  
 88-2058110  
 (MA) BU 100%

**Texas Physical Therapy Services of Burleson, LLC**  
 88-2072971  
 (TX) BU 100%

**Home Care Connections, Inc.**  
 33-1025322  
 (TX) BU 100%

**Texas Physical Therapy Services of Tyler, LLC**  
 99-2611865  
 (TX) BU 100%

**LHCG CXCVIII, LLC**  
 87-0821493  
 (VA) BU 100%

**Northeast Washington Home Health, Inc.**  
 27-0555075  
 (WA) BU 100%

**LHCG CLXXXVI, LLC**  
 85-3864696  
 (WA) BU 100%

**LHC HomeCare of West Virginia LLC**  
 26-3042468  
 (WV) BU 100%

**LHCG XC, LLC**  
 81-5306967  
 (WV) BU 100%

**West Virginia Physical Therapy Services of Charleston, LLC**  
 83-3393205  
 (WV) BU 100%

**Princeton Community HomeCare, LLC**  
 83-0474005  
 (WV) BU 67%

**Idaho In-Home Partner-I, LLC**  
 84-2311184  
 (ID) BU 100%

**LHCG LVIII, LLC**  
 47-1271229  
 (MA) BU 100%

**Texas Physical Therapy Services of Baytown, LLC**  
 86-3380429  
 (TX) BU 100%

**LHCG CCXXXIV, LLC**  
 92-3832140  
 (TX) BU 100%

**LHCG XXXIII, LLC**  
 45-4894023  
 (TX) BU 70%

**Washington Physical Therapy Services of Mill Creek, LLC**  
 33-2103763  
 (WA) BU 100%

**LHCG CLXXXVII, LLC**  
 85-3864696  
 (WA) BU 100%

**Jackson County Home Health, LLC**  
 26-3042590  
 (WV) BU 100%

**LHCG XCII, LLC**  
 81-5344998  
 (OH) BU 100%

**Roane HomeCare, LLC**  
 41-2219637  
 (WV) BU 100%

**Kambros, LLC**  
 84-4763920  
 (ID) BU 100%

**Advanced Care House Calls of Texas, LLC**  
 Xx-xxxxxx  
 (TX) BU 100%

**LHCG CCXXXV, LLC**  
 92-3828235  
 (TX) BU 100%

**LHCG CXXXVII, LLC**  
 38-4052246  
 (TX) BU 100%

**Mountaineer HomeCare, LLC**  
 26-3042733  
 (WV) BU 100%

**HNH Birdie One, LLC**  
 85-2016675  
 (ID) BU 100%

**Heart 'n Home Hospice and Palliative Care, LLC**  
 52-2440817  
 (ID) BU 100%

40.10

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Tennessee Health Care Group, LLC**  
 20-3427231  
 (TN) BU 100%

**LHC HomeCare of Tennessee, LLC**  
 26-2678253  
 (TN) BU 100%

**LHCG LXII, LLC**  
 32-0442009  
 (TN) BU 100%

**LHCG LXXXVIII, LLC**  
 30-0965267  
 (TN) BU 67%

**Tennessee Physical Therapy Services of Kingsport, LLC**  
 83-2129924  
 (TN) BU 100%

**Advanced Care House Calls of Tennessee, LLC**  
 Xx-xxxxxx  
 (TN) BU 100%

**Tennessee Physical Therapy Services of Knoxville, LLC**  
 83-2743288  
 (TN) BU 100%

**Innovative Senior Care Home Health of Rhode Island, LLC**  
 45-2502463  
 (DE) BU 100%

**Health at Home Holdings, LLC**  
 87-0934507  
 (DE) BU 100%

**Elk Valley Professional Affiliates, Inc.**  
 62-1193858  
 (TN) BU 100%

**Lifeline Home Health Care of Springfield, LLC**  
 20-8826801  
 (TN) BU 100%

**Arkansas Home Health Providers-IV, LLC**  
 47-1754828  
 (AR) BU 100%

**LHCG C, LLC**  
 82-1229536  
 (MS) BU 100%

**Tennessee Physical Therapy Services of Mt. Juliet, LLC**  
 86-2321464  
 (TN) BU 100%

**Tennessee Physical Therapy Services of Memphis, LLC**  
 87-2087086  
 (TN) BU 100%

**West Tennessee HomeCare, LLC**  
 26-2947894  
 (TN) BU 67%

**Health at Home Holdings - Charlotte, LLC**  
 87-1136405  
 (DE) BU 100%

**Health at Home Holdings - Alabama, LLC**  
 87-1045915  
 (DE) BU 100%

**Health at Home Holdings - Albuquerque, LLC**  
 87-1045845  
 (DE) BU 100%

**Health at Home Holdings - Arizona, LLC**  
 87-1284003  
 (DE) BU 100%

**Health at Home Holdings - Boston, LLC**  
 87-1166127  
 (DE) BU 100%

**Cedar Creek Home Health Care Agency, LLC**  
 62-1358032  
 (TN) BU 100%

**LHCG CXXXIV, LLC**  
 35-2605467  
 (TN) BU 75%

**LHCG CLXII, LLC**  
 85-2210023  
 (TN) BU 100%

**LHCG XCIII, LLC**  
 81-5266120  
 (TN) BU 100%

**University of TN Medical Center HomeCare Services, LLC**  
 20-8912707  
 (TN) BU 67%

**Woods Home Health, LLC**  
 27-1260681  
 (TN) BU 100%

**Lifeline Home Health Care of Union City, LLC**  
 06-1793261  
 (TN) BU 100%

**Innovative Senior Care Home Health of Charlotte, LLC**  
 27-4318872  
 (DE) BU 100%

**Innovative Senior Care Home Health of Alabama, LLC**  
 30-0781533  
 (DE) BU 100%

**Innovative Senior Care Home Health of Albuquerque, LLC**  
 27-2065054  
 (DE) BU 100%

**Nurse on Call of Arizona, LLC**  
 38-3904633  
 (DE) BU 100%

**Innovative Senior Care Home Health of Boston, LLC**  
 26-3445981  
 (DE) BU 100%

**Elk Valley Health Services, LLC**  
 62-1204869  
 (TN) BU 100%

**LHCG CXXXV, LLC**  
 38-4049207  
 (TN) BU 100%

**LHCG XCIV, LLC**  
 81-5274714  
 (TN) BU 100%

**LHCG XCIX, LLC**  
 81-5377954  
 (MS) BU 100%

**LHCG CXXXII, LLC**  
 37-1866838  
 (TN) BU 100%

**HMC Home Health, LLC**  
 27-1362827  
 (TN) BU 75%

**Lifeline of West Tennessee, LLC**  
 26-0609961  
 (TN) BU 100%

**Health at Home Holdings - Detroit, LLC**  
 87-1107918  
 (DE) BU 100%

**Health at Home Holdings - Durham, LLC**  
 87-1166046  
 (DE) BU 100%

**Health at Home Holdings - Edmond, LLC**  
 87-1136266  
 (DE) BU 100%

**Health at Home Holdings - High Point, LLC**  
 87-1166951  
 (DE) BU 100%

**Gericare, LLC**  
 62-1160679  
 (TN) BU 100%

**LHCG CXXXVI, LLC**  
 38-4049205  
 (TN) BU 100%

**LHCG XCV, LLC**  
 81-5297025  
 (TN) BU 100%

**LHCG XCVI, LLC**  
 81-5306890  
 (TN) BU 100%

**LHCG CXXXIII, LLC**  
 32-0540219  
 (TN) BU 100%

**Innovative Senior Care Home Health of Hartford, LLC**  
 45-2502527  
 (DE) BU 100%

**Medical Center Home Health, LLC**  
 26-2947990  
 (TN) BU 100%

**Innovative Senior Care Home Health of Detroit, LLC**  
 26-2611755  
 (DE) BU 100%

**Innovative Senior Care Home Health of Durham, LLC**  
 27-2620181  
 (DE) BU 100%

**Innovative Senior Care Home Health of Edmond, LLC**  
 27-2619513  
 (DE) BU 100%

**Innovative Senior Care Home Health of High Point, LLC**  
 45-2952600  
 (DE) BU 100%

**Elk Valley Home Health Care Agency, LLC**  
 62-1193854  
 (TN) BU 100%

**LHCG CXI, LLC**  
 86-1394064  
 (TN) BU 100%

**LHCG XCVII, LLC**  
 81-5322529  
 (TN) BU 100%

**LHCG XCVIII, LLC**  
 81-5345526  
 (MS) BU 100%

**Morristown-Hamblen HomeCare and Hospice, LLC**  
 26-2792774  
 (TN) BU 100%

**LHCG CXXIV, LLC**  
 87-3076026  
 (RI) BU 100%

**LHCG CCXXX, LLC**  
 92-0578697  
 (TN) BU 100%

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Tennessee Health Care Group, LLC**  
 20-3427231  
 (TN) BU 100%

**Missouri Health Care Group, LLC**  
 61-1495255  
 (MO) BU 100%

**New Mexico Health Care Group, LLC**  
 Xx-xxxxxx  
 (NM) BU 100%

**New Jersey Health Care Group, LLC**  
 87-3033261  
 (NJ) BU 100%

**Nevada Health Care Group, LLC**  
 35-2465420  
 (NV) BU 100%

**Health at Home Holdings, LLC**  
 87-0934507  
 (TN) BU 100%

**Access Hospice, LLC**  
 27-1366872  
 (MO) BU 100%

**Missouri Physical Therapy Services of Creve Coeur, LLC**  
 88-3684122  
 (MO) BU 100%

**Advanced Care House Calls of New Mexico, LLC**  
 Xx-xxxxxx  
 (NM) BU 100%

**LHCG CCIX, LLC**  
 88-3216389  
 (NJ) BU 100%

**LHCG CLII, LLC**  
 84-3325549  
 (NV) BU 100%

**Health at Home Hospice - Indianapolis, LLC**  
 87-0862398  
 (DE) BU 100%

**Health at Home Hospice - Columbus, LLC**  
 87-0999298  
 (DE) BU 100%

**Health at Home Hospice - Sacramento, LLC**  
 86-4005194  
 (DE) BU 100%

**Patient Care Hospice - Chicago, LLC**  
 46-2849765  
 (DE) BU 100%

**Health at Home Hospice - Chicago, LLC**  
 87-0835646  
 (DE) BU 100%

**Health at Home Hospice - Cleveland, LLC**  
 87-0999405  
 (DE) BU 100%

**Health at Home Therapy - New Jersey, LLC**  
 87-0934773  
 (DE) BU 100%

**LHCG LXV, LLC**  
 47-2557600  
 (MO) BU 70%

**LHCG CXXXIII, LLC**  
 83-0681232  
 (MO) BU 80%

**New Mexico Physical Therapy Services of Albuquerque, LLC**  
 88-2854505  
 (NM) BU 100%

**LHCG CCXV, LLC**  
 87-4106973  
 (NJ) BU 100%

**LHCG XXXIX, LLC**  
 37-1711510  
 (NV) BU 100%

**Health at Home Holdings - Portland, LLC**  
 87-1108061  
 (DE) BU 100%

**Health at Home Holdings - Seattle Metro, LLC**  
 87-1043804  
 (DE) BU 100%

**Health at Home Holdings - Sonoma, LLC**  
 87-0915049  
 (DE) BU 100%

**Health at Home Holdings - St. Louis, LLC**  
 87-0915245  
 (DE) BU 100%

**Health at Home Hospice - Dayton, LLC**  
 87-0967261  
 (DE) BU 100%

**Health at Home Hospice - Detroit, LLC**  
 86-4005353  
 (DE) BU 100%

**Health at Home Holdings - Ohio, LLC**  
 87-1189068  
 (DE) BU 100%

**LHCG LXIX, LLC**  
 47-5422639  
 (MO) BU 90%

**LHCG CXLVIII, LLC**  
 83-4482875  
 (MO) BU 80%

**LHCG CCXVII, LLC**  
 88-2549028  
 (NJ) BU 100%

**LHCG CXXXIX, LLC**  
 82-5174891  
 (NV) BU 75%

**Innovative Senior Care Home Health of Portland, LLC**  
 26-2863172  
 (DE) BU 100%

**Health at Home - Seattle Metro, LLC**  
 87-0862570  
 (DE) BU 100%

**Health at Home - Sonoma, LLC**  
 86-4004991  
 (DE) BU 100%

**Innovative Senior Care Home Health of St. Louis, LLC**  
 26-3445898  
 (DE) BU 100%

**Health at Home Hospice - Minnesota, LLC**  
 87-0835290  
 (DE) BU 100%

**Health at Home Hospice - Phoenix, LLC**  
 87-0862211  
 (DE) BU 100%

**Innovative Senior Care Home Health of Ohio, LLC**  
 26-1736377  
 (DE) BU 100%

**LHCG XXV, LLC**  
 27-4604406  
 (MO) BU 100%

**LHCG CXCI, LLC**  
 86-2876981  
 (MO) BU 100%

**LHCG CCXI, LLC**  
 87-3086258  
 (NJ) BU 75%

**LHCG CXXXVIII, LLC**  
 82-4394415  
 (NV) BU 100%

**Health at Home Holdings - Indianapolis, LLC**  
 87-1108127  
 (DE) BU 100%

**Health at Home Holdings - Philadelphia, LLC**  
 87-1108256  
 (DE) BU 100%

**Health at Home Holdings - Chicago, LLC**  
 87-1095513  
 (DE) BU 100%

**Health at Home Hospice - Portland, LLC**  
 87-0835486  
 (DE) BU 100%

**ISCHH of Minneapolis Holdings, LLC**  
 87-0915370  
 (DE) BU 100%

**Health at Home Therapy - Atlanta, LLC**  
 87-1080305  
 (DE) BU 100%

**Health at Home Holdings - Tulsa, LLC**  
 87-1136169  
 (DE) BU 100%

**Southwest Missouri HomeCare, LLC**  
 26-1496237  
 (MO) BU 100%

**LHCG CXLVI, LLC**  
 83-4387481  
 (MO) BU 100%

**LHCG CXLV, LLC**  
 83-3452180  
 (NJ) BU 100%

**LHCG CCXII, LLC**  
 Xx-xxxxxx  
 (NJ) BU 100%

**LHCG CXXXIV, LLC**  
 38-4085343  
 (NV) BU 100%

**Innovative Senior Care Home Health of Indianapolis, LLC**  
 26-3285980  
 (DE) BU 100%

**Innovative Senior Care Home Health of Philadelphia, LLC**  
 27-2399264  
 (DE) BU 100%

**Innovative Senior Care Home Health of Chicago, LLC**  
 27-0329830  
 (DE) BU 100%

**Health at Home Therapy - Greenville, LLC**  
 87-0999492  
 (DE) BU 100%

**Innovative Senior Care Home Health of Minneapolis, LLC**  
 26-3445808  
 (DE) BU 100%

**Health at Home Therapy - Knoxville, LLC**  
 87-0967144  
 (DE) BU 100%

**Innovative Senior Care Home Health of Tulsa, LLC**  
 27-4586855  
 (DE) BU 100%

**LHCG CXLVII, LLC**  
 83-4414219  
 (MO) BU 100%

**LHCG CXLIV, LLC**  
 83-3472384  
 (NJ) BU 100%

**LHCG CCXVIII, LLC**  
 88-4310496  
 (NJ) BU 100%

40.12

Continued from Previous Page

Continued on Next Page

Continued from Previous Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Almost Family, Inc.**  
 06-1153720  
 (DE) BU .....100%

