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QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Merit Health Insurance Company

NAIC Group Code 05036 (Current Period), 05036 (Prior Period) NAIC Company Code 18750 Employer's ID Number 36-3856181

Organized under the Laws of Arizona, State of Domicile or Port of Entry Arizona

Country of Domicile United States

Licensed as business type: Life, Accident & Health [X] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]
Other [ ] Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 11/23/1992 Commenced Business 01/08/1993

Statutory Home Office 4801 E. Washington St., Suite 100 (Street and Number), Phoenix, AZ, US 85034 (City or Town, State, Country and Zip Code)

Main Administrative Office 4801 E. Washington St., Suite 100 (Street and Number) Phoenix, AZ, US 85034 (City or Town, State, Country and Zip Code) 800-642-1716 (Area Code) (Telephone Number)

Mail Address 4801 E. Washington St., Suite 100 (Street and Number or P.O. Box), Phoenix, AZ, US 85034 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 14100 Magellan Plaza (Street and Number) Maryland Heights, MO, US 63043 (City or Town, State, Country and Zip Code) 314-387-4000 (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact Daniel Miller (Name) 314-387-4000 (Area Code) (Telephone Number) (Extension)

dmiller1@magellanhealth.com (E-Mail Address) 314-387-5407 (FAX Number)

OFFICERS

Name	Title	Name	Title
Mostafa M Kamal	President	Michael J Kolar	Secretary
Christopher K Knibb	Treasurer		

OTHER OFFICERS

David A Schlett	Vice-President	Alicia M Dessner	Assistant Secretary
Terry L Baumgard	Assistant Secretary		

DIRECTORS OR TRUSTEES

Mostafa M Kamal	Michael J Kolar	Christopher K Knibb	David A Schlett
Alicia M Dessner			

State of .....

ss

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 therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mostafa M Kamal	Michael J Kolar	Christopher K Knibb
President	Secretary	Treasurer

Subscribed and sworn to before me this
_____ day of _____ ,

_____

a. Is this an original filing? Yes [X] No [ ]

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds	3,147,821		3,147,821	3,140,761
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ encumbrances)			0	0
4.2 Properties held for the production of income (less $ encumbrances)			0	0
4.3 Properties held for sale (less $ encumbrances)			0	0
5. Cash ($ 4,997), cash equivalents ($ 31,896,670) and short-term investments ($ 0)	31,901,667		31,901,667	31,631,783
6. Contract loans (including $ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	35,049,488	0	35,049,488	34,772,543
13. Title plants less $ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	137,278		137,278	25,802
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($) and contracts subject to redetermination ($)	2,104,766		2,104,766	2,104,766
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	3,574,232		3,574,232	3,574,232
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	40,865,764	0	40,865,764	40,477,343
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	40,865,764	0	40,865,764	40,477,343
DETAILS OF WRITE-INS				
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. Prepaid Postage			0	0
2502.			0	0
2503.				
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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	390,031		390,031	349,570
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))	55,608		55,608	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	40,842		40,842	23,951
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	486,481	0	486,481	373,521
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	21,020,001	21,020,001
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	17,359,283	17,083,821
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	40,379,284	40,103,822
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	40,865,765	40,477,343
DETAILS OF WRITE-INS				
2301.			0	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
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		0
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	0	0	0
2. Net premium income (including $ non-health premium income)	XXX	0	13,571	(818,217)
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	169,895	(50,497)
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	0	183,466	(868,714)
Hospital and Medical:				
9. Hospital/medical benefits			0	(106)
10. Other professional services			0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs		195	82,843	(2,742,631)
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	195	82,843	(2,742,738)
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	195	82,843	(2,742,738)
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ cost containment expenses			0	0
21. General administrative expenses		43,342	178,281	372,893
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	43,536	261,124	(2,369,845)
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(43,536)	(77,658)	1,501,131
25. Net investment income earned		388,770	941	54,367
26. Net realized capital gains (losses) less capital gains tax of $			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	388,770	941	54,367
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
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	345,234	(76,717)	1,555,498
31. Federal and foreign income taxes incurred	XXX	72,499	(16,111)	326,655
32. Net income (loss) (Lines 30 minus 31)	XXX	272,735	(60,606)	1,228,843
DETAILS OF WRITE-INS				
0601. Performance Penalty	XXX		0	0
0602. Bad Debt	XXX		0	0
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	40,103,822	38,673,586	38,673,586
34.	Net income or (loss) from Line 32	272,735	(60,606)	1,228,843
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
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	2,727	857	201,393
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	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	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	275,462	(59,749)	1,430,236
49.	Capital and surplus end of reporting period (Line 33 plus 48)	40,379,284	38,613,837	40,103,822
	DETAILS OF WRITE-INS			
4701.	Adjustment		0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	16,226	(811,915)
2. Net investment income	269,885	259	22,342
3. Miscellaneous income	0	0	13,345,488
4. Total (Lines 1 to 3)	269,885	16,485	12,555,914
5. Benefit and loss related payments	195	1,701,682	(21,239,853)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	2,881	211,342	1,656,265
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	16,891	0	498,895
10. Total (Lines 5 through 9)	19,966	1,913,025	(19,084,693)
11. Net cash from operations (Line 4 minus Line 10)	249,919	(1,896,540)	31,640,608
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	3,170,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	3,170,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	3,126,117
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	3,126,117
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	43,883
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	19,966	1,909,757	(131,551)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	19,966	1,909,757	(131,551)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	269,885	13,217	31,552,939
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	31,631,783	78,843	78,843
19.2 End of period (Line 18 plus Line 19.1)	31,901,668	92,060	31,631,783

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Period:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (a)	0													
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	0
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	0

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Dental only					0	0
5. Vision only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	0	0	0	0	0	0
14. Health care receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13-14+15+16)	0	0	0	0	0	0

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

1 Summary of Significant Accounting Policies

(A) - Accounting Practices

Merit Health Insurance Company (the "Company") prepares its statutory-basis financial statements in conformity with accounting practices prescribed or permitted by the Arizona Department of Insurance (the "Department"), which represents a comprehensive basis of accounting other than U.S. generally accepted accounting principles. The Department requires that insurance companies domiciled in Arizona prepare their statutory-basis financial statements in accordance with the Codified National Association of Insurance Commissioners' ("NAIC") Statements of Statutory Accounting Principles ("SSAP"), subject to any deviations prescribed or permitted by the Department. The Company is not aware of any differences between the NAIC and the Department with respect to accounting practices that would have an impact on the accompanying statutory-basis financial statements. In addition, the accompanying statutory-basis financial statements have been prepared in accordance with the Annual Statement instructions and the NAIC Accounting Practices and Procedures manual.

State of Domicile: Arizona	2023	2022
Net Income		
Merit Health Insurance Company State Basis test	$ 272,735	$ 1,228,843
State Prescribe Practices that increase/(decrease) NAIC SAP	$ -	$ -
State Permitted Practices that increase/(decrease) NAIC SAP	$ -	$ -
NAIC SAP	$ 272,735	$ 1,228,843
SURPLUS		
Merit Health Insurance Company State Basis	$ 40,379,284	$ 40,103,822
State Prescribe Practices that increase/(decrease) NAIC SAP	$ -	$ -
State Permitted Practices that increase/(decrease) NAIC SAP	$ -	$ -
NAIC SAP	$ 40,379,284	$ 40,103,822

(B) - Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Estimates of the Company include, among other things, contract receivables realization and the establishment of claims unpaid reserves. Actual results could differ from those estimates.

(C) – Accounting Policies

Fair Value of Financial Instruments

The Company currently does not have any assets or liabilities that are required to be measured at fair value on a recurring basis. SSAP No. 100 "Fair Value Measurements", defines fair value, establishes a framework for measuring fair value and establishes disclosures about fair value. The carrying value of the Company's financial instruments classified as current assets (other than short-term investments) and current liabilities approximate fair value due to their short maturities. As of December 31, 2022, the Company had no short-term investments; the carrying value and fair value of the Company's long-term investments totaled $3,140,761 and $3,077,372, respectively. As of March 31, 2023, the Company had no short-term investments; the carrying value and fair value of the Company's long-term investments totaled $3,147,821 and $3,101,663, respectively.

Cash, Cash Equivalents and Short-term Investments

Cash consists of cash on hand and in financial institutions, along with certificates of deposit with maturity dates at the time of acquisition of one year or less. Cash equivalents are short-term, highly liquid interest-bearing investments with maturity dates of three months or less when acquired. Short-term investments have maturities of one year or less at the time of acquisition (excluding those investments classified as cash equivalents) and are recorded at amortized cost using the straight-line basis, except in cases where NAIC designation requires them to be carried at the lower of amortized cost or fair value. As of December 31, 2022, the Company held cash equivalents that consisted of money market mutual funds totaling $35,000. The Company held cash equivalents as of March 31, 2023, that consisted of money market mutual funds totaling $31,896,671.

Long-term Investments

Long-term investments have maturities in excess of one year from the date of acquisition and are recorded at amortized cost using the straight-line basis, except in cases where NAIC designation requires them to be carried at the lower of amortized cost or fair value. For the periods presented, the Company's long-term investments consist of U.S. Treasury securities.