**AFAM Acquisition, LLC**  
 26-2866404  
 (KY) BU .....100%

**Adult Day Care of America, Inc.**  
 06-1207175  
 (DE) BU ..... 100%

**Imperium Health Management, LLC**  
 45-2788800  
 (KY) BU ..... 100%

**Ingenios Health Holdings, Inc.**  
 46-0896098  
 (DE) BU ..... 100%

**National Health Industries, Inc.**  
 61-0997496  
 (KY) BU ..... 90%

**Patient Care, Inc.**  
 22-2088938  
 (DE) BU .....100%

**AFAM Sub I, LLC**  
 83-3778263  
 (DE) BU .....100%

**ACO Clinical Partners, LLC**  
 47-4049515  
 (KY) BU .....100%

**Advanced Clinical Partners, LLC**  
 86-3179032  
 (KY) BU ..... 100%

**Apex Clinical Partners, LLC**  
 86-3255577  
 (KY) BU .....100%

**Ingenios Health Co**  
 22-3980674  
 (DE) BU ..... 90%

**AFAM Holding Co II, LLC (4)**  
 85-3047540  
 (DE) BU .....80%

**AF-CH-HH, LLC**  
 26-3287805  
 (DE) BU ..... 80%

**Patient Care Medical Services, Inc.**  
 22-2170708  
 (NJ) BU ..... 10%

**Priority Care, Inc.**  
 06-1482496  
 (CT) BU ..... 100%

**Bluegrass Accountable Care, LLC**  
 47-4035861  
 (KY) BU .....100%

**Colorado Clinical Partners, LLC**  
 47-4049624  
 (CO) BU .....100%

**Commonwealth Clinical Partners, LLC**  
 46-5758603  
 (KY) BU .....100%

**Emporia Home Care Services, LLC**  
 26-3388740  
 (DE) BU .....100%

**Clarksville Home Care Services LLC**  
 80-0278168  
 (DE) BU ..... 100%

**Kirkville Home Care Services, LLC**  
 30-0961579  
 (MO) BU ..... 100%

**Gadsden Home Care Services LLC**  
 26-3375349  
 (DE) BU ..... 100%

**Birmingham Home Care Services, LLC**  
 32-0408624  
 (DE) BU .....100%

**Valparaiso Home Care Services LLC**  
 61-1761960  
 (DE) BU ..... 100%

**Patient Care Pennsylvania, Inc.**  
 37-1459396  
 (DE) BU .....100%

**Patient Care Connecticut, LLC**  
 27-0726569  
 (CT) BU ..... 100%

**Imperium Clinical Partners, LLC**  
 86-3255691  
 (KY) BU .....100%

**Imperium Clinical Partners II, LLC**  
 86-3297432  
 (KY) BU ..... 100%

**Imperium Clinical Partners III, LLC**  
 86-3297600  
 (KY) BU .....100%

**Franklin Home Care Services, LLC**  
 26-3388787  
 (DE) BU .....100%

**Hattiesburg Home Care Services LLC**  
 26-3376723  
 (DE) BU ..... 100%

**North Okaloosa Home Health LLC**  
 20-1574246  
 (FL) BU .....100%

**La Porte Home Care Services, LLC**  
 81-0704452  
 (DE) BU ..... 100%

**Key West HHA, LLC**  
 37-1862951  
 (FL) BU ..... 100%

**Venice Home Care Services LLC**  
 32-0449695  
 (DE) BU .....100%

**Patient Care New Jersey, Inc.**  
 20-1574433  
 (DE) BU .....100%

**Patient Care HHA, LLC**  
 61-1792273  
 (CT) BU ..... 100%

**Integrity Clinical Partners, LLC**  
 47-4074288  
 (MN) BU ..... 100%

**Kentuckiana Clinical Partners, LLC**  
 47-4074341  
 (KY) BU ..... 100%

**Kentucky Accountable Care, LLC**  
 47-4035777  
 (KY) BU .....100%

**Petersburg Home Care Services, LLC**  
 26-3388826  
 (DE) BU .....100%

**Louisa Home Care Holdings, LLC**  
 81-3825304  
 (DE) BU ..... 100%

**Tucson Home Care Services, LLC**  
 30-0838429  
 (DE) BU .....100%

**Victoria Texas Home Care Services, LLC**  
 26-3404003  
 (DE) BU ..... 100%

**Deming Home Care Services, LLC**  
 26-3376957  
 (DE) BU .....100%

**Western Arizona Regional Home Health and Hospice, LLC**  
 20-2014700  
 (AZ) BU ..... 100%

**Patient Care of Hudson County, LLC**  
 47-5126154  
 (NJ) BU ..... 100%

**Kentucky Clinical Partners, LLC**  
 47-4005600  
 (KY) BU .....100%

**Physicians Accountable Care, LLC**  
 47-4024935  
 (KY) BU ..... 100%

**Physicians Accountable Care of Kentucky, LLC**  
 47-4035828  
 (KY) BU .....100%

**SJ Home Care LLC**  
 26-2817959  
 (DE) BU ..... 100%

**Shelbyville Home Care Services, LLC**  
 26-3388550  
 (DE) BU .....100%

**Jackson Home Care Services, LLC**  
 26-3375646  
 (DE) BU ..... 100%

**SWF Home Care Services, LLC**  
 82-3283507  
 (FL) BU .....100%

**Key West PD, LLC**  
 32-0536495  
 (FL) BU .....100%

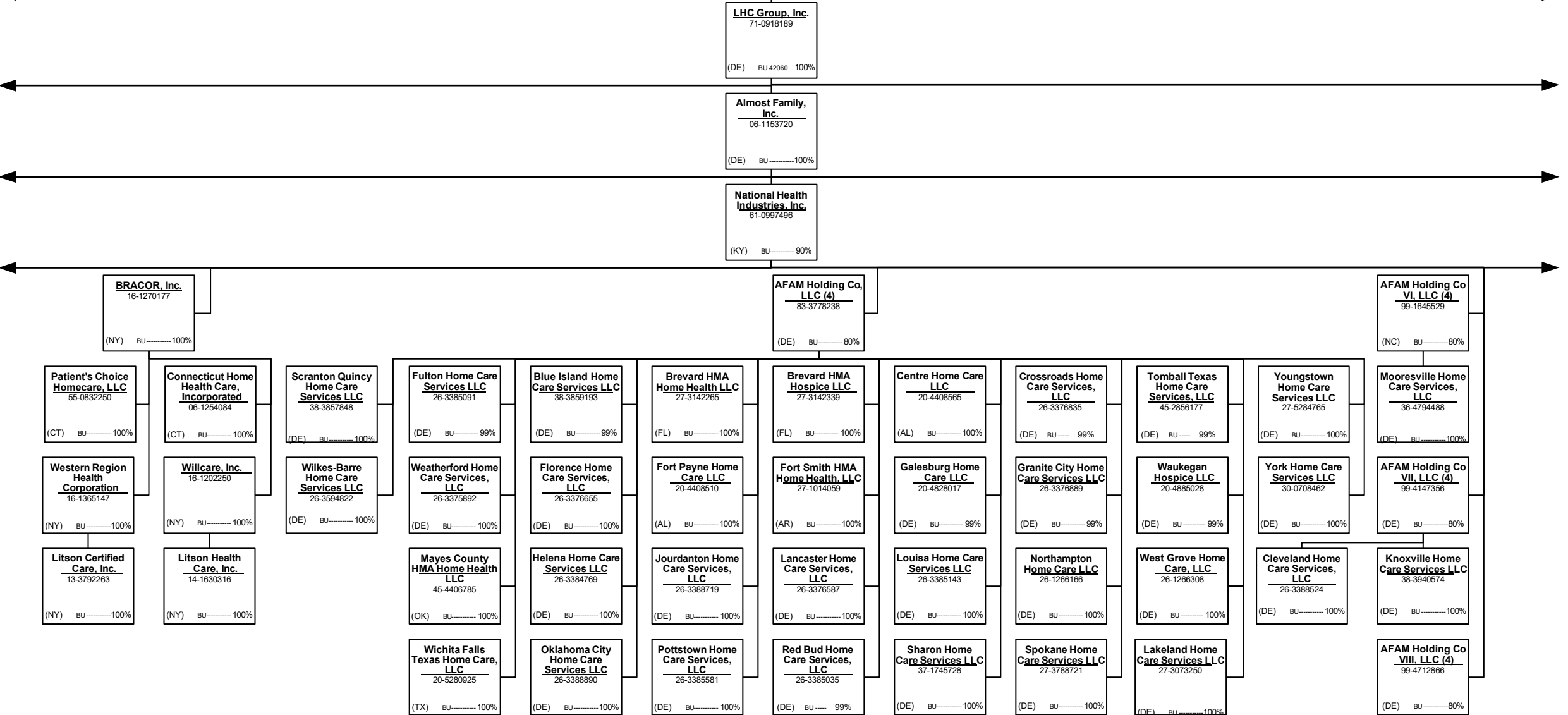
40.13

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Almost Family, Inc.**  
 06-1153720  
 (DE) BU .....100%

**National Health Industries, Inc.**  
 61-0997496  
 (KY) BU .....90%

**Berwick Home Care Services LLC**  
 26-3376776  
 (DE) BU .....100%

**AFAM Holding Co III, LLC (4)**  
 86-3137505  
 (DE) BU .....80%

**Almost Family PC of SW Florida, LLC**  
 26-1261522  
 (FL) BU .....100%

**Caretenders Visiting Services of District 6, LLC**  
 30-0425709  
 (KY) BU .....100%

**Caretenders Visiting Services of Orlando, LLC**  
 30-0425717  
 (KY) BU .....100%

**Almost Family PC of Kentucky, LLC**  
 26-1259925  
 (KY) BU .....100%

**Caretenders VS of Ohio, LLC**  
 26-3706241  
 (OH) BU .....100%

**Caretenders VNA of Ohio, LLC**  
 27-3756374  
 (OH) BU .....100%

**Caretenders VS of Western KY, LLC**  
 26-1258938  
 (KY) BU .....100%

**Mederi Caretenders VS of Broward, LLC**  
 26-1264504  
 (FL) BU .....100%

**NP Services of KY, LLC**  
 82-2998879  
 (KY) BU .....100%

**Long Term Solutions, Inc.**  
 04-3485196  
 (MA) BU .....100%

**AFAM Holding Co IV, LLC (4)**  
 92-2908587  
 (OK) BU .....80%

**Almost Family ACO Services of Kentucky, LLC**  
 61-1166649  
 (KY) BU .....100%

**Almost Family PC of West Palm, LLC**  
 26-1263982  
 (FL) BU .....100%

**Caretenders Visiting Services of District 7, LLC**  
 30-0425714  
 (KY) BU .....100%

**Caretenders Visiting Services of Pinellas County, LLC**  
 20-5826531  
 (FL) BU .....100%

**Caretenders of Jacksonville, LLC**  
 20-5890994  
 (FL) BU .....100%

**IN Homecare Network North, LLC**  
 46-3020499  
 (IN) BU .....100%

**Caretenders VS of Boston, LLC**  
 26-1258759  
 (MA) BU .....100%

**HHA of Wisconsin, LLC**  
 37-1826396  
 (WI) BU .....100%

**Mederi Caretenders VS of SE FL, LLC**  
 26-1264234  
 (FL) BU .....100%

**NP Services of NC, LLC**  
 82-3026260  
 (NC) BU .....100%

**LTS At Home, LLC**  
 85-1275334  
 (DE) BU .....100%

**Clinton Home Health & Hospice LLC**  
 45-4406745  
 (OK) BU .....100%

**AFAM Holding Co V, LLC (4)**  
 93-2670946  
 (DE) BU .....80%

**BHC Services, Inc.**  
 06-1137222  
 (NY) BU .....80%

**Caretenders Visiting Services of Gainesville, LLC**  
 30-0425715  
 (FL) BU .....100%

**Caretenders Visiting Services of Southern Illinois, LLC**  
 20-5826553  
 (IL) BU .....100%

**Caretenders Visiting Services of St. Augustine, LLC**  
 20-2910357  
 (FL) BU .....100%

**NP Services of IN, LLC**  
 82-3009527  
 (IN) BU .....100%

**Caretenders VS of Central KY, LLC**  
 26-1259391  
 (KY) BU .....100%

**Home Health of Jefferson Co, LLC**  
 38-4003190  
 (KY) BU .....60%

**Mederi Caretenders VS of SW FL, LLC**  
 26-1264384  
 (FL) BU .....100%

**NP Services of OH, LLC**  
 82-4255048  
 (OH) BU .....100%

**Cambridge Home Health Care Holdings, Inc.**  
 20-0591577  
 (DE) BU .....100%

**Woodward Home Care Services LLC**  
 26-3375945  
 (DE) BU .....100%

**El Dorado Home Care Services, LLC**  
 26-4626302  
 (DE) BU .....100%

**Caretenders of Cleveland, Inc.**  
 61-1306845  
 (KY) BU .....100%

**Caretenders Visiting Services of Hernando County, LLC**  
 20-5826497  
 (FL) BU .....100%

**Almost Family PC of Ft. Lauderdale, LLC**  
 26-1260724  
 (FL) BU .....100%

**Caretenders Visiting Services of St. Louis, LLC**  
 20-5826598  
 (MO) BU .....100%

**Caretenders VS of SE Ohio, LLC**  
 45-1139239  
 (OH) BU .....100%

**Caretenders VS of Lincoln Trail, LLC**  
 26-3632764  
 (KY) BU .....100%

**Caretenders VS of Louisville, LLC**  
 26-1264112  
 (KY) BU .....100%

**Mederi Caretenders VS of Tampa, LLC**  
 26-1248096  
 (FL) BU .....100%

**Princeton Home Health, LLC**  
 20-5081107  
 (AL) BU .....100%

**Cambridge Home Health Care, Inc.**  
 34-1772291  
 (OH) BU .....100%

**Ponca City Home Care Services LLC**  
 20-4345976  
 (OK) BU .....100%

**Springdale Home Care Services, LLC**  
 26-3389049  
 (DE) BU .....100%

**Caretenders of Columbus, Inc.**  
 61-1302995  
 (KY) BU .....100%

**Caretenders Visiting Services of Kentuckiana, LLC**  
 20-3021812  
 (KY) BU .....100%

**Almost Family ACO Services of South Florida, LLC**  
 46-5765971  
 (FL) BU .....100%

**Caretenders Visiting Services Employment Company, Inc.**  
 61-1326749  
 (KY) BU .....100%

**Caretenders Visiting Services of Ocala, LLC**  
 20-4522444  
 (FL) BU .....100%

**Illinois Home Care Holdings, LLC**  
 32-0505528  
 (DE) BU .....80%

**IN HomeCare Network Central, LLC**  
 46-3029953  
 (IN) BU .....100%

**Mederi Private Care, LLC**  
 83-4371904  
 (FL) BU .....100%

**Midwest Hospice, LLC**  
 Xx-xxxxxxx  
 (AR) BU .....100%

**Cambridge Home Health Care, Inc./ Private**  
 34-1772292  
 (OH) BU .....100%

40.15

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

**LHC Group, Inc.**  
 71-0918189  
 (DE) BU 42060 100%

**Almost Family, Inc.**  
 06-1153720  
 (DE) BU .....100%

**National Health Industries, Inc.**  
 61-0997496  
 (KY) BU ..... 90%

**Black Stone Operations, LLC**  
 90-1028083  
 (OH) BU ..... 100%

**OMNI Home Health Holdings, Inc.**  
 45-2638400  
 (DE) BU ..... 100%

**Black Stone of Northeast Ohio, LLC**  
 47-2166181  
 (OH) BU ..... 100%

**Blackstone Group, LLC**  
 20-1902460  
 (OH) BU ..... 100%

**Black Stone of Cincinnati, LLC**  
 27-4109221  
 (OH) BU ..... 100%

**Blackstone Health Care, LLC**  
 31-1462432  
 (OH) BU ..... 100%

**Black Stone of Dayton, LLC**  
 27-4109305  
 (OH) BU ..... 100%

**OMNI Home Health Services, LLC**  
 26-2010556  
 (DE) BU ..... 100%

**Black Stone of Northwest Ohio, LLC**  
 90-1020734  
 (OH) BU ..... 100%

**Black Stone of Central Ohio, LLC**  
 27-1746397  
 (OH) BU ..... 100%

**Assisted Care by Black Stone of Cincinnati, LLC**  
 27-4109484  
 (OH) BU ..... 100%

**Home Health Care by Black Stone of Cincinnati, LLC**  
 27-4109403  
 (OH) BU ..... 100%

**Advanced Geriatric Education & Consulting, LLC**  
 26-1666243  
 (OH) BU ..... 100%

**Assisted Care by Black Stone of Dayton, LLC**  
 27-4109638  
 (OH) BU ..... 100%

**OMNI Home Health- District 4, LLC**  
 20-1657488  
 (FL) BU ..... 100%

**Home Health Agency- Central Pennsylvania, LLC**  
 20-1497787  
 (FL) BU ..... 100%

**Home Health Agency- Collier, LLC**  
 20-0832146  
 (FL) BU ..... 100%

**Home Health Agency- Hillsborough, LLC**  
 59-3757325  
 (FL) BU ..... 100%

**OMNI Home Health- Jacksonville, LLC**  
 59-3754764  
 (FL) BU ..... 100%

**Assisted Care by Black Stone of Northwest Ohio, LLC**  
 47-3253280  
 (OH) BU ..... 100%

**Assisted Care by Black Stone of Central Ohio, LLC**  
 27-1755138  
 (OH) BU ..... 100%

**Care Advisors by Black Stone, LLC**  
 27-0564326  
 (OH) BU ..... 100%

**MJ Nursing at Black Stone, LLC**  
 26-3831640  
 (OH) BU ..... 100%

**S&B Health Care, LLC**  
 31-1487353  
 (OH) BU ..... 100%

**Home Health Care by Black Stone of Dayton, LLC**  
 27-4109553  
 (OH) BU ..... 100%

**Home Health Agency- Pennsylvania, LLC**  
 59-3757322  
 (FL) BU ..... 100%

**Home Health Agency- Indiana, LLC**  
 20-1408322  
 (FL) BU ..... 100%

**Home Health Agency- Pinellas, LLC**  
 59-3757320  
 (FL) BU ..... 100%

**OMNI Home Health- District 1, LLC**  
 20-0527436  
 (FL) BU ..... 100%

**OMNI Home Health- District 2, LLC**  
 20-0527566  
 (FL) BU ..... 100%

**Home Health Care by Black Stone of Northwest Ohio, LLC**  
 34-1708719  
 (OH) BU ..... 100%

**Home Health Care by Black Stone of Central Ohio, LLC**  
 27-1755342  
 (OH) BU ..... 100%

**OMNI Home Health- Hernando, LLC**  
 59-3741300  
 (FL) BU ..... 100%

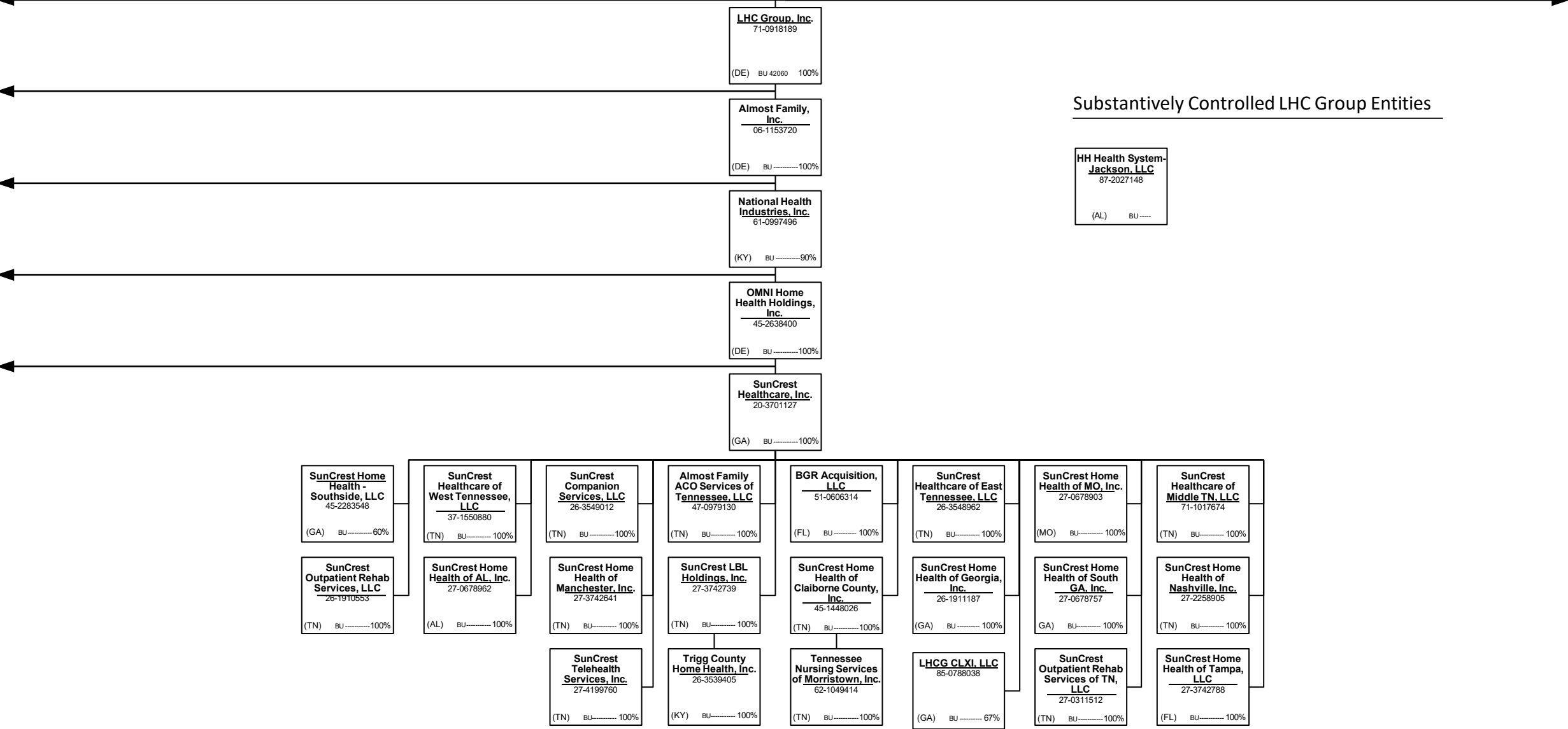
**OMNI Health Management, LLC**  
 04-3630085  
 (FL) BU ..... 100%