Investment Securities

The Company periodically evaluates whether any declines in the fair value of investment securities are other-than-temporary. This evaluation consists of a review of several factors, including but not limited to: the length of time and extent that a security has been in an unrealized loss position; the existence of an event that would impair the issuer's future earnings potential; the near-term prospects for recovery of the market value of a security; and the intent and ability of the Company to hold the security until the market value recovers. Declines in value below cost for investments where it is considered probable that all contractual terms of the investment will be satisfied, the decline is due primarily to changes in interest rates (and not because of increased credit risk), and where the Company intends and has the ability to hold the investment for a period of time sufficient to allow a market recovery, are not assumed to be other-than-temporary. As of December 31, 2022, and March 31, 2023, the Company did not have any other-than-temporary impairments.

Contract Receivables

Contract receivables consist of amounts due from customers for capitated services. Collateral is generally not required. Contract receivables are admitted in the accompanying statutory-basis financial statements pursuant to the provisions of SSAP No. 84, "Certain Health Care Receivables and Receivables under Government Insured Plans" ("SSAP 84"). Evaluation of the collectability of amounts receivable is based upon factors surrounding the credit risk of specific customers, historical trends and other information. If it is probable the balance is uncollectible, any uncollectible receivable shall be written off and charged to income in the period the determination is made.

Amounts receivable relating to uninsured plans for claims and other costs paid by the administrator on behalf of the third party at risk and fees related to the services provided by the administrator to the plan are to be segregated from other receivables. In accordance with SSAP 84, receivables associated with uninsured plans are considered an admitted asset, including amounts over ninety days past due.

Revenue Recognition

Revenue associated with providing managed behavioral healthcare and substance abuse services on a risk basis is recognized over the applicable coverage period on a per member basis for covered members. The Company is paid a per member fee for all covered members, and this fee is recorded as revenue in the month in which members are entitled to service. The Company adjusts its revenue for retroactive membership terminations, additions and other changes, when such adjustments are identified, with the exception of retroactivity that can be reasonably estimated. The impact of retroactive rate amendments is generally reported in the accounting period that terms to the amendment are finalized, and that the amendment is executed. Any fees paid prior to the month of service are recorded as deferred revenue.

The Centers for Medicare & Medicaid Services ("CMS") premium, the member premium and the low-income premium subsidy represent payments for the Company's insurance risk coverage under Medicare Part D program and, therefore, are recorded as premium revenues. Premium revenues are recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits.

Low Income Cost Sharing ("LICS"), catastrophic reinsurance and coverage gap subsidies from CMS represent cost reimbursements under the Medicare Part D program. Amounts received for these subsidies are not reflected as premium revenues, but rather are accounted for as deposits, with the related asset or liability recorded in either Amounts receivable related to uninsured plans, net or Amounts held under uninsured plans, net in the balance sheets.

The Company did not generate premium revenue for the period ended March 31, 2023. There was no increase in amounts due from CMS under a risk sharing feature of the Medicare Part D plan design referred to as the "risk corridor". Risk corridor amounts are recorded as an adjustment to premiums. Based on settlement position, amounts due to or from CMS under the risk sharing feature are recorded in either Health Policy Reserves or Accrued Retrospective Premiums in the accompanying balance sheets.

Due to the risk corridor, the Company's business is accounted for as a retrospectively rates contract. The Company estimates amounts due to or from CMS under the risk corridor feature using a mathematical approach based on the Company's underwriting experience. It is at least reasonably possible that these estimates could differ from the amounts that are ultimately settled with CMS and that such a change in the estimates could be material to the financial statements. There no premiums written during the period ended March 31, 2023 that were subject to the retrospective feature.

Claims Costs and Liability for Unpaid Claims

Claims costs are recognized in the period in which covered members receive behavioral healthcare services. In addition to actual benefits paid, claims costs include the impact of accruals for estimates of claims unpaid. Claims unpaid represents the liability for healthcare claims reported but not yet paid and claims incurred but not yet reported ("IBNR") related to the Company's managed healthcare business. Such liabilities are determined by employing actuarial methods that are commonly used by health insurance actuaries and meet actuarial standards of practice.

The IBNR portion of claims unpaid is estimated based on past claims payment experience for member groups, enrollment data, utilization statistics, authorized healthcare services and other factors. This data is incorporated into contract-specific actuarial reserve models and is further analyzed to create "completion factors" that represent the average percentage of total incurred claims that have been paid through a given date after being incurred. Factors that affect estimated completion factors include benefit changes, enrollment changes, shifts in product mix, seasonality influences, provider reimbursement changes, changes in claims inventory levels, the speed of claims processing and changes in paid claim levels. Completion factors are applied to claims paid through the financial statement date to estimate the ultimate claim expense incurred for the current period. Actuarial estimates of claims unpaid are then determined by subtracting the actual paid claims from the estimate of the ultimate incurred claims. For the most recent incurred months (generally the most recent two months), the percentage of claims paid for claims incurred in those months is generally low. This makes the completion factor methodology less reliable for such months. Therefore, incurred claims for any month with a completion factor that is less than 70 percent are generally not projected from historical completion and payment patterns; rather they are projected by estimating claims expense based on recent monthly estimated cost incurred per member per month times membership, taking into account seasonality influences, benefit changes and healthcare trend levels, collectively considered to be "trend factors".

Claims unpaid balances are continually monitored and reviewed. If it is determined that the Company's assumptions in estimating such liabilities are different than actual results, the Company's results of operations and financial position could be impacted in future periods. Adjustments of prior period estimates may result in additional claims costs or a reduction of claims costs in the period an adjustment is made. Further, due to the considerable variability of healthcare costs, adjustments to claims unpaid occur each period and are sometimes significant as compared to the net income recorded in that period. Prior period development is recognized immediately upon the actuary's judgment that a portion of the prior period liability is no longer needed or that additional liability should have been accrued.

Actuarial standards of practice require that claims unpaid be adequate under moderately adverse circumstances. Adverse circumstances are situations in which actual claims experience could be higher than the otherwise estimated value of such claims. In many situations, the claims paid amount experienced will be less than the estimate that satisfies the actuarial standards of practice.

(D) - Going Concern

There is no substantial doubt about the Company's ability to continue as a going concern.

2 Accounting Changes and Corrections of Errors

None.

3 Business Combinations and Goodwill

None.

4 Discontinued Operations

None.

5 Investments

(A) – (K) None. The Company does not have investments in mortgage loans, debt restructuring, reverse mortgages, loan-backed securities, repurchase agreements, real estate or low-income housing tax credits.

(L) Restricted Assets

(1) Restricted Assets (Including Pledged):

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Resricted	Total Current Year Admitted Resricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	$ -	$ -	$ -	$ -	$ -	0.0%	0.0%
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							
i. FHLB capital stock							
j. On deposit with states	3,182,822	3,175,762	7,060	-	3,182,822	7.8%	7.8%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (incuding assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	3,182,822	3,175,762	$ 7,060	$ -	$ 3,182,822	7.8%	7.8%

(2) – (4) None.

(M) – (R) None.

6 Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

7 Investment Income

The Company admitted all investment income due and accrued as of December 31, 2022 and March 31, 2023, which totaled $25,801 and $137,278, respectively.

8 Derivative Instruments

None.

9 Income Taxes

For the period prior to January 5, 2022, the Company's federal income tax return is consolidated with Magellan, and its eligible subsidiaries. For the period beginning January 5, 2022, and ending December 1, 2022, the Company's federal income tax return is consolidated with Centene Corporation ("Centene"), and its eligible subsidiaries. For the period December 2, 2022 through December 31, 2022, the Company will file its own federal tax return. The tax sharing agreement with Centene termed on December 2, 2022, and any taxes due were settled.

Centene allocated federal income tax expense of $344,939 to the Company for its share of the federal income tax provision for the period from January 5, 2022 through December 1, 2022. In accordance with the Company's prior year tax sharing agreement. For the period beginning January 1, 2022, and ending January 4, 2022, the Company was not allocated any federal income tax expense. For the period from December 2, 2022 through December 31, 2022 the Company recorded a federal income benefit of ($18,285). The Company recorded a federal tax expense of $72,499 for the period ending March 31, 2023. The Company pays premium taxes in lieu of state income taxes.

(A) – (B) None. The Company did not have a tax deferred asset or liability as of December 31, 2022 or March 31, 2023.

(C) Current income taxes incurred consist of the following major components:

	(1) 3/31/2023	(2) 12/31/2022	(3) (Col 1-2) Change
(1) Current Income (Benefit) Tax			
(a) Federal	$ 72,499	$ 326,655	$ (254,156)
(b) Foreign	$ -	$ -	$ -
(c) Subtotal	$ 72,499	$ 326,655	$ (254,156)
(d) Federal income tax on net capital gains	$ -	$ -	$ -
(e) Unilization of capital loss carry-forwards	$ -	$ -	$ -
(f) Other	$ -	$ -	$ -
(g) Federal and foreign income taxes incurred	$ 72,499	$ 326,655	$ (254,156)

(D) Not applicable.

(E) Not applicable.