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page



Substantively Controlled LHC Group Entities

**HH Health System-Jackson, LLC**  
 87-2027148  
 (AL) BU ----



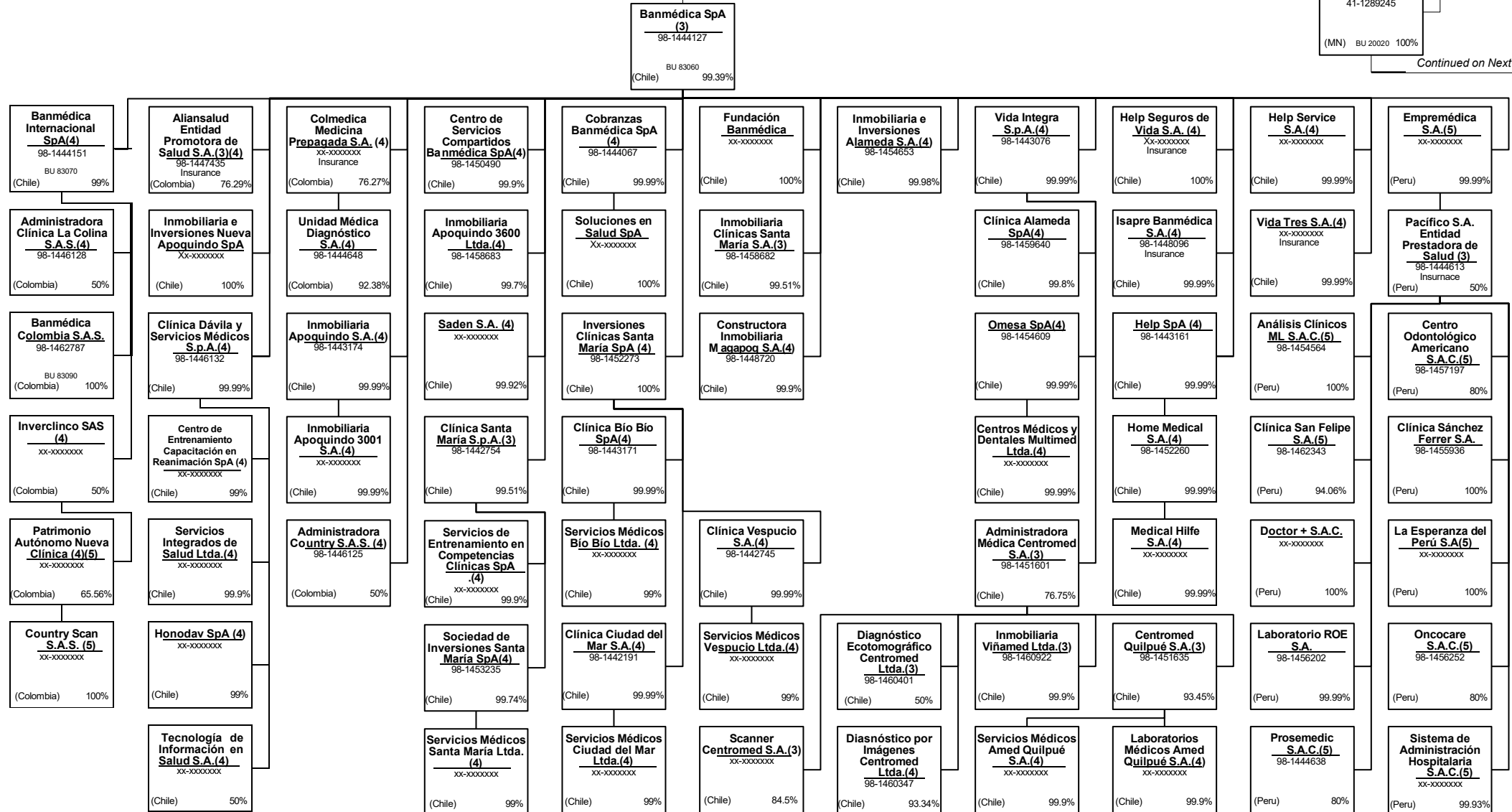
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealth Group Incorporated**  
 ( DE ) 41-1321939

Continued from Previous Page

**United HealthCare Services, Inc.**  
 41-1289245  
 (MN) BU 20020 100%

Continued on Next Page

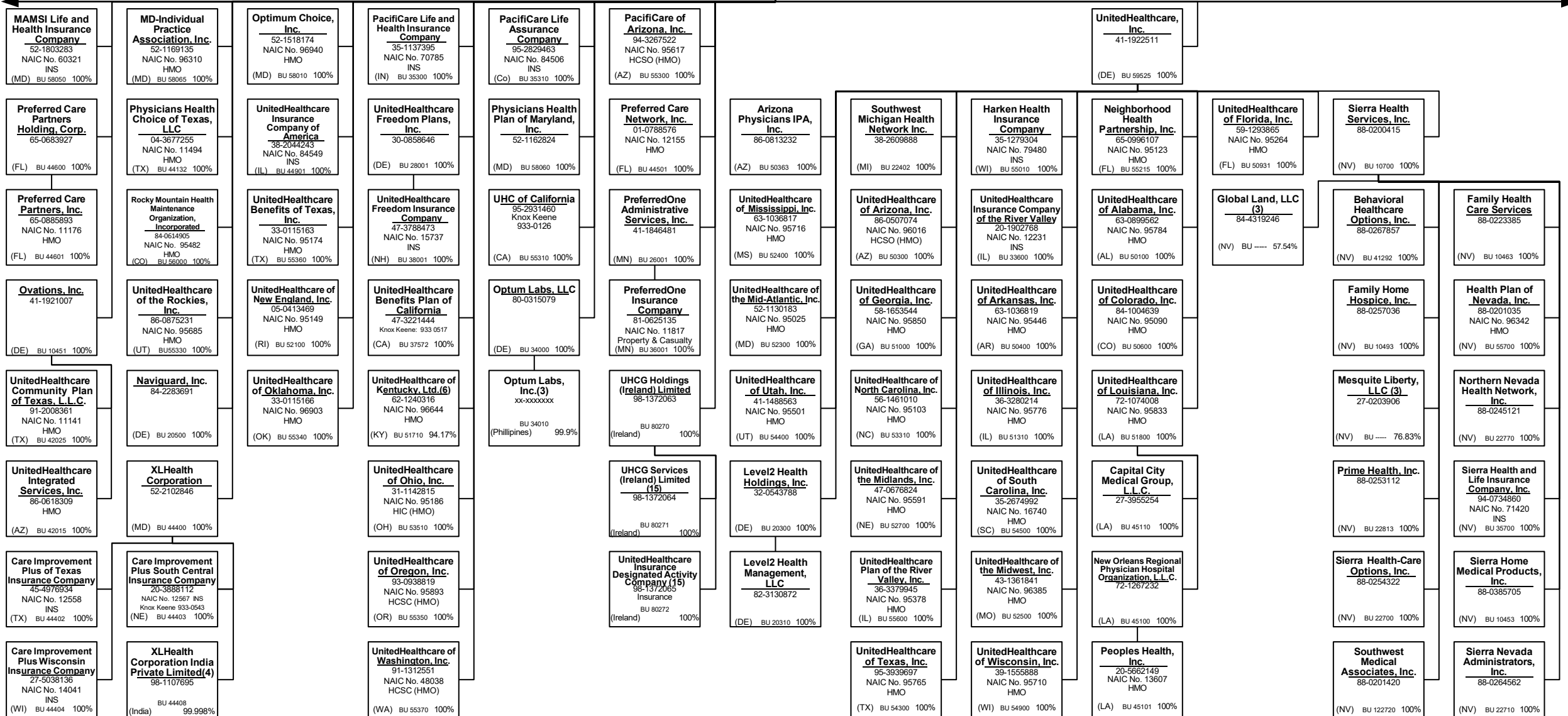


**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**United HealthCare Services, Inc.**  
 (MN) 41-1289245 100%

Continued from Previous Page

Continued on Next Page



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

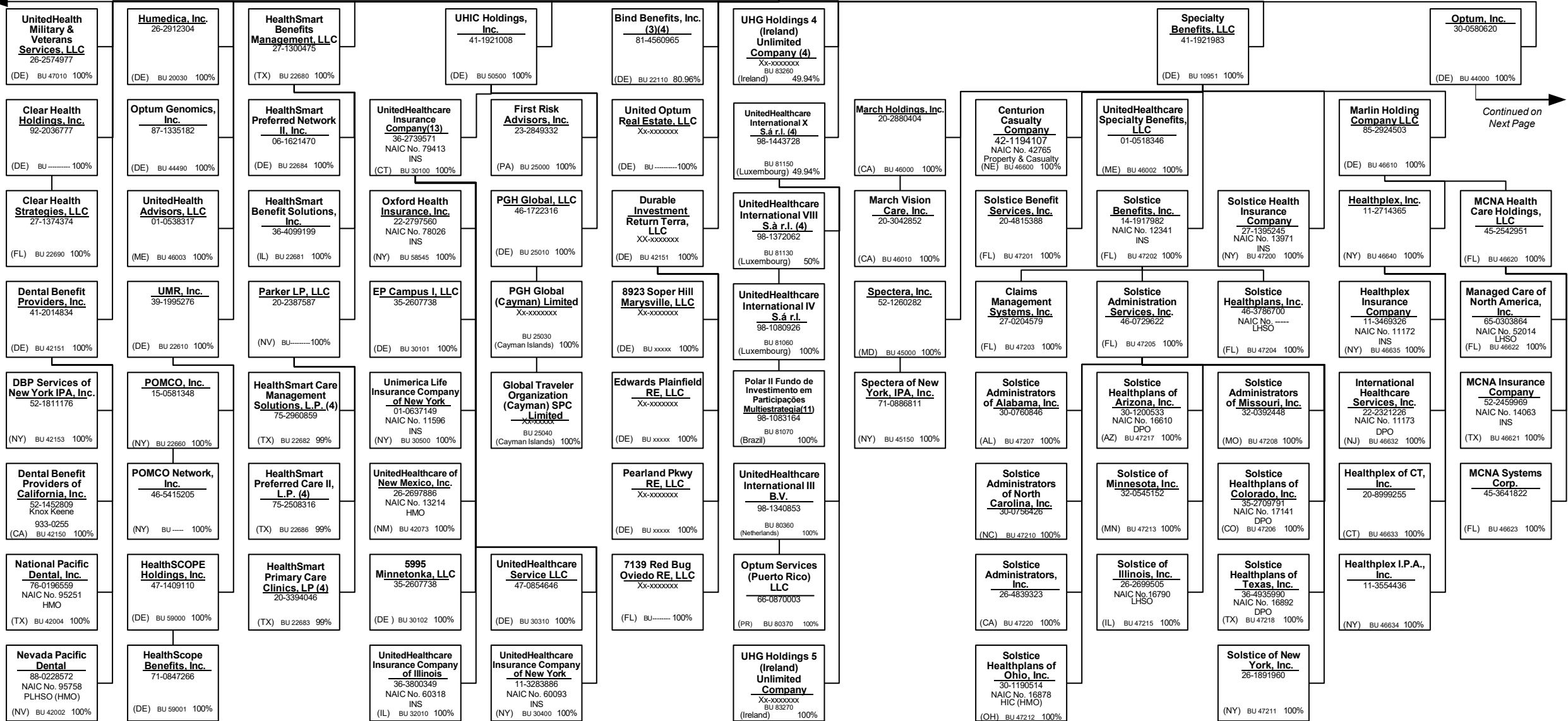
**PART 1 - ORGANIZATIONAL CHART**

**UnitedHealthCare Services, Inc.**  
(MN) 41-1289245 100%

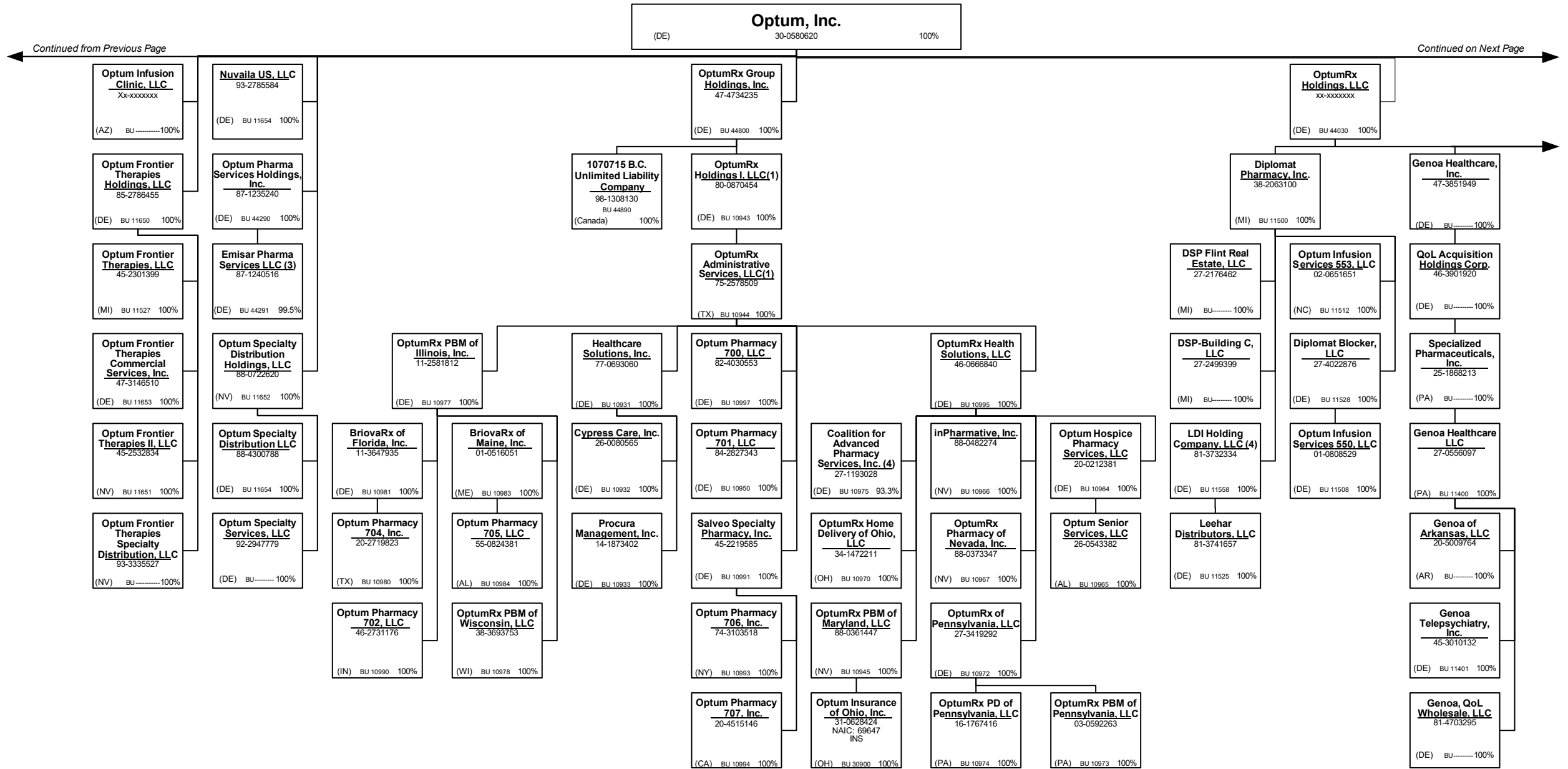
Continued from Previous Page

Continued on Next Page

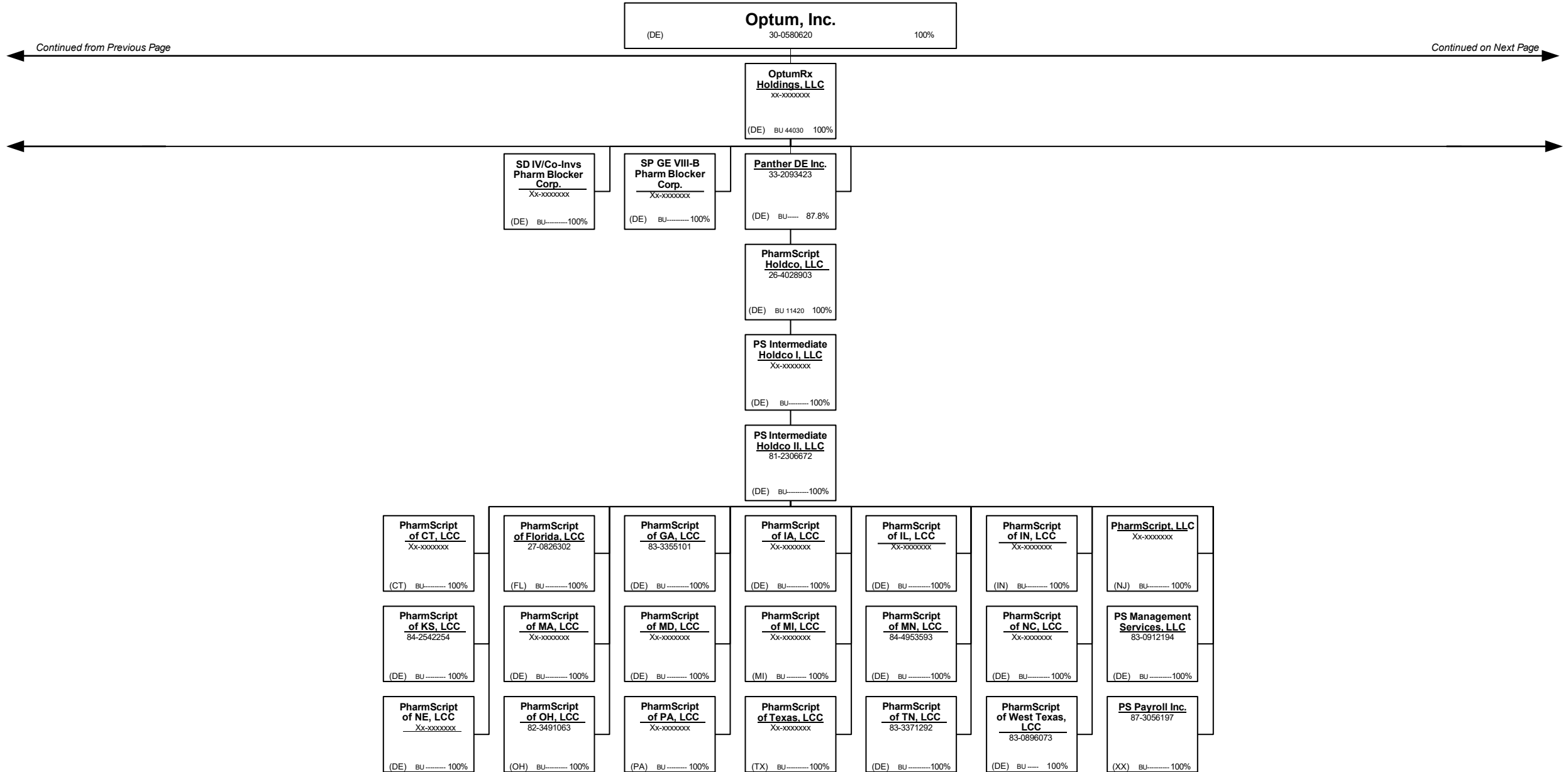
40.21



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



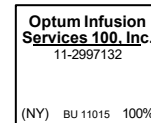
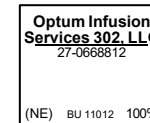
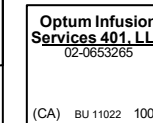
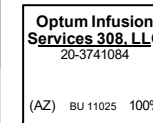
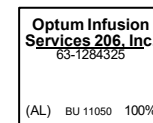
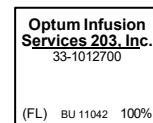
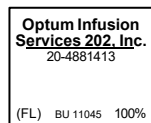
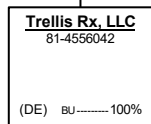
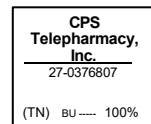
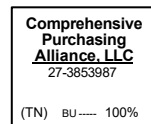
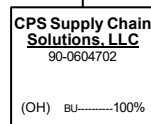
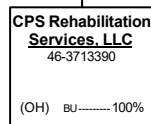
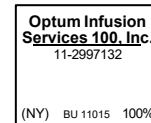
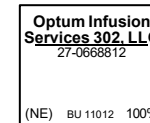
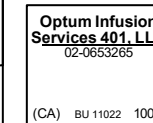
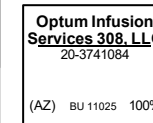
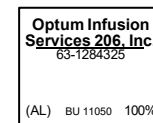
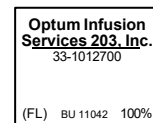
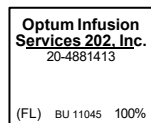
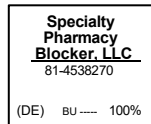
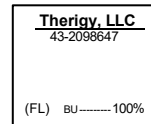
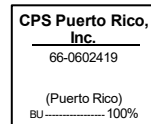
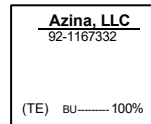
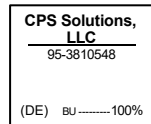
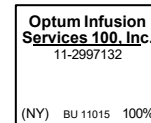
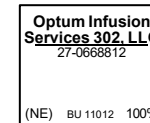
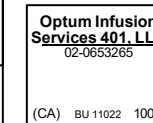
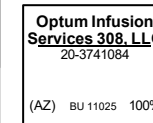
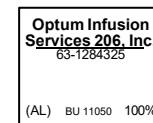
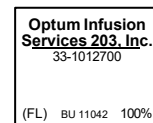
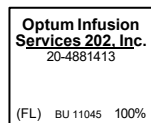
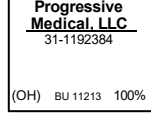
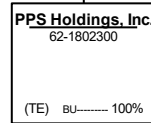
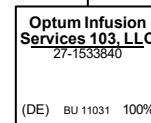
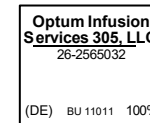
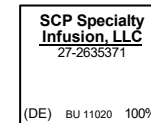
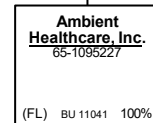
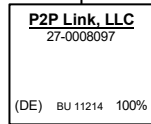
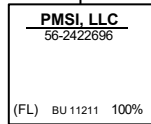
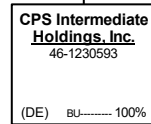
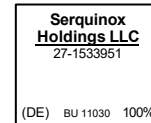
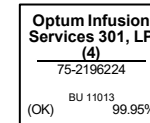
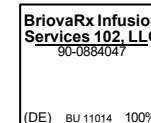
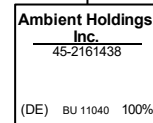
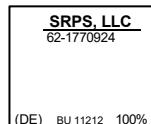
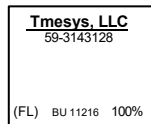
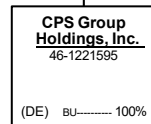
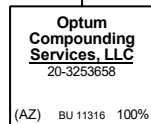
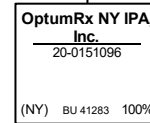
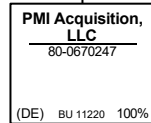
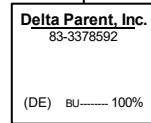
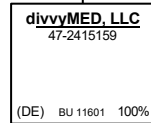
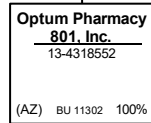
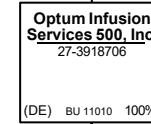
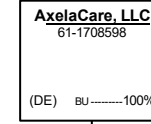
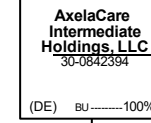
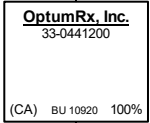
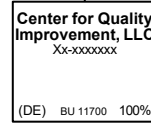
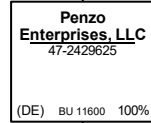
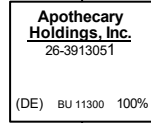
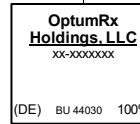
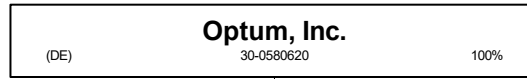
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Optum, Inc.**  
 (DE) 30-0580620 100%

**OptumInsight Holdings, LLC**  
 xx-xxxxxxx  
 (DE) BU 44010 100%

**OptumInsight, Inc.(9)**  
 41-1858498  
 (DE) BU 41322 100%

**OptumHealth Care Solutions, LLC**  
 41-1591944  
 (DE) BU 42300 100%

**Optum Serve, LLC**  
 84-3322624  
 (DE) BU-----100%

**OptumInsight Provider Value Network ACO, LLC**  
 93-1637574  
 (DE) BU-----100%

**OptumInsight Life Sciences, Inc.**  
 04-3383745  
 (DE) BU 41422 100%

**The Advisory Board Company**  
 52-1468699  
 (DE) BU 41323 100%

**Optum Technology, LLC**  
 46-5713629  
 (DE) BU 44770 100%

**Optum360 Solutions, LLC**  
 82-3446942  
 (DE) BU 41880 100%

**Optum Government Solutions, Inc.**  
 04-3574101  
 (DE) BU 43350 100%

**ACN Group IPA of New York, Inc.**  
 41-1913523  
 (NY) BU 42310 100%

**ACN Group of California, Inc.**  
 27-0015861  
 Knox Keene  
 933-0407  
 (CA) BU 42330 100%

**My Wellness Solutions, LLC**  
 26-2564744  
 (DE) BU 42340 100%

**OrthoNet Holdings, Inc.**  
 13-3960641  
 (DE) BU 48080 100%

**OptumServe Health Services, Inc.**  
 39-1974851  
 (WI) BU 44300 100%

**Optum Rocket, LLC**  
 46-3328009  
 (DE) BU 41850 100%

**OptumInsight Life Sciences (Canada) Inc.**  
 98-1209730  
 BU 41410  
 (Canada) 100%

**Episource LLC**  
 20-4761361  
 (CA) BU 41360 100%

**Optum Global Solutions International B.V.(4)**  
 98-1201187  
 BU 44810  
 (Netherlands) 100%

**Electronic Network Systems, Inc.**  
 84-1162764  
 (DE) BU 41350 100%

**hCentive, Inc.**  
 27-0549481  
 (DE) BU 41325 100%

**Managed Physical Network, Inc.**  
 14-1782475  
 (NY) BU 42320 100%

**Optum Biometrics, Inc.**  
 36-3437660  
 (IL) BU 42301 100%

**Pronounced Health Solutions, Inc.**  
 22-3493126  
 (DE) BU 42343 100%

**Optum Networks of New Jersey, Inc.**  
 30-0029448  
 NAIC: 11068  
 ODS  
 (DE) BU 48085 100%

**OrthoNet LLC**  
 13-3818652  
 (NY) BU 48084 100%

**OptumServe Technology Services, Inc.**  
 52-2016292  
 (MD) BU 41345 100%

**Optum360 Services, Inc.**  
 46-3983926  
 (DE) BU 41851 100%

**Equian Parent Corp.**  
 81-0732646  
 (DE) BU 43370 100%

**DocASAP, Inc.**  
 26-4753954  
 (DE) BU 44231 100%

**Optum Global Solutions (India) Private Limited(4)**  
 98-1103015  
 BU 41346  
 (India) 99.9%

**Executive Health Resources, Inc.**  
 11-3669765  
 (PA) BU 41841 100%

**Plus One Holdings, Inc.**  
 13-3613705  
 (DE) BU 42304 100%

**United Resource Networks IPA of New York, Inc.**  
 30-0318238  
 (NY) BU 45001 100%

**Optum Women's and Children's Health, LLC**  
 58-2205984  
 (DE) BU 42341 100%

**OrthoNet New York IPA, Inc.**  
 13-4025898  
 (NY) BU 48086 100%

**OrthoNet of the South, Inc.**  
 26-2884306  
 (DE) BU 48082 100%

**Optum Public Sector Solutions, Inc.**  
 20-4581265  
 (DE) BU 41372 100%

**Optum360, LLC**  
 46-3328307  
 (DE) BU 41860 96.01%

**Equian, LLC**  
 27-0083277  
 (IN) BU 43380 100%

**DocASAP US, LLC**  
 Xx-xxxxxxx  
 (DE) BU 44233 100%

**Optum Global Solutions (Philippines), Inc.(3)**  
 98-1097776  
 BU 41340  
 (Philippines) 99.99%

**Netwerkes, LLC**  
 20-4755277  
 (TN) BU 43404 100%

**Plus One Health Management Puerto Rico, Inc.**  
 66-0742844  
 (PR) BU 42305 100%

**Saber Holdco, LLC**  
 99-5141796  
 (DE) BU-----100%

**Optum Healthcare of Illinois, Inc.**  
 58-2068880  
 (GA) BU-----100%

**OrthoNet West, Inc.**  
 20-0221966  
 (DE) BU 48087 100%

**The Lewin Group, Inc.**  
 56-1970224  
 (NC) BU 41342 100%

**Database Solutions II, LLC**  
 63-1230900  
 (DE) BU-----100%

**OmniClaim, LLC**  
 27-0062838  
 (DE) BU 43381 100%

**Payment Resolution Services, LLC**  
 62-1451147  
 (TN) BU 43403 100%

**Optum Health & Technology Services do Brasil Ltda.(4)**  
 98-1184561  
 BU 43230  
 (Brazil) 99.99%

**MedSynergies, LLC**  
 75-2515691  
 (DE) BU 41871 100%

**Vivify Health, Inc.**  
 27-1348358  
 (DE) BU 42360 100%

**Optum of New York, Inc.**  
 58-1873062  
 (NY) BU-----100%

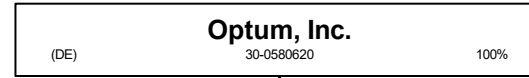
**OptumInsight Provider Value Network ACO - NY, LLC**  
 Xx-xxxxxxx  
 (NY) BU-----100%

40.25

Continued from Previous Page

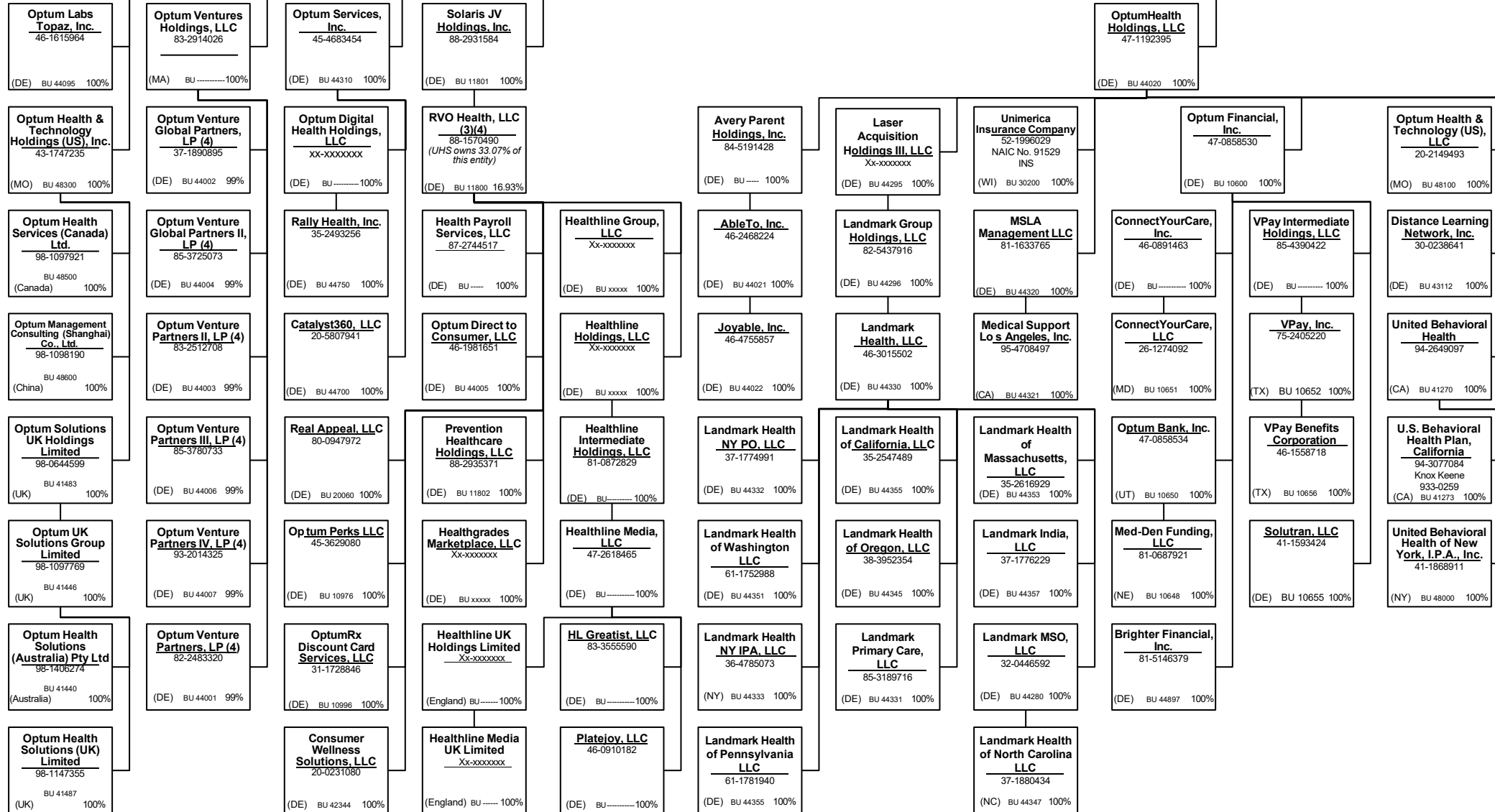
Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

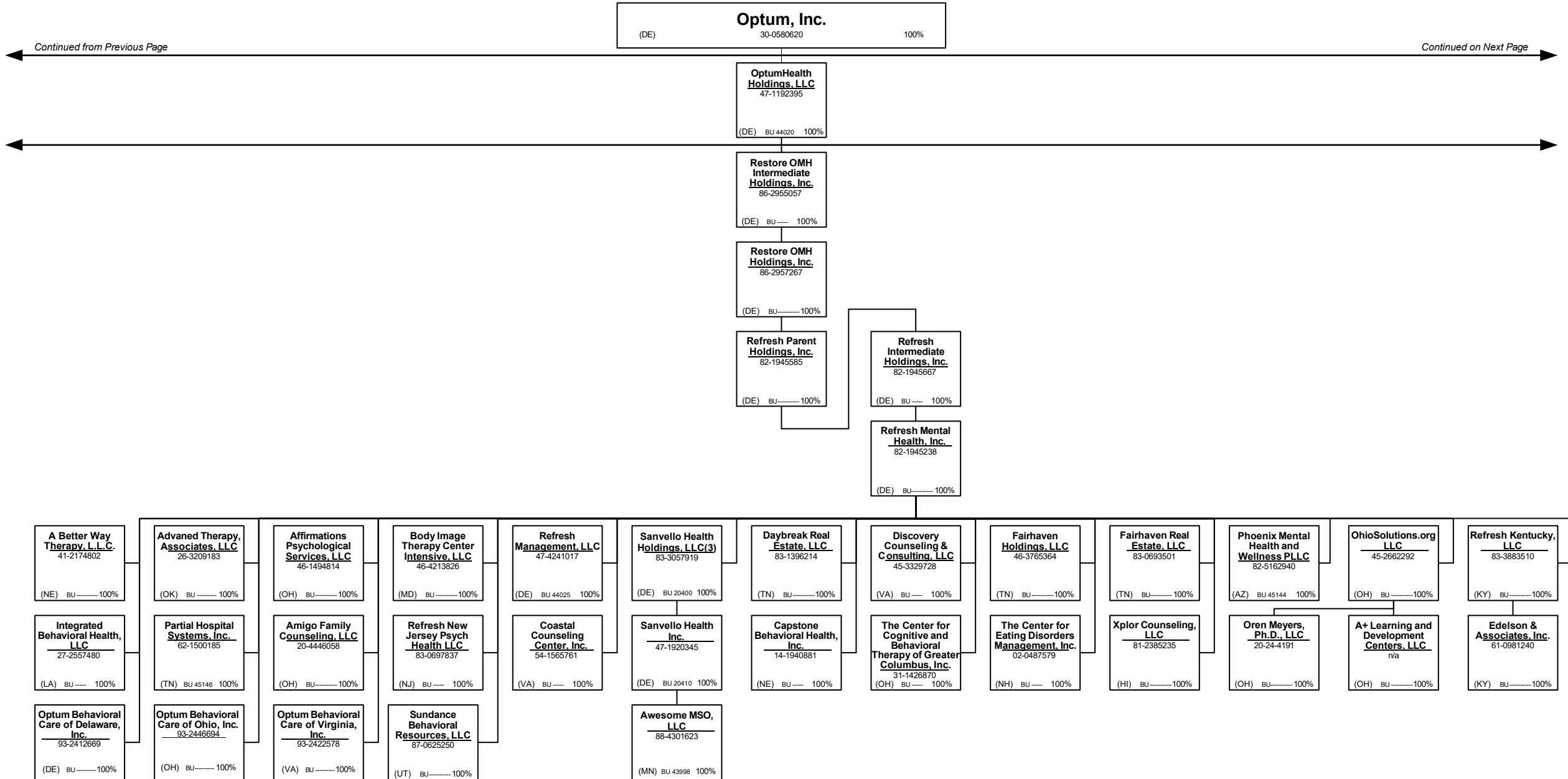


Continued from Previous Page

Continued on Next Page



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.27

Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Optum, Inc.**  
 (DE) 30-0580620 100%