(F) For January 1, 2022 through December 1, 2022 federal income tax reporting purposes, the Company's operations are included in Magellan's consolidated federal income tax returns. The Company has a tax allocation agreement with Magellan. The current agreement calls for an allocation based on the Company's book pre-tax income adjusted for permanent items and considering the ultimate parent's federal statutory rate and applicable state statutory rate. Also, the agreement is to be revenue neutral to Magellan and other Magellan subsidiaries in that the Company's tax liability or benefit is not any different than if it filed separate federal and state income tax returns. For the year ended December 31, 2023, the Company will file its own federal tax return.

(G) Not applicable.

10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

(A) – (C) The Company is a direct subsidiary of Morocco Acquisitions, LLC. Morocco Acquisitions is a wholly owned subsidiary of Prime Therapeutics, LLC ("Prime"). Prime is engaged diversified pharmacy solutions serving health plans, employers and government programs.

Except for amounts due to other Prescription Drug Plans ("PDPs"), all claims paid and incurred for pharmacy claims are based on amounts billed by Magellan Rx filled by pharmacies in Magellan Rx's pharmacy network. Additionally, all pharmaceutical rebates are received or receivable from Magellan Rx, which contracts with pharmaceutical manufacturers for such rebates. Payment terms require settlement of rebates within one hundred and eighty days following the end of each contract quarter following receipt of such rebates by Magellan Rx.

(D) Amounts receivable from or payable to parent, subsidiaries and affiliates are non-interest bearing and are settled within ninety days of quarter-end. As of December 31, 2022, the Company reported $23,951 as the amount due to parent, subsidiaries and affiliates, which is primarily comprised of amounts due for uninsured pharmacy claims processed and management fees from the Parent. As of March 31, 2023, the Company reported $40,842 as the amount due to parent, subsidiaries and affiliates, which is primarily comprised of amounts due for uninsured pharmacy claims processed and management fees. For 2021, under an administrative services agreement between Magellan Healthcare and the Company, Magellan Healthcare performs certain collection and payment activities on behalf of the Company. In addition, Magellan Healthcare performs certain administrative and operational functions, which includes legal, underwriting and accounting services. The amount charged to the Company relating to these services for the year ended December 31, 2022 totaled $84,800. There were no administrative fees charge to the Company period ended March 31, 2023.

(E) None.

(F) As mentioned above, under an administrative services agreement between Magellan Healthcare and the Company, Magellan Healthcare performs certain collection and payment activities on behalf of the Company. In addition, Magellan Healthcare performs certain administrative and operational functions, which includes legal, underwriting and accounting services. The administrative service agreement with Magellan terminated on December 2, 2022 due to sale to Prime.

(G) All outstanding shares of the Company are held by Prime as noted above.

(H) None.

(I) None

(J) – (O) Not applicable.

11 Debt

None.

12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None.

13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(1) The Company has 10,000,000 shares of common stock authorized, with 2,000,000 shares issued and outstanding at a $1.00 par value.
(2) The Company has no preferred stock issued or outstanding.
(3) Dividends to stockholders are limited by Arizona statute, and are generally payable from accumulated surplus funds that are derived from realized net operating profits on its business and realized net capital gains on its investments. Dividend requests over specified thresholds require approval of the Department.
(4) There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders
(5) There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders, however it must not exceed 10% of the prior year capital & surplus.
(6) There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
(7) The Company does not have any advances to surplus.
(8) The Company does not hold any stock for special purposes.
(9) The Company does not have a special surplus fund.
(10) The Company does not have unrealized capital gains included in unassigned funds (surplus).
(11) The Company has not issued surplus debentures or similar obligations.
(12) The Company has not had any restatements due to quasi-reorganizations
(13) An extraordinary dividend of $18,000,000 was declared in May 2021 and paid in June 2021. As of March 31, 2023 the Company has not declared or paid a dividend.

14 Liabilities, Contingencies and Assessments

(A) None.
(B) None.
(C) None.
(D) None.
(E) None.
(F) From time to time, the Company is involved in legal actions arising in the ordinary course of business. After taking into consideration legal counsel's evaluation of such actions, management believes that the resolution of such legal actions will not have a material adverse effect on the Company's financial condition or results of operation; however, there can be no assurance in this regard.

The managed healthcare industry is subject to extensive and evolving federal and state regulations. Such laws and regulations cover, but are not limited to, matters such as licensure, accreditation, government healthcare program participation requirements, information privacy and security, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government investigations and allegations have become more frequent concerning possible violations of fraud and abuse and false claims statutes and regulations by healthcare organizations. Violators may be excluded from participating in government healthcare programs, subject to fines or penalties or required to repay amounts received from the government for previously billed services. A violation of such laws and regulations may have a material adverse effect on the Company.