**OptumHealth Holdings, LLC**  
 47-1192395  
 (DE) BU 44020 100%

**Collaborative Care Holdings, LLC**  
 27-2337616  
 (DE) BU 44040 100%

**Optum Aviator Investor, LLC**  
 30-02126127  
 (DE) BU 10490 100%

**Colonial Practice Management, LLC**  
 61-1870845  
 (DE) BU..... 100%

**AHN Target Holdings, LLC(3)**  
 35-2582899  
 (DE) BU 44650 80.1%

**Aveta Inc.**  
 20-4057813  
 (DE) BU 49000 100%

**Unity Health Network, LLC**  
 27-0815205  
 (DE) BU 44660 100%

**Optum Growth Partners, LLC**  
 84-3719654  
 (DE) BU 44450 100%

**Crystal Run Healthcare ACO, LLC**  
 45-2821606  
 (NY) BU 42778 100%

**American Health Network of Ohio II, LLC**  
 31-1424956  
 (OH) BU ---- 100%

**AHN Central Services, LLC**  
 35-2109566  
 (IN) BU 44653 100%

**NAMM Holdings, Inc.**  
 20-3236839  
 (DE) BU 49010 100%

**Premiere Medical Resources, LLC**  
 20-1499748  
 (DE) BU 44661 100%

**Prospero Management Services, LLC**  
 83-4217561  
 (DE) BU 44051 100%

**Crystal Run Transformation Services, LLC**  
 46-0892530  
 (NY) BU 42775 100%

**American Health Network of Ohio Care Organization, LLC(1)**  
 45-4132160  
 (OH) BU 44652 100%

**Optum Care Network of Indiana, LLC**  
 45-4770582  
 (IN) BU 44651 100%

**North American Medical Management California, Inc.**  
 33-0673955  
 (TN) BU 49040 100%

**PrimeCare Medical Network, Inc.**  
 33-0607478  
 Knox Keene  
 933-0367  
 (CA) BU 49050 100%

**Prospero Care Management, LLC**  
 87-3494611  
 (DE) BU 45132 100%

**Southern California Physicians Managed Care Services, LLC**  
 93-1218913  
 (CA) BU 44094 100%

**American Health Network of Kentucky, LLC**  
 85-2849994  
 (KY) BU.....100%

**Indiana Care Organization, LLC**  
 45-4132005  
 (IN) BU.....100%

**MD Ops, Inc.**  
 42-1741594  
 (CA) BU 49041 100%

**PrimeCare of Inland Valley, Inc.**  
 33-0674408  
 (CA) BU 49056 100%

**Premier Choice ACO, Inc.**  
 75-3265059  
 (CA) BU 49052 100%

**PrimeCare of Citrus Valley, Inc.**  
 87-0757397  
 (CA) BU 49065 80%

**PrimeCare of Corona, Inc.**  
 33-0674407  
 (CA) BU 49054 100%

**Prospero Benefits Management, LLC**  
 87-3489454  
 (DE) BU 44053 100%

**Damon Dialysis (3)**  
 45-2678686  
 (DE) BU ---- 45%

**American Health Network of Ohio, LLC**  
 31-1424957  
 (OH) BU 44655 100%

**PrimeCare of Hemet Valley, Inc.**  
 33-0674401  
 (CA) BU 49055 100%

**PrimeCare of Sun City, Inc.**  
 33-0698439  
 (CA) BU 49062 100%

**PrimeCare of Moreno Valley, Inc.**  
 33-0674402  
 (CA) BU 49057 100%

**PrimeCare of Redlands, Inc.**  
 33-0674400  
 (CA) BU 49058 100%

**American Health Network of Indiana II, LLC**  
 35-1930805  
 (IN) BU.....100%

**PrimeCare of Riverside, Inc.**  
 33-0674404  
 (CA) BU 49060 100%

**PrimeCare of San Bernardino, Inc.**  
 14-1915328  
 (CA) BU 49061 100%

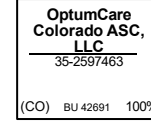
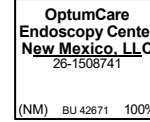
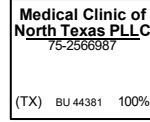
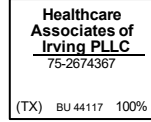
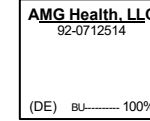
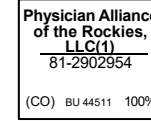
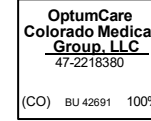
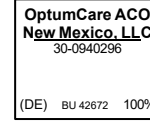
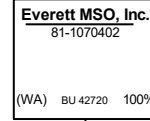
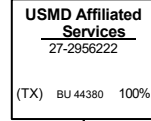
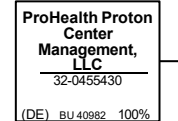
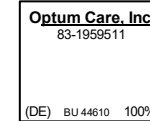
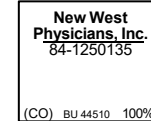
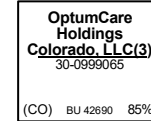
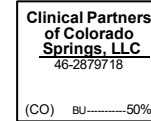
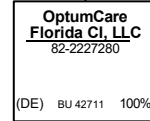
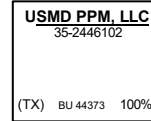
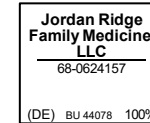
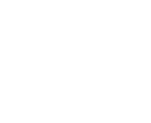
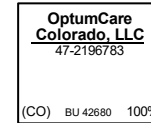
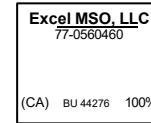
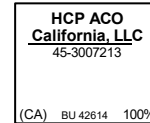
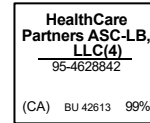
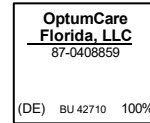
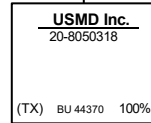
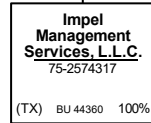
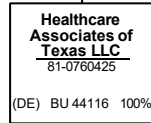
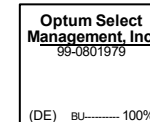
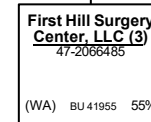
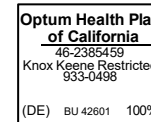
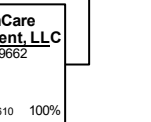
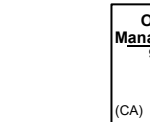
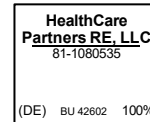
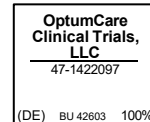
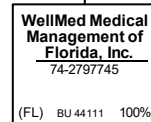
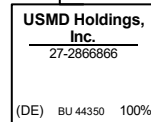
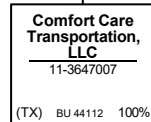
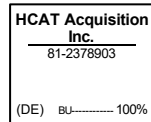
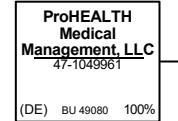
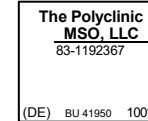
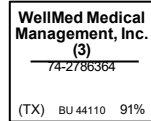
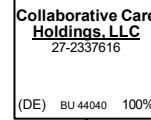
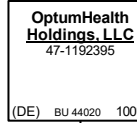
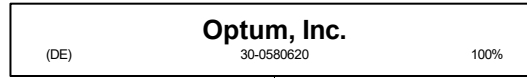
**PrimeCare of Temecula, Inc.**  
 33-0674409  
 (CA) BU 49063 100%

**Valley Physicians Network, Inc.**  
 87-0757396  
 (CA) BU 49064 100%

Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.29

Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Optum, Inc.**  
 (DE) 30-0580620 100%

**OptumHealth Holdings, LLC**  
 47-1192395  
 (DE) BU 44020 100%

**Collaborative Care Holdings, LLC**  
 27-2337616  
 (DE) BU 44040 100%

**WESTMED Practice Partners LLC**  
 45-0636596  
 (DE) BU 49070 100%

**Optum Health Networks, Inc.**  
 27-2309024  
 (DE) BU 44080 100%

**Lifepoint Accountable Care Organization, LLC**  
 32-0409538  
 (DE) BU 44081 100%

**Monarch Management Services, Inc.**  
 45-3142852  
 (DE) BU 44255 100%

**Optum Washington Network, LLC**  
 85-0735012  
 (WA) BU 42740 100%

**Polo Holdco, LLC(3)**  
 47-5563848  
 (DE) BU 44420 100%

**Optum Oregon MSO, LLC**  
 85-3355553  
 (DE) BU 42750 100%

**Optum Clinics Holding Company, Inc.**  
 88-1704725  
 (DE) BU xxxxx 100%

**Reliant MSO, LLC**  
 82-3745100  
 (DE) BU 44260 100%

**Optum KS Holdings, LLC**  
 84-2324145  
 (DE) BU ..... 100%

**SCA HoldCo, Inc.**  
 36-4869243  
 (DE) BU ..... 100%

**4C MSO LLC**  
 84-1900997  
 (DE) BU 44062 100%

**OptumCare ACO West, LLC**  
 83-3608739  
 (DE) BU 10925 100%

**Inspiris, Inc.**  
 33-0766366  
 (DE) BU 44170 100%

**310 Canyon Medical, LLC**  
 27-2624551  
 (CA) BU 44271 100%

**Collaborative Realty, LLC**  
 45-2614005  
 (NY) BU 49081 100%

**ProHealth Physicians, Inc.**  
 06-1446075  
 (CT) BU 44430 100%

**Inter-Hospital Physicians Association, Inc.**  
 95-0856292  
 (OR) BU 42751 100%

**Urgent Care Holdings, LLC**  
 26-0382877  
 (DE) BU 49112 100%

**Transformer TX Holdings, LLC (3)**  
 87-4490776  
 (TX) BU 45161 82.01%

**SCAI Holdings, LLC**  
 81-4905342  
 (DE) BU ..... 100%

**CareMount Health Solutions, LLC**  
 38-4103290  
 (DE) BU 49250 100%

**Optum Care Networks, Inc.**  
 45-3143218  
 (DE) BU 44045 100%

**Optum Care of New York Management, Inc.**  
 13-4138665  
 (NY) BU 44171 100%

**MHC Real Estate Holdings, LLC**  
 27-2252446  
 (CA) BU 44272 100%

**AppleCare Medical Management, LLC**  
 27-2068687  
 (DE) BU 44100 100%

**ProHealth Physicians ACO, LLC**  
 45-5470737  
 (CT) BU 44431 100%

**OptumCare Portland, LLC.**  
 93-1306308  
 (OR) BU 42754 100%

**MedExpress Urgent Care Alabama, LLC**  
 32-0533926  
 (AL) BU 49173 100%

**MedExpress Urgent Care Maine, Inc.**  
 82-1719888  
 (ME) BU 49114 100%

**KS Management Services, L.L.C.**  
 76-0602862  
 (TX) BU 45160 100%

**Surgical Care Affiliates, LLC**  
 20-8922307  
 (DE) BU 47300 100%

**CareMount Value Partners IPA, LLC**  
 84-3894124  
 (NY) BU 49255 100%

**Senior Care Network of Connecticut, LLC**  
 88-1691956  
 (DE) BU 45111 100%

**OptumCare New York IPA, Inc.**  
 13-4138668  
 (NY) BU 44172 100%

**Atrius MSO, LLC**  
 87-1803974  
 (DE) BU 44640 100%

**EPIC Management Services, LLC**  
 33-0654147  
 (DE) BU 42701 100%

**Urgent Care MSO, LLC**  
 26-3667220  
 (DE) BU 49120 100%

**MedExpress Urgent Care New Hampshire, Inc.**  
 82-0631738  
 (NH) BU 49113 100%

**Physicians Group of Texas, LLC**  
 87-3997680  
 (TX) BU 45163 100%

**KelseyCare Administrators LLC**  
 83-2701907  
 NAIC No. 16541  
 HMO  
 (TX) BU 45164 100%

**CareMount Dental Member, LLC**  
 Xx-xxxxxxx  
 (DE) BU 49256 100%

**IPN Optum Care Network, LLC**  
 93-1688504  
 (DE) BU ..... 55%

**For Health, Inc.**  
 33-0766617  
 (DE) BU 44200 100%

**Optum Care Services Company**  
 26-0683057  
 (TN) BU 44178 100%

**EPIC Health Plan**  
 27-2767291  
 Knox Keene Restricted  
 933-0483  
 (CA) BU 42702 100%

**Highlands Ranch Healthcare, LLC**  
 84-1472832  
 (CO) BU 49121 100%

**MedExpress Development, LLC**  
 20-3824377  
 (FL) BU 49140 100%

**MedExpress Urgent Care, Inc. - Ohio**  
 xx-xxxxxxx  
 (OH) BU 49178 100%

**KS Plan Administrators, LLC**  
 20-5602615  
 NAIC No. 12827  
 HMO  
 (TX) BU 45165 100%

**ProHealth/CareMount Dental Management, LLC (3)**  
 Xx-xxxxxxx  
 (NY) BU ..... 46%

**For Health of Arizona, Inc.**  
 86-0908902  
 (AZ) BU 44210 100%

**INSPIRIS of Texas Physician Group**  
 26-2885572  
 (TX) BU 44191 100%

**DWIC of Tampa Bay, Inc.**  
 59-3625966  
 (FL) BU 49142 100%

**MedExpress Urgent Care of Boynton Beach, LLC**  
 20-2545363  
 (FL) BU 49141 100%

**PGT Medical Group, Inc.**  
 87-4038465  
 (TX) BU ..... 100%

40.30

Continued from Previous Page

Continued on Next Page

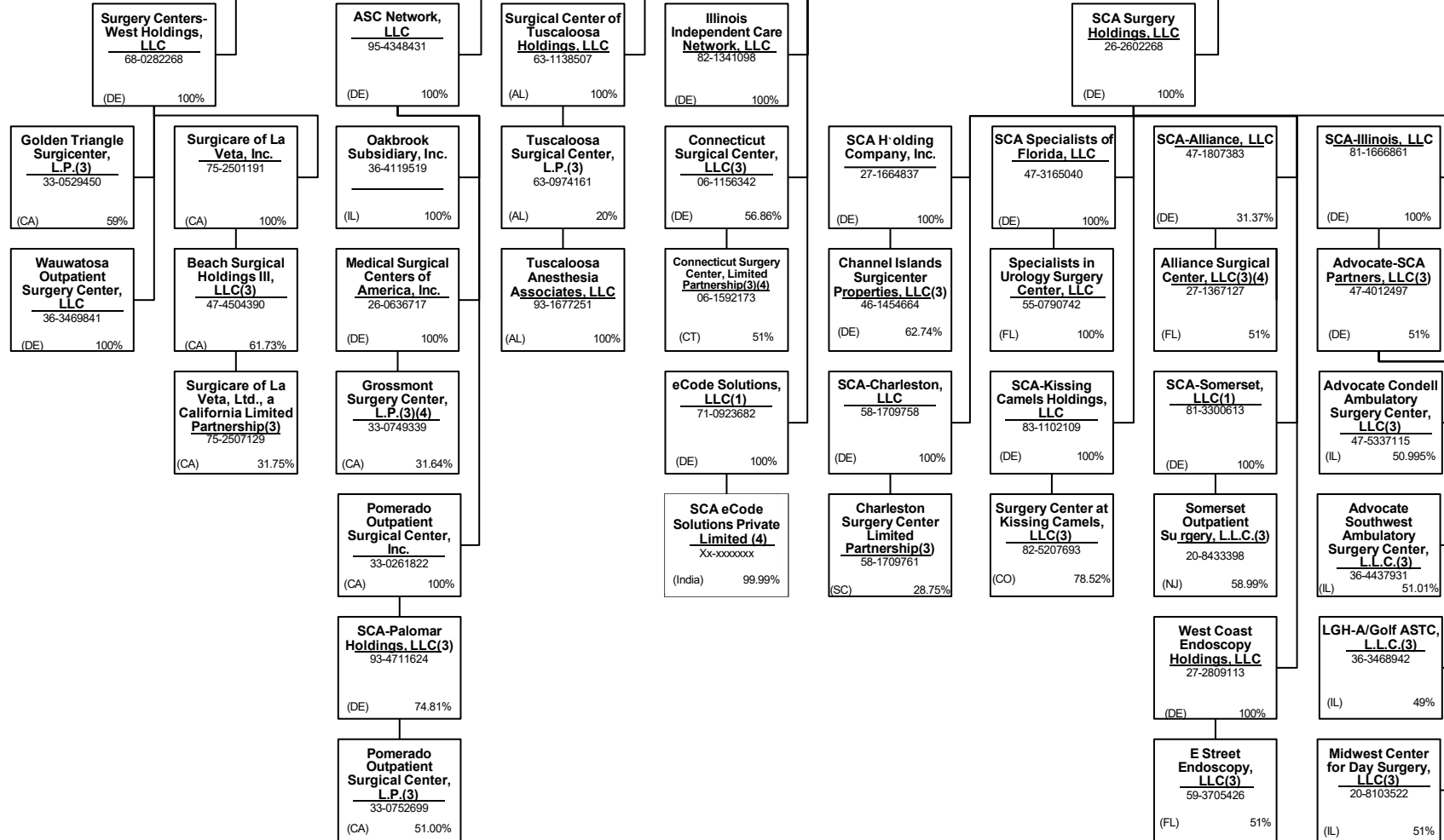
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**



Continued from Previous Page

Continued on Next Page

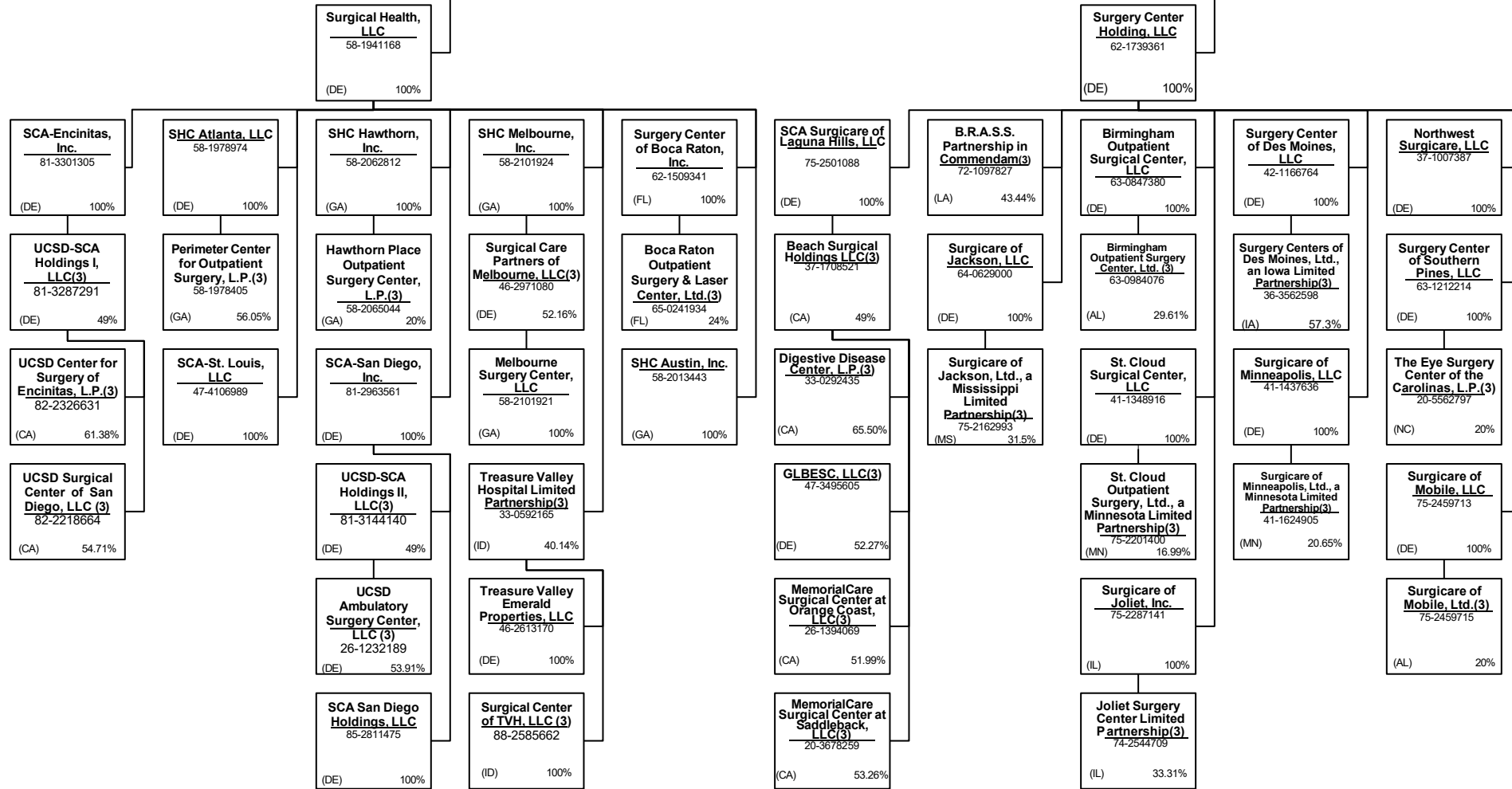


**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

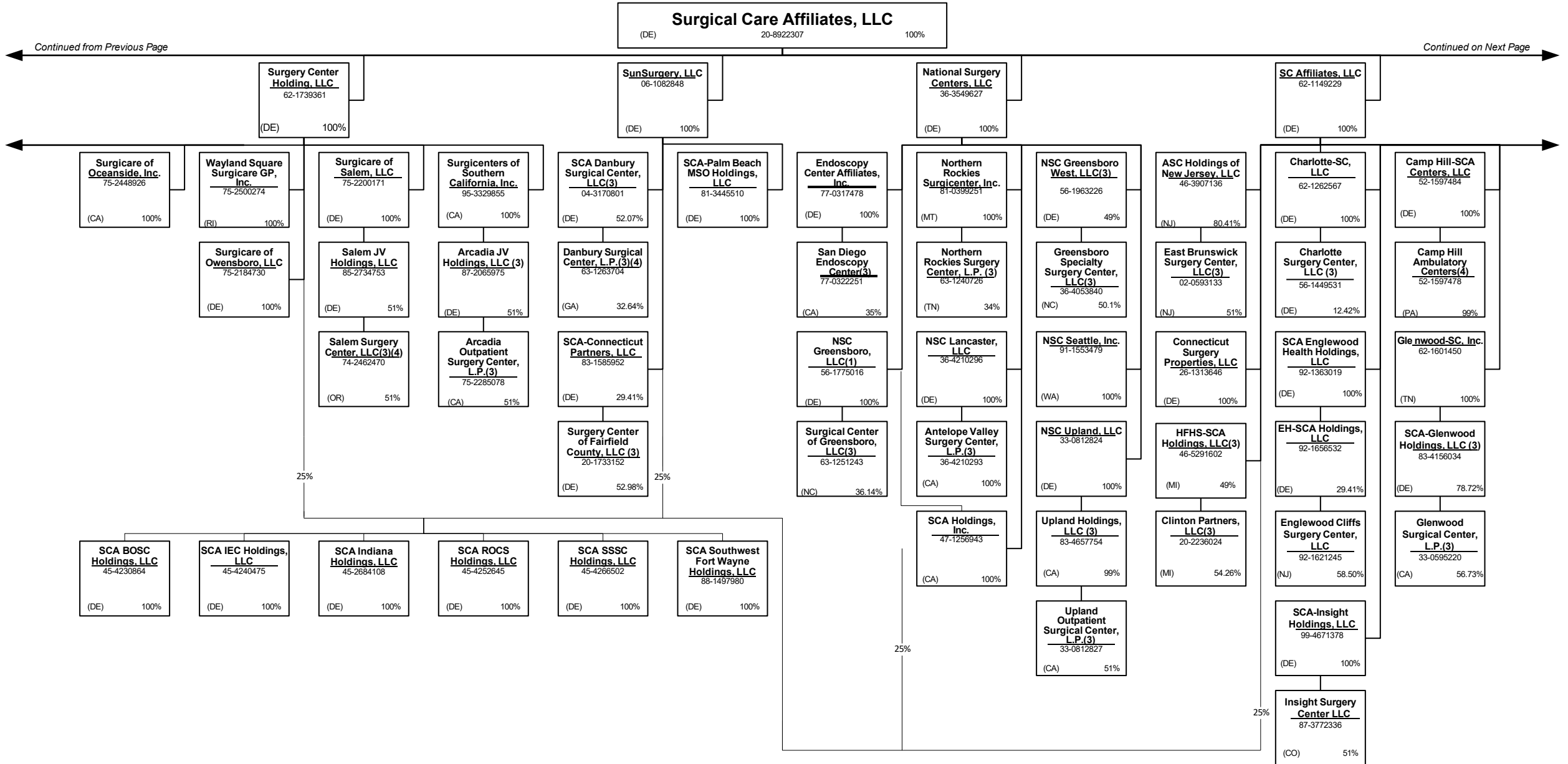
**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

Continued from Previous Page

Continued on Next Page

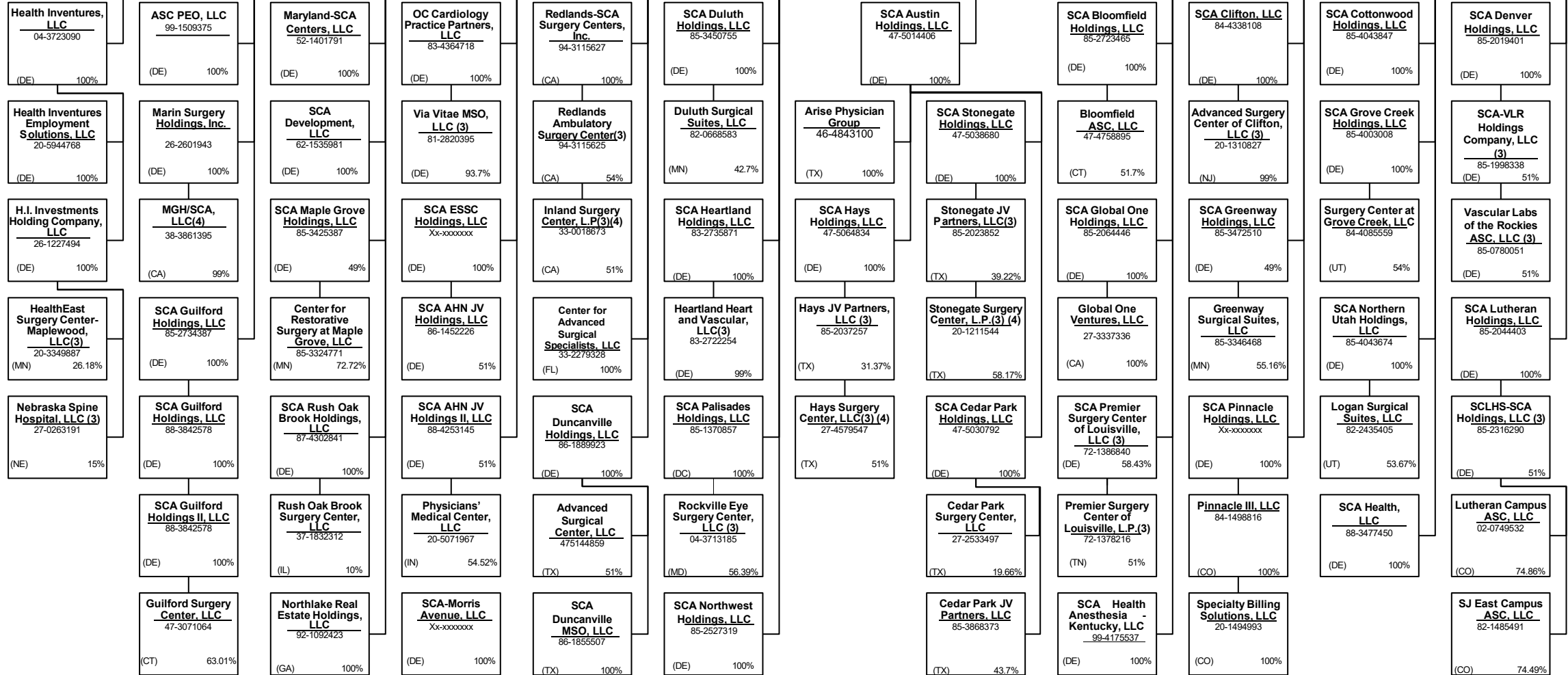
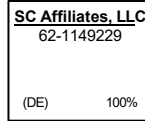


**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.33

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



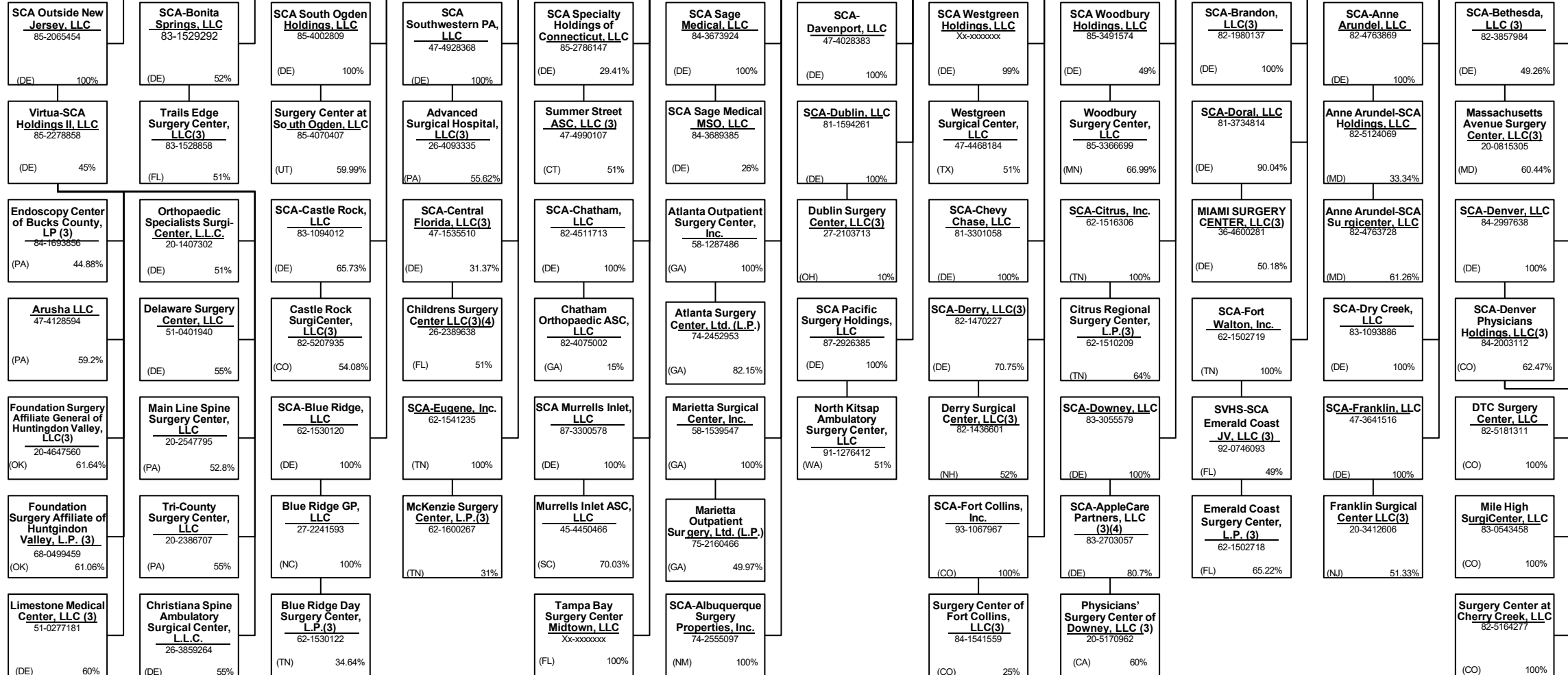
Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

**SC Affiliates, LLC**  
 62-1149229  
 (DE) 100%



40.35

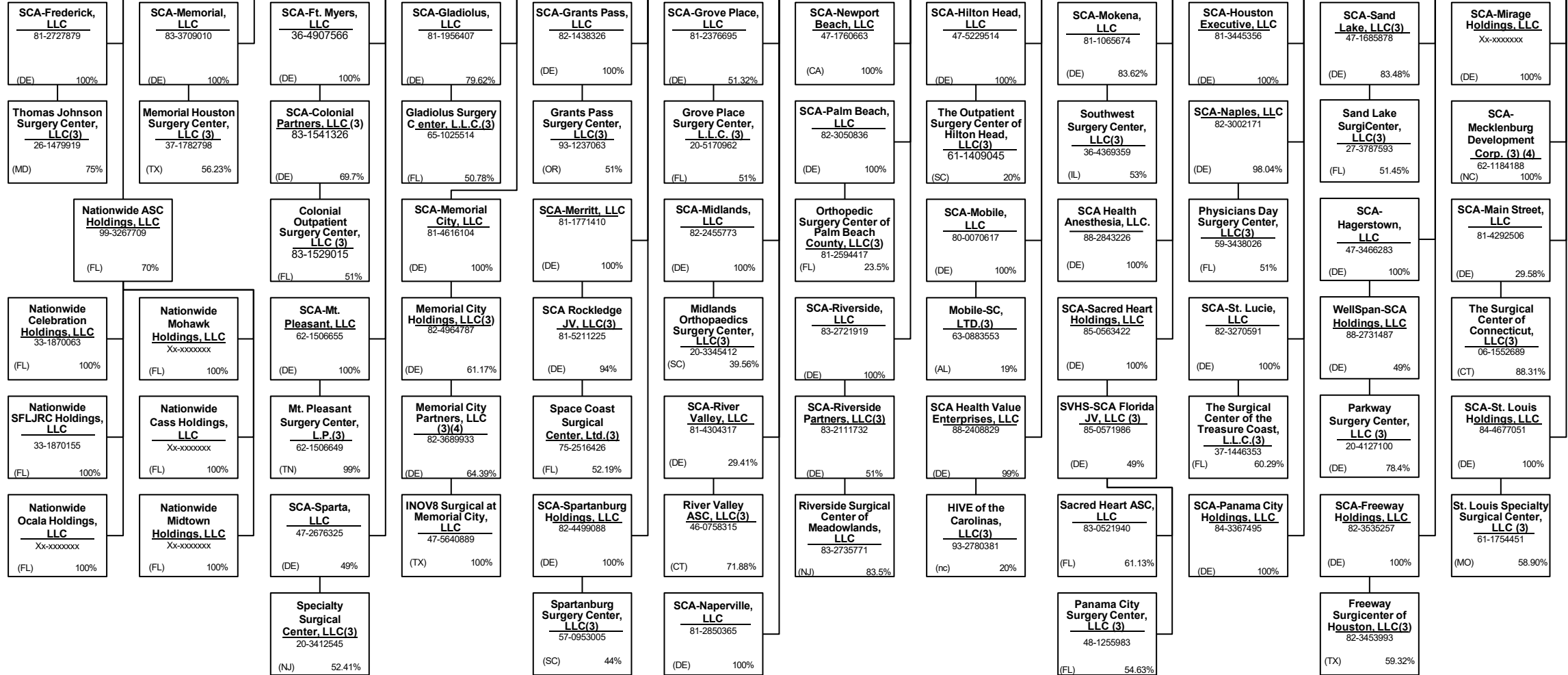
Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

**SC Affiliates, LLC**  
 62-1149229  
 (DE) 100%



Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

**SC Affiliates, LLC**  
 62-1149229  
 (DE) 100%

**SCA-Portland, LLC**  
 81-4139195  
 (DE) 100%

**SCA-Surgicare, LLC**  
 81-4371453  
 (DE) 100%

**SCA-Verta, LLC**  
 82-1987225  
 (DE) 100%

**SCA-Wake Forest, LLC**  
 82-2294882  
 (DE) 100%

**SCA-Western Connecticut, LLC(3)**  
 82-1449412  
 (DE) 67%

**SCA-Winston-Salem, LLC**  
 93-1768010  
 (DE) 100%

**SCA-Winter Park, Inc.**  
 62-1525777  
 (TN) 100%

**SCA-Woodlands Holdings, LLC**  
 82-3528300  
 (DE) 100%

**Surgery Center of Colorado Springs, LLC**  
 63-1214140  
 (DE) 100%

**Surgery Center of Easton, LLC**  
 72-1349752  
 (DE) 100%

**SCA Pacific Holdings, Inc.**  
 27-1707364  
 (CA) 100%

**Providence & SCA On-Campus Holdings, LLC(3)**  
 82-3270499  
 (DE) 20%

**SCA-Optum Nevada Holdings, LLC (4)**  
 92-3029111  
 (DE) 51%

**Verta Management Services, LLC (3)**  
 81-4629242  
 (DE) 100%

**Surgery Center of Maui, LLC**  
 63-1231944  
 (DE) 100%

**Western Connecticut Orthopedic Surgical Center, LLC(3)**  
 06-1521999  
 (CT) 38.72%

**SCA-Gainesville, LLC**  
 62-1547690  
 (DE) 100%

**Louisville-SC Properties, Inc.**  
 62-1179538  
 (KY) 100%

**Surgery Center of The Woodlands, LLC(3)**  
 82-3448050  
 (TX) 54.79%

**SCA-Pocono, LLC**  
 47-1620189  
 (DE) 100%

**The Surgery Center of Easton, L.P.(3)**  
 72-1349755  
 (TN) 57%

**Corpus Christi Endoscopy Center, L.L.P.(3)**  
 20-2595593  
 (TX) 18.5%

**Surgery Center at St. Vincent, LLC (3)**  
 81-3129674  
 (OR) 51.78%

**Optum Heart and Vascular Center, LLC (3)**  
 92-3197749  
 (NV) 45%

**Surgery Center of Louisville, LLC**  
 62-1179537  
 (DE) 100%

**Aloha Surgical Center, LLC(3)**  
 63-1231942  
 (TN) 67%

**SCA-First Coast, LLC**  
 83-2805878  
 (DE) 100%

**OptumCare Specialty Practices Investments, LLC**  
 92-0972076  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**Surgery Center of Lexington, LLC(3)**  
 62-1179539  
 (DE) 49%