The Company routinely assesses the collectability of its receivables. The Company did not have any allowances recorded on receivables for the year ended December 31, 2022 and period ended March 31, 2023. As of December 31, 2022 and March 31, 2023, the Company did not have non-admitted rebate receivables.

15 Leases

None.

16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company does not have any financial instruments with off-balance sheet risk. Certain financial instruments potentially subject the Company to concentrations of credit risk. These financial instruments consist primarily of cash, investments and receivables. The Company maintains its cash and investments with what it believes to be high-quality financial institutions, and invests in exempt money market funds, U.S. Treasury securities, obligations of U.S. government-sponsored agencies and high-quality commercial paper and corporate debt securities that are believed to have minimal credit risk. The Company's receivables are primarily comprised of contract receivables, rebate receivables, and amounts receivable relating to uninsured plans, all of which are associated with the Medicare Part D Plan.

17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

(A) None.

(B) None.

(C) Medicare or other Similarly Structured Cost Based Reimbursement Contract:

(1) There were no subsidies from Centers for Medicare and Medicaid Services ("CMS") for the year end December 31, 2022 and the period ended March 31, 2023.

(2) As of December 31, 2022 and March 31, 2023, amounts receivable relating to uninsured plans includes $3,574,232 due from CMS or drug manufacturers for LICS, CGDP and drug costs covered by the catastrophic reinsurance feature.
Amounts due from CMS for a plan year for LICS and drugs covered by the catastrophic reinsurance feature are typically settled in the fourth quarter of the following year. Amounts due from CMS for a plan year for CGDP are typically settled sixteen months after the plan year is complete.

(3) As of December 31, 2022, and March 31, 2023, there were no allowances or reserves for adjustment of recorded revenues.

(4) The Company has made no adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20 Fair Value Measurements

The Company currently does not have any assets or liabilities that are required to be measured and reported at fair value on a recurring basis.

(A)

(1) Fair Value Measurements at Reporting Date

Description for each class	Level 1	Level 2	Level 3	Net Asset Value	Total
Investments as of March 31, 2023:					
U.S. Government and agency securities	$ 3,101,663	$ –	$ –	$ –	$ 3,101,663
Total invested assets	$ 3,101,633	$ –	$ –	$ –	$ 3,101,633

(2) None - Fair Value Measurements in (Level 3) of the Fair Value Hierarch.

(3) None – No transfers between levels have been recognized.

(4) For Level 2 obligations of government-sponsored enterprises, valuation is taken from monthly investment brokerage statement.

(5) None.

(B) None.

(C) Aggregate fair value of all financial instruments and level within the fair value hierarchy in which the fair value measurements fall (excluding Common Stock – Investment in Subsidiary accounted for under the equity method):

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	3,101,633	3,101,633	3,101,633	-	-		-

(D) Not Practicable to Estimate Fair Value – None
(E) Not applicable – no investments are measured using the NAV practical expedient.

21 Other Items

(A) None.
(B) None.
(C)

a. On January 4, 2021, Magellan and Centene entered into an Agreement of Plan of Merger (the "Merger Agreement") by and among Magellan, Centene, and Mayflower Merger Sub, Inc., a Delaware corporation and a wholly owned subsidiary of Centene ("Merger Sub"), pursuant to which, subject to the terms and conditions set forth therein, Merger Sub will merge with and into Magellan, with Magellan surviving such merger (the "Merger") as a wholly-owned subsidiary of Centene. The Merger Agreement closed on January 4, 2022, resulting in Magellan becoming a wholly owned subsidiary of Centene as of such date.
b. On May5, 2022, Magellan and Centene entered into an Agreement to sell Magellan Rx to Prime, of which Merit Health is a subsidiary. Magellan Rx surviving such merger (the "Merger") as a wholly-owned subsidiary of Prime Therapeutics. The sale closed December 3, 2022, resulting in Magellan Rx becoming a wholly owned subsidiary of Prime as of such date.

22 Events Subsequent

Type I – Recognized Subsequent Events:

None

Type II – Nonrecognized Subsequent Events:

None

23 Reinsurance

(A) The Company has no ceded reinsurance.
(B) The Company did not write off any uncollectible reinsurance balances during the year ended December 31, 2022 and March 31, 2023.
(C) The Company has no ceded reinsurance.
(D) Not applicable.