**SCA-San Luis Obispo, LLC**  
 94-3138088  
 (DE) 100%

**Surgery Center of Ellicott City, Inc.**  
 63-1212213  
 (DE) 100%

**CCEC Anesthesia Management, LLC(3)**  
 82-1715584  
 (TX) 100%

**Providence & SCA Off-Campus Holdings, LLC(3)**  
 82-3765555  
 (DE) 40%

**SCA-Florence, LLC**  
 62-1551099  
 (DE) 100%

**Louisville S.C., Ltd.(4)**  
 62-1179566  
 (KY) 99%

**SCA-Santa Rosa, Inc.**  
 88-0185362  
 (NV) 100%

**ASV-HOPCo-SCA Florida, LLC**  
 87-3912899  
 (FL) 39.22%

**Summit Cardiovascular Group, LLC**  
 88-4233584  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**Lexington Surgery Center, Ltd.(3)**  
 61-1028180  
 (KY) 66.5%

**SCA-San Luis Obispo, LLC**  
 94-3138088  
 (DE) 100%

**Maryland Ambulatory Centers, LLC(3)(4)**  
 52-1456812  
 (MD) 50%

**Surgery Center of Mt. Scott, LLC (3)**  
 83-2600045  
 (OR) 51%

**Florence Surgery Center, L.P.(3)**  
 62-1551098  
 (TN) 15%

**SCA-Louisville Ortho, LLC**  
 93-2311282  
 (DE) 100%

**First Coast Orthopedic Center, LLC**  
 82-2929226  
 (FL) 54.33%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**SCA Providence Holdings, LLC**  
 Xx-xxxxxxx  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**Surgical Management Solutions, LLC**  
 84-4983977  
 (DE) 100%

**SCA-San Luis Obispo, LLC**  
 94-3138088  
 (DE) 100%

**Montgomery Surgery Center Limited Partnership(3)**  
 52-1401868  
 (MD) 51%

**Oregon Outpatient Surgery Center, LLC(3)**  
 22-3883387  
 (OR) 51.18%

**SCA-Florence, LLC**  
 62-1551099  
 (DE) 100%

**Orthopedic Center of Louisville, LLC**  
 93-2394362  
 (KY) 100%

**SCA Providence Holdings, LLC**  
 Xx-xxxxxxx  
 (DE) 100%

**SCA Providence Holdings, LLC**  
 Xx-xxxxxxx  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**Surgical Management Solutions, LLC**  
 84-4983977  
 (DE) 100%

**SCA-San Luis Obispo, LLC**  
 94-3138088  
 (DE) 100%

**SCA Englewood Holdings, LLC**  
 86-3781364  
 (DE) 100%

**Northwest Spine and Laser Surgery Center, LLC (3)**  
 45-5055997  
 (OR) 57.05%

**SCA-Florence, LLC**  
 62-1551099  
 (DE) 100%

**SCA-JPM Holdings, LLC**  
 83-3090526  
 (DE) 100%

**SCA Providence Holdings, LLC**  
 Xx-xxxxxxx  
 (DE) 100%

**SCA Providence Holdings, LLC**  
 Xx-xxxxxxx  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**SCA Waterloo Holdings, LLC**  
 93-4391928  
 (DE) 100%

**Surgical Management Solutions, LLC**  
 84-4983977  
 (DE) 100%

**SCA-San Luis Obispo, LLC**  
 94-3138088  
 (DE) 100%

**Patient Care Associates, L.L.C.**  
 20-1311030  
 (NJ) 55.15%

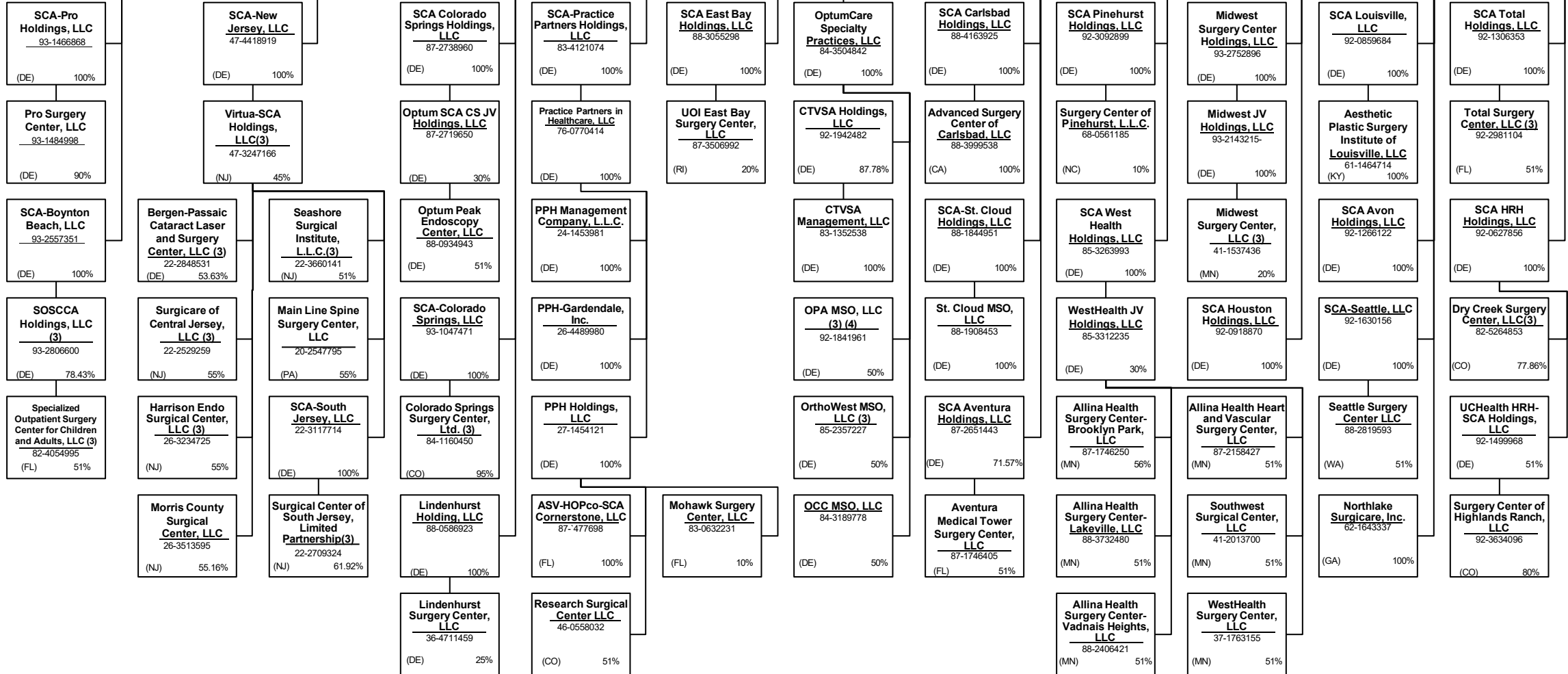
Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

**SC Affiliates, LLC**  
 62-1149229  
 (DE) 100%

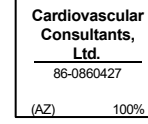
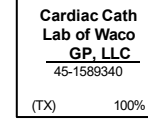
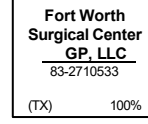
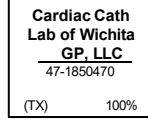
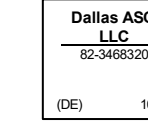
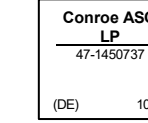
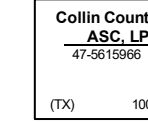
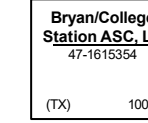
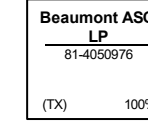
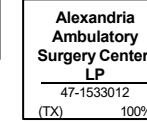
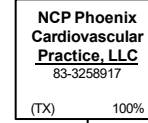
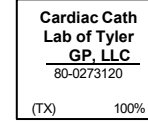
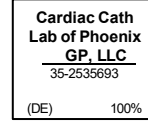
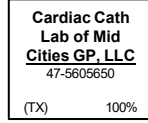
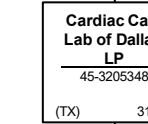
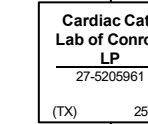
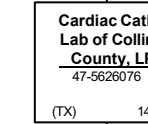
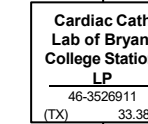
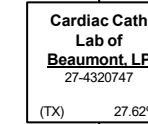
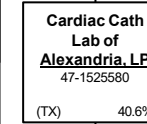
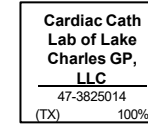
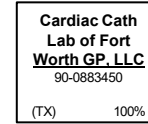
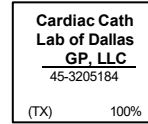
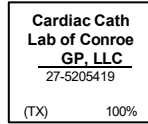
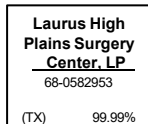
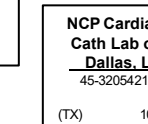
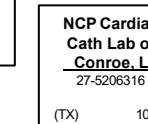
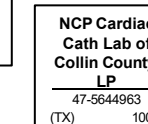
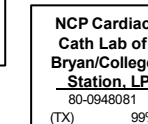
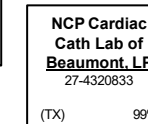
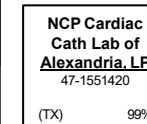
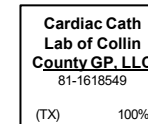
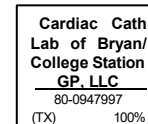
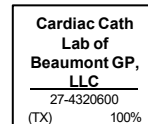
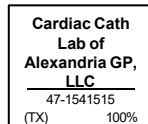
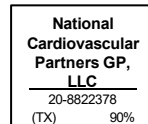
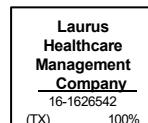
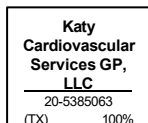
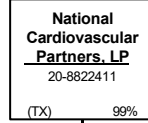
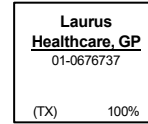
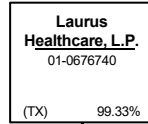
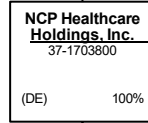
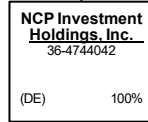
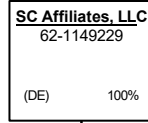


Continued from Previous Page

Continued on Next Page

40.38

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

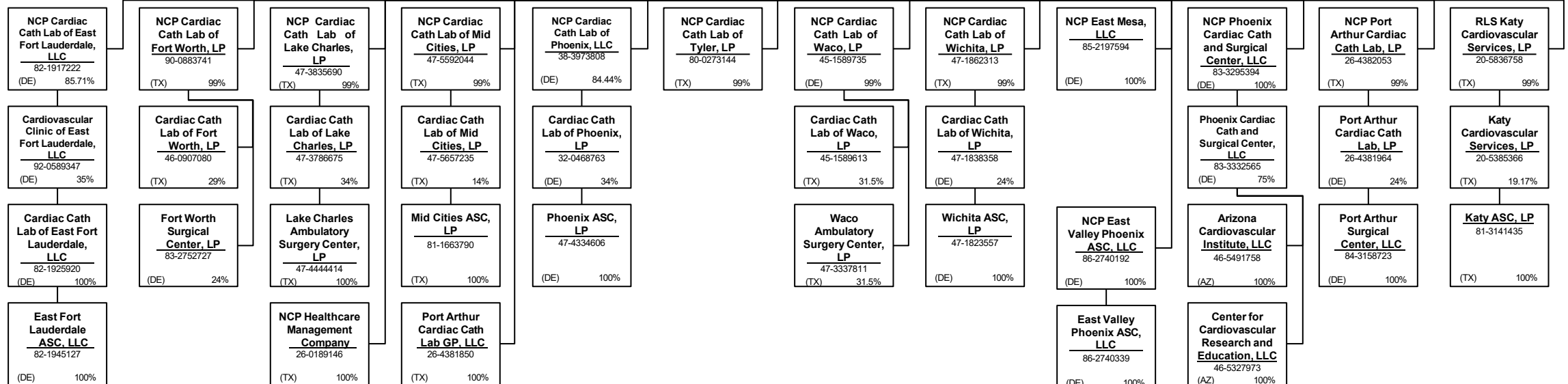
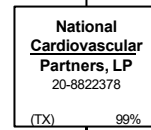
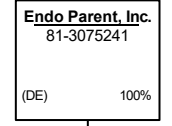
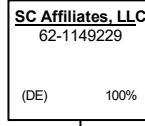


40.39

Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.40

Continued from Previous Page

Continued on Next Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

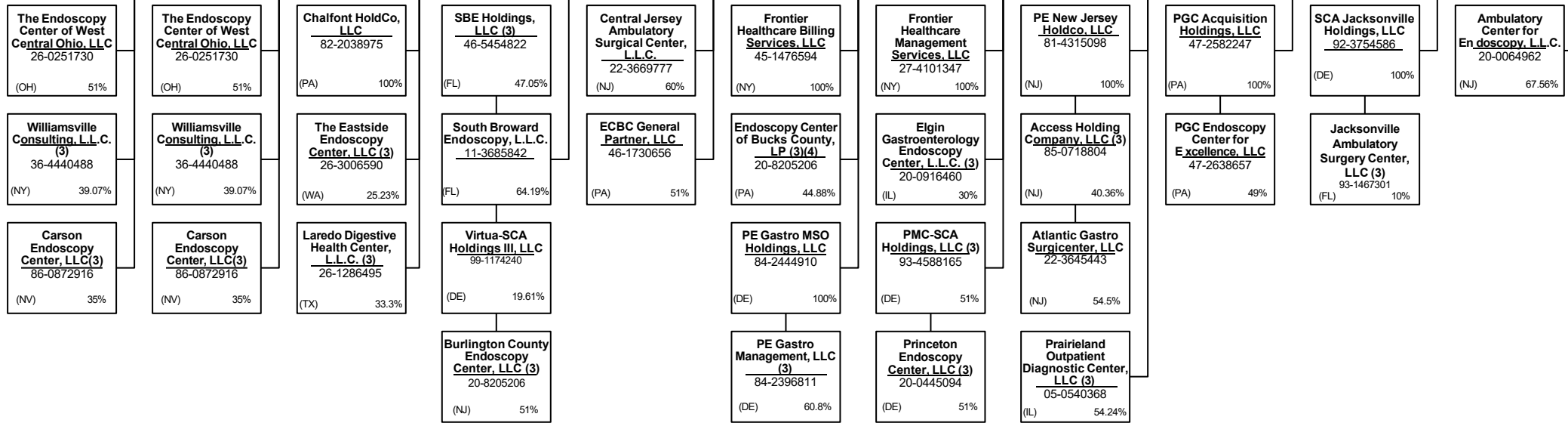
**Surgical Care Affiliates, LLC**  
 (DE) 20-8922307 100%

Continued from Previous Page

Continued on Next Page

**Physicians Endoscopy Intermediate Holdco, Inc.**  
 26-2239018  
 (DE) 100%

**Physicians Endoscopy, L.L.C.**  
 91-1882702  
 (DE) 100%



40.41

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

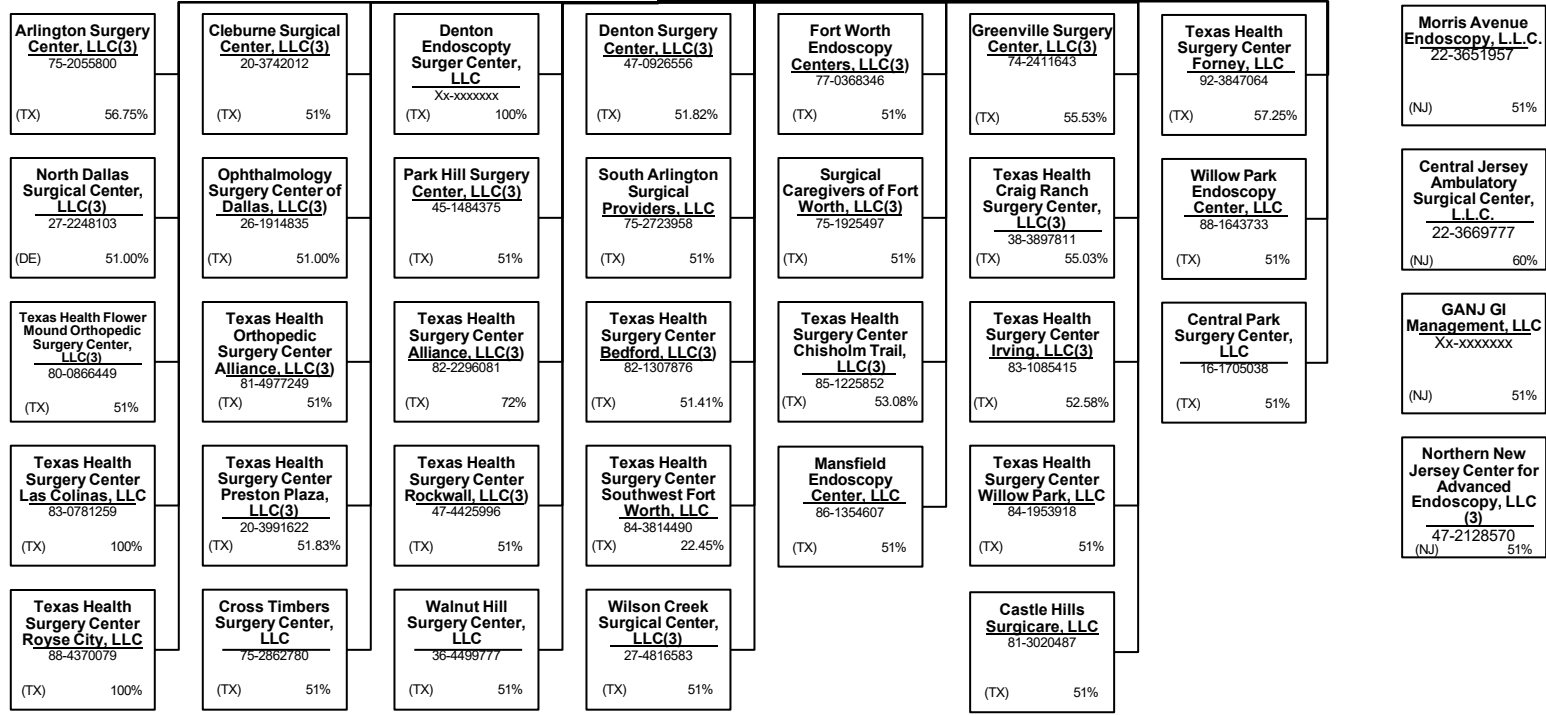
**PART 1 - ORGANIZATIONAL CHART**

**Surgical Care Affiliates, LLC**  
(DE) 20-8922307 100%

Substantively Controlled Surgical Care Affiliate Entities

**Texas Health Resources**  
Non-Affiliated  
  
100%  
  
**THR-SCA Holdings, LLC (3)(17)**  
46-1096461  
(TX) 100%

**Pacific Cardiovascular Associates Medical Group, Inc. (3)(17)**  
33-0704734  
(CA) 100%



40.42

Continued from Previous Page

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART****Beneficially Owned Legal Entities**