24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

(A) The Company's Medicare Part D contract with CMS contains a risk corridor feature. Due to the risk corridor feature, the Company's business is accounted for as a retrospectively rated contract. The Company estimates retrospective premium adjustments using a mathematical approach based on the Company's underwriting experience. As of December 31, 2022, accrued retrospective premium adjustments were reported as accrued retrospective premiums of $2,104,766. As of March 31, 2023, accrued retrospective premium adjustments were reported as accrued retrospective premiums of $2,104,766.
(B) The Company records the risk corridor adjustment as an adjustment to earned premiums.
(C) The amount of the retrospective premium risk corridor for the period ended December 31, 2022 represented 100% of total premiums written. The was no retrospective premium risk corridor for the period ended March 31, 2023.
(D) None.
(E) The Company only provides coverage under a Medicare Part D contract and does not provide coverage subject to the ACA risk-sharing provisions.

25 Change in Incurred Claims and Claim Adjustment Expenses

None.

26 Intercompany Pooling Arrangements

(A) – (G) None.

27 Structured Settlements

Not applicable.

28 Health Care Receivables

(A) The Company has contracted with Magellan Rx for pharmaceutical rebates. Amounts recorded in the Company's financial statements are determined based on the amounts Magellan Rx has collected or expects to collect as invoiced or otherwise confirmed by Magellan Rx. The Company reports pharmaceutical rebates due to/from Magellan Rx as healthcare receivables. The Company had no healthcare receivables for the period ended December 31, 2022 and March 31, 2023.

(B) The Company has no risk sharing receivables.

29 Participating Policies

None.

30 Premium Deficiency Reserves

Premium deficiency reserves are established for the amount of the anticipated claims and other acquisition costs, and maintenance costs that have not previously been expensed in excess of the recorded unearned premium reserve and future installment premiums, if any, on existing contracts. As of December 31, 2022, and March 31, 2023 the Company held no premium deficiency reserves.

31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

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 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 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

4.2 If yes, provide the name of 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2020

6.2 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. 12/31/2020

6.3 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). 06/27/2022

6.4 By what department or departments?

Arizona Department of Insurance .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]

7.1 Has this 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]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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

9.1 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.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... $ .....

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... $ 0

13. Amount of real estate and mortgages held in short-term investments: ..... $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$
14.22	Preferred Stock	$ 0	$
14.23	Common Stock	$ 0	$
14.24	Short-Term Investments	$ 0	$
14.25	Mortgage Loans on Real Estate	$	$
14.26	All Other	$	$
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	$.....0
16.2	Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	$.....0
16.3	Total payable for securities lending reported on the liability page	$.....0

17. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank - Trust Services	205 S. 5th Street, P.O. Box 19264, Springfield, IL 62794-9264

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

17.5 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. 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

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 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

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

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

GENERAL INTERROGATORIES

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

21. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	0.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	%
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X] No [ ]
3.1 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 [ ]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
			NONE						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama AL	L								0	
2. Alaska AK	L								0	
3. Arizona AZ	L								0	
4. Arkansas AR	L								0	
5. California CA	L								0	
6. Colorado CO	L								0	
7. Connecticut CT	L								0	
8. Delaware DE	L								0	
9. Dist. Columbia DC	L								0	
10. Florida FL	N								0	
11. Georgia GA	L								0	
12. Hawaii HI	L								0	
13. Idaho ID	L								0	
14. Illinois IL	L								0	
15. Indiana IN	L								0	
16. Iowa IA	L								0	
17. Kansas KS	L								0	
18. Kentucky KY	L								0	
19. Louisiana LA	L								0	
20. Maine ME	L								0	
21. Maryland MD	L								0	
22. Massachusetts MA	L								0	
23. Michigan MI	L								0	
24. Minnesota MN	L								0	
25. Mississippi MS	L								0	
26. Missouri MO	L								0	
27. Montana MT	L								0	
28. Nebraska NE	L								0	
29. Nevada NV	L								0	
30. New Hampshire NH	L								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	L								0	
33. New York NY	L								0	
34. North Carolina NC	L								0	
35. North Dakota ND	L								0	
36. Ohio OH	L								0	
37. Oklahoma OK	L								0	
38. Oregon OR	L								0	
39. Pennsylvania PA	L								0	
40. Rhode Island RI	L								0	
41. South Carolina SC	L								0	
42. South Dakota SD	L								0	
43. Tennessee TN	L								0	
44. Texas TX	L								0	
45. Utah UT	L								0	
46. Vermont VT	L								0	
47. Virginia VA	L								0	
48. Washington WA	L								0	
49. West Virginia WV	L								0	
50. Wisconsin WI	L								0	
51. Wyoming WY	L								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
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	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 49
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 8