<b>Entity Name</b>	<b>Juris.</b>	<b>Federal Tax ID</b>	<b>Entity Name</b>	<b>Juris.</b>	<b>Federal Tax ID</b>
4C Medical Group, PLC	AZ	45-2402948	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
A.G. Dikengil, Inc.	NJ	22-3149900	Cielo House, Inc.	CA	27-1655973
AbleTo Behavioral Health Services of Michigan, P.C.	MI	85-4328419	Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.	NC	20-3056794
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Colonial Family Practice, L.L.C.	SC	02-0626080
AbleTo Behavioral Health Services, PC	CT	47-5519672	Columbia Counseling Center P.A.	MD	52-2052733
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	Connect Medical, P.C.	NY	32-0551188
AbleTo Psychiatry Health Services, P.C.	MA	88-2290313	Crystal Run Healthcare Physicians LLP	NY	13-3843560
AHN Accountable Care Organization, LLC	IN	45-4171713	David C. Anderholm, M.D., P.A.	MN	41-1879063
AHN Surgery Center Holdings, LLC	IN	82-5224188	David Moen, M.D. P.C.	NY	81-5101448
Aleph Psychological Services, Inc.	CA	46-3477124	David R. Ferrell, M.D., P.C.	NV	45-2380022
Ambulatory Partner Holdings, LLC	NY	88-2464526	DBT and EMDR Specialists, P.A.	MN	47-3322541
American Health Network of Indiana, LLC	IN	35-2108729	Digestive Diseases Diagnostic & Treatment Center, LLC	NY	26-1319443
Angie Coil FNP, PLLC	AZ	81-2112951	Doc Martins, PLLC	AZ	20-0419099
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	Durable Medical Equipment, Inc.	MA	04-3106404
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	East Side Endoscopy, L.L.C.	NY	91-1665997
AppleCare Medical Group, Inc.	CA	33-0898174	Elite Focus Clinic, Inc., a Professional Corporation	CA	47-3861802
ARTA Western California, Inc.	CA	33-0658815	Empire Physicians' Medical Group, Inc.	CA	33-0181426
Astra Medical Clinic, PLLC	AZ	86-0882561	Endoscopy Center of Western New York, L.L.C.	NY	36-4427974
Atrius Health Ambulatory Surgery Center, LLC	MA	--	Eugene Center for Anxiety and Stress, LLC	OR	83-2740282
Atrius Health, Inc.	MA	04-3397450	Eugene Therapy, LLC	OR	90-0624377
Beaver Medical Group, P.C.	CA	33-0645967	Everett Physicians, Inc. P.S.	WA	81-1625636
Behavioral Solutions, P.C.	MA	04-3316367	Evolve, LLC	WI	61-1752488
Bexar Imaging Center, LLC	TX	22-3858211	Family Counseling Associates of Salem Andover LLC	NH	27-0820363
California Spring Holdings, PC	CA	81-0881243	Ferrell Physician Services, P.C.	NY	87-4007730
Carbondale Counseling Associates, PLLC	IL	47-1130641	First Step Services, PLLC	NC	51-0484581
Cardiothoracic & Vascular Surgical Associates, P.A.	FL	59-3338654	Five Rivers South L.L.C.	MN	92-0459013
CARE Clinics LLC	MN	46-4814778	Flagstaff Family Physicians, PLLC	AZ	86-0959327
CARE Free Counseling LLC	MN	88-0822778	Good Samaritan Medical Practice Association, Inc., A Medical Group	CA	95-3969271
CareMount Health Solutions ACO, LLC	NY	n/a	Great South Bay Endoscopy Center, LLC	NY	46-3055867
Carnegie Hill Endoscopy, LLC	NY	27-0385539	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
Carolina Behavioral Care, P.A.	NC	56-1780933	Gunn Behavioral Care of California, P.C.	CA	27-3237563
Carroll Counseling Center LLC	MD	52-2072546	Gunn Behavioral Holdco, P.C.	CA	92-3292446
Centers for Family Medicine, GP	CA	33-0483510	HealthCare Partners Affiliates Medical Group	CA	95-4526112

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

## Beneficially Owned Legal Entities

<b>Entity Name</b>	<b>Juris.</b>	<b>Federal Tax ID</b>	<b>Entity Name</b>	<b>Juris.</b>	<b>Federal Tax ID</b>
HealthCare Partners ASC-HB, LLC	CA	26-4247365	Landmark Medical of Ohio, Professional Corporation	OH	82-4864947
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Landmark Medical of Oregon, P.C.	OR	47-2926188
HealthCare Partners Medical Group, P.C.	CA	95-4340584	Landmark Medical of Pennsylvania, PC	PA	81-1605378
Heron Ridge Assoc., P.L.C.	MI	80-0020865	Landmark Medical of Rhode Island, PC	RI	84-2830065
Homecare Dimensions of Florida, Inc.	TX	81-0884465	Landmark Medical of Tennessee, PC	TN	30-1288593
Homecare Dimensions, Inc.	TX	74-2758644	Landmark Medical of Texas, PA	TX	83-2296389
IN Style OPTICAL, LLC	MA	27-3296953	Landmark Medical of Utah, PC	UT	84-2660339
Inland Faculty Medical Group, Inc.	CA	33-0618077	Landmark Medical of Virginia, P.C.	VA	85-0839774
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134	Landmark Medical of Washington, PC	WA	47-3028655
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	Landmark Medical, P.C.	NY	47-1588943
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739	Level2 Medical Services, P.A.	DE	84-5003916
INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670	Level2 Medical Services, P.A. New Jersey	NJ	87-2684015
Jonathan E. Goldberg, Ph.D., Inc.	MA	26-3013277	Level2 Medical Services, P.C. Alaska	AK	87-2600511
Joyce Marter & Associates, P.C.	IL	26-3478896	Level2 Medical Services, P.C. California	CA	92-1153396
K.P. Counseling, Ltd.	IL	30-0089259	Level2 Medical Services, P.C. Utah	UT	87-0989804
Kelsey-Seybold Medical Group, PLLC	TX	76-0386391	Liberty Endoscopy Center, LLC	NY	46-4588779
Keys Counseling, Inc.	IN	30-0358493	Life Strategies Counseling, Inc.	AR	20-0468524
KS Pharm, LLC	TX	84-2355006	LifeSolutions Counseling Associates, P.C.	IN	26-3292877
KS SC, LLC	TX	84-2241460	Long Island Digestive Endoscopy Center, LLC	NY	45-4714972
Landmark Medical of Arkansas, P.A.	AR	85-0997438	Manhattan Endoscopy Center, LLC	NY	27-1510596
Landmark Medical of California, PC	CA	47-4553619	March Vision Care Group, Incorporated	CA	95-4874334
Landmark Medical of Connecticut, PC	CT	83-2295301	March Vision Care IPA, Inc.	NY	27-3115058
Landmark Medical of Florida, P.A.	FL	85-0838149	March Vision Care of Texas, Inc.	TX	45-4227915
Landmark Medical of Idaho, PC	ID	92-0496439	MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
Landmark Medical of Kansas, P.A.	KS	82-4633545	Mat-Rx Fort Worth GP, L.L.C.	TX	35-2262695
Landmark Medical of Kentucky, P.S.C.	KY	82-4881602	ME Urgent Care Nebraska, Inc.	NE	81-0936574
Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732	MedExpress Employed Services, Inc.	DE	81-1265129
Landmark Medical of Massachusetts, PLLC	MA	81-5364097	MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
Landmark Medical of Michigan, P.C.	MI	86-3599871	MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
Landmark Medical of Mississippi, P.C.	MS	82-5084178	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Landmark Medical of Missouri, P.C.	MO	82-4857713	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Landmark Medical of New Hampshire, P.C.	NH	85-1174070	MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
Landmark Medical of North Carolina, P.C.	NC	82-4256752	MedExpress Primary Care Minnesota P.C.	MN	81-4396738

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265	MedExpress, Inc. – Delaware	DE	45-5436856
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858	Mental Health Resources, PLLC	TN	62-1396317
MedExpress Primary Care Texas, P.A.	TX	84-2500750	MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MHCH, Inc.	CA	80-0507474
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181	MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	Midtown Medical, L.P.	CA	83-2873776
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778	Mindscapes Counseling, PLLC	CT	47-2117693
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	Mobile Medical Services of New Jersey, PC	NJ	81-2977678
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280	Mobile Medical Services, P.C.	NY	30-0445773
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120	Monarch Health Plan, Inc.	CA	22-3935634
MedExpress Urgent Care California, P.C.	CA	82-0930142	Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812	NAMM Medical Group Holdings, Inc.	CA	56-2627070
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	NC Center For Resiliency, PLLC	NC	47-2693055
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614	New Perspectives Center for Counseling & Therapy, L.L.C.	OR	93-1173779
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472	New York Licensed Clinical Social Work, P.C.	NY	86-3891057
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	Northern California Physicians Network, Inc., a Professional Corporation	CA	81-1573604
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	Northlight Counseling Associates, Inc.	AZ	86-0646417
MedExpress Urgent Care Missouri P.C.	MO	47-3132625	Northwest Medical Group Alliance, LLC	WA	91-1699944
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	NPIPA Washington, PLLC	WA	61-1855159
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	Oakland Psychological Clinic, P.C.	MI	38-2481929
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	OHR Physician Group, P.C.	OR	93-0979031
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706	Optum Behavioral Care of California, P.C.	CA	84-4887072
MedExpress Urgent Care Texas, P.A.	TX	47-5147441	Optum Behavioral Care of Colorado, P.C.	CO	93-2952612
MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Optum Behavioral Care of Connecticut, P.C.	CT	93-2339326
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Optum Behavioral Care of Kansas, P.A.	KS	93-3404672
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667	Optum Behavioral Care of New Jersey, P.C.	NJ	85-0666386
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572	Optum Behavioral Care of North Carolina, P.C.	NC	85-1959641
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101	Optum Behavioral Care of Texas, P.A.	TX	84-3152209
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908	Optum Behavioral Care Therapy Services of Illinois, P.C.	IL	99-4597708
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937	Optum Care Washington, PLLC	WA	91-0214500
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365	Optum Clinic, P.A.	TX	75-2778455
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138	Optum Everycare, P.C.	PR	66-1026448
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124	Optum Medical Care of New Jersey, P.C.	NJ	22-3624559

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

Beneficially Owned Legal Entities					
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Optum Medical Care, P.C.	NY	13-3544120	Prospero Medical Services New Jersey, P.C.	NJ	84-3844362
Optum Medical Group (Rhodes), P.C.	NV	88-0310956	Prospero Medical Services, P.A.	FL	87-2406404
Optum Medical Group II (Rhodes), P.C.	NV	86-0857176	Psychiatry Services of New York, P.C.	NY	85-0921665
Optum Medical Group, P.A.	KS	46-2662506	Psychiatry Specialists, S.C.	IL	27-3409538
Optum Medical Services of California, P.C.	CA	30-0826311	Psychological Healthcare, PLLC	NY	16-1484552
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Queens Endoscopy ASC, LLC	NY	27-4189294
Optum Medical Services, P.C.	NC	45-3866363	Red Oak Counseling, Ltd.	WI	20-0785644
Optum Urgent Care, PLLC	NY	46-1883579	Redlands Family Practice Medical Group, Inc.	CA	56-2627067
OptumCare Portland, LLC	OR	93-1306308	Refresh Canopy Cove, Inc.	FL	82-3603285
Oregon Healthcare Resources, LLC	OR	27-3674492	Refresh Connecticut, PLLC	CT	84-2663780
Ortho Physician Partners, P.C.	WA	93-3367856	Refresh Evolve, LLC	WI	83-4507157
OW Physician Partners, P.C.	CA	85-4386308	Refresh In-Home Counseling LLC	IL	82-5351068
Pacific Cardiovascular Associates Medical Group, Inc.	CA	33-0704734	Refresh Pennsylvania, LLC	PA	84-1756547
PE Healthcare Associates, LLC	NY	27-4496894	Reliant Medical Group The Endoscopy Center, LLC	MA	20-5251393
Peninsula Psychological Center, Inc., P.S.	WA	91-1885912	Reliant Medical Group, Inc.	MA	04-2472266
Perspectives of Troy, P.C.	MI	38-2592367	RICBT, Inc.	RI	33-0999953
Physician United PLLC	AZ	84-3476733	Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097
Physicians Medical Group of San Jose, Inc.	CA	94-2722082	Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
Physicians Medical Holdings	CA	86-2631012	Saad A. Shakir, M.D., Inc.	CA	77-0398259
Pilot Holdings, P.C.	CA	87-3931756	Saddleback Medical Group, Inc.	CA	33-0571462
Pinnacle Medical Group, Inc.	CA	33-0795271	San Bernardino Medical Group, Inc.	CA	95-3088615
Polyclinic Holdings, P.C.	WA	83-3042027	San Diego Physicians Medical Group, Inc.	CA	33-0457134
POLYCLINIC MANAGEMENT SERVICES COMPANY, LLC	WA	46-0508606	Sanvello Behavioral Health Services, P.A.	DE	84-1754732
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Saris Counseling, LLC	WI	n/a
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253	Seattle Psychology, P.L.L.C.	WA	46-3238571
ProHEALTH Care Associates, L.L.P.	NY	11-3355604	Sequoia Physician Holdings, P.C.	CA	99-2070439
ProHEALTH Medical NY, P.C.	NY	47-1388406	Serenity Family and Psychological Counseling Center, P.C.	CA	45-3802527
ProHealth Physicians, P.C.	CT	06-1469068	Shark Holdings, P.C.	CA	87-3142148
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	Sherman Counseling Management, S.C.	WI	47-5082677
Prospero Health Partners Florida, Inc.	FL	85-0775386	Silicon Valley TMS of Monterey Bay, GP	CA	81-3200297
Prospero Health Partners New York, P.C.	NY	82-2400620	Southwest Internal Medicine Group, Roberto Ruiz, M.D., PLLC	AZ	86-0516447
Prospero Health Partners North Carolina, P.C.	NC	84-4569314	Spring Behavioral Health of New Jersey, LLC	NJ	82-3087236
Prospero Health Partners, P.C.	MN	84-3234753	Springfield Psychological, P.C.	PA	23-2833266

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

## Beneficially Owned Legal Entities

<b>Entity Name</b>	<b>Juris.</b>	<b>Federal Tax ID</b>
St. Vincent IPA Medical, L.P.	CA	95-4729595
Surgical Eye Experts, LLC	MA	65-1321064
Surprise Health Center, PLLC	AZ	86-1047772
Susan Albright P.L.C.	AZ	20-5176158
Talbert Medical Group, P.C.	CA	93-1172065
The Corvallis Clinic, P.C.	OR	93-1221257
The Polyclinic, PLLC	WA	91-0369070
The Potter's House Family & Children Treatment Center, LLC	GA	20-8357849
The Salveo Center, PLLC	WA	80-0281838
The Tabor Therapy Group, Inc.	IL	46-5461304
Triangle Counseling Agency, Inc.	NC	26-2552129
USMD Diagnostic Services, LLC	TX	27-2803133
USMD of Arlington GP, L.L.C.	TX	73-1662757
Warner Family Practice, P.C.	AZ	86-0462952
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC	TX	84-2193803
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2178104
WellMed Netw ork Medicare ACO, LLC	TX	84-2204650
WellMed Netw ork of Florida, Inc.	TX	35-2314192
WellMed Netw orks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
WellMed Texas Medicare ACO, LLC	TX	84-2219968
XLHome Michigan, P.C.	MI	46-3537245
XLHome Northeast, P.C.	NJ	45-5530241
XLHome Oklahoma, Inc.	OK	46-2931689
XLHome, P.C.	MD	27-3543997
Yorktow n ASO LLC	DE	99-1074356
Yorkville Endoscopy, LLC	NY	46-0857425

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

#### Organizational Chart Footnotes

- (1) Entity is owned in full or in part by a UnitedHealth Group Incorporated friendly physician.
- (2) Control of the Foundation is based on sole membership, not the ownership of voting securities.
- (3) The remaining percentage is owned either by a non-affiliated entity, outside investor(s), current/former company officer(s), or third party shareholder(s).
- (4) The minority percentage is owned by one or more affiliated UnitedHealth Group Incorporated subsidiaries. Voting rights do vary.
- (5) No information of the other shareholder(s) has been provided
- (6) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (7) Branch offices in Iraq and Uganda.
- (8) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
- (9) Registered as a foreign shareholder in Brazil.
- (10) Open
- (11) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (12) N/A
- (13) Entity has a representative office in Beijing, China.
- (14) Open
- (15) Registered branch in the United Kingdom.
- (16) Open
- (17) Entity is not directly owned by the parent. However, the parent does have a viable economic interest as well as control over the entity through contractual agreements.

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Accrued Cost of Claims Savings .....	167,759	0	167,759	185,478
2305. Unclaimed Property .....	1,528,665	0	1,528,665	596,785
2306. Fines and Penalties .....	40,000	0	40,000	40,000
2397. Summary of remaining write-ins for Line 23 from overflow page	1,736,424	0	1,736,424	822,263

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Golden Rule Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Exhibit 1 Line 6

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Vision Only .....	292,189	313,744	331,174	342,281	350,952	3,866,549
0605. Disability Income .....	80	75	73	70	67	859
0606. Other Health .....	487,324	474,914	503,115	526,787	525,589	5,967,344
0607. Other Non-Health .....	10,329	8,475	9,602	9,522	9,366	113,512
0697. Summary of remaining write-ins for Line 6 from overflow page	789,922	797,208	843,964	878,660	885,974	9,948,264