Prime Therapeutics LLC																26-0076803	DE	
	Morocco Acquisition LLC															88-2206384	DE	
		Veridicus Holdings, LLC														20-5869805	UT	
			VeridicusRx, LLC													20-5869661	UT	
			VRx Pharmacy, LLC													27-1709681	UT	
			Alliance Enrollment Technology, LLC													47-2470083	UT	
			Verdicus Acquisition, LLC													No FEIN	UT	
			Veridicus Consulting, LLC													20-5869938	UT	
		Magellan Rx Pharmacy, LLC														02-0676924	DE	
		Magellan Rx Management, LLC														46-3708039	DE	
			VRx, LLC													27-1175996	UT	
			4-D Pharmacy Management Systems, LLC													38-2828392	MI	
		Magellan Pharmacy Solutions, LLC														45-5337607	DE	
		Magellan Method, LLC														20-3733934	RI	
		Magellan Rx Management IPA, LLC														81-0997690	NY	
		Magellan Medicaid Administration, LLC														54-0849793	VA	
		FHC, Inc.														Canada	Ontario, Canada	
		Provider Synergies, LLC														31-1597878	OH	
		Magellan Pharmacy Solutions, LLC														45-5337607	DE	
		Granite Alliance Insurance Company														46-1792156	UT	15100
		Merit Health Insurance Company														36-3856181	AZ	18750
	Prime Together Foundation															85-3062887	MN	
	Prime Landing Insurance Company LLC															87-4334710	VT	
	Ascent Health Services LLC															83-4454479	DE	
	Synergie Medication Collective, LLC															88-4338512	DE	

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
05036	Prime Therapeutics LLC	00000	26-0076803				Prime Therapeutics LLC	DE	UIP	Health Care Service Corporation	Ownership	39.0		NO	0
05036	Prime Therapeutics LLC	00000	26-0076803				Prime Therapeutics LLC	DE	UIP	Blue Cross Blue Shield of Alabama, Inc.	Ownership	12.0		NO	0
05036	Prime Therapeutics LLC	00000	88-2206384				Morocco Acquisition LLC	DE	UDP	Prime Therapeutics LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	20-5869805				Veridicus Holdings, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	27-1709681				VRx Pharmacy, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	20-5869938				Veridicus Consulting, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	20-5869661				Veridicus Rx, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	47-2470083				Alliance Enrollment Technology, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000					Verdicus Acquisition, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	02-0676924				Magellan Rx Pharmacy, LLC	DE	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	46-3708039				Magellan Rx Management, LLC	DE	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	27-1175996				VRx, LLC	UT	NIA	Magellan Rx Management, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	38-2828392				4-D Pharmacy Management Systems, LLC	MI	NIA	Magellan Rx Management, LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	45-5337607				Magellan Pharmacy Solutions, LLC	DE	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	20-3733934				Magellan Method, LLC	RI	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	81-0997690				Magellan Rx Management IPA, LLC	NY	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	54-0849793				Magellan Medicaid Administration, LLC	VA	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000					FHC, Inc.		NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	31-1597878				Provider Synergies, LLC	OH	NIA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	18750	36-3856181				Merit Health Insurance Company	AZ	RE	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	15100	46-1792156				Granite Alliance Insurance Company	UT	IA	Morocco Acquisition LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	85-3062887				Prime Together Foundation	MN	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	87-4334710				Prime Landing Insurance Company LLC	VT	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Therapeutics LLC	NO	0
05036	Prime Therapeutics LLC	00000	83-4454479				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.0	Board of Directors	NO	0
05036	Prime Therapeutics LLC	00000	83-4454479				Ascent Health Services LLC	DE	NIA	Kroger Prescription Plan	Ownership	10.0	Board of Directors	NO	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
05036	Prime Therapeutics LLC	00000	83-4454479				Ascent Health Services LLC	DE	NIA	Prime Therapeutics LLC	Ownership	10.0	Board of Directors	NO	0
05036	Prime Therapeutics LLC	00000	88-4338512				Synergie Medication Collective, LLC	DE	NIA	Prime Therapeutics LLC	Ownership	40.0	Board of Directors	NO	0
05036	Prime Therapeutics LLC	00000	88-4338512				Synergie Medication Collective, LLC	DE	NIA	CarelonRx	Ownership	26.7	Board of Directors	NO	0
05036	Prime Therapeutics LLC	00000	88-4338512				Synergie Medication Collective, LLC	DE	NIA	Evio Pharmacy Solutions, LLC	Ownership	17.2	Board of Directors	NO	0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,140,761	3,174,418
2. Cost of bonds and stocks acquired		3,126,117
3. Accrual of discount	7,131	14,820
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		3,170,000
7. Deduct amortization of premium		4,595
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	3,147,892	3,140,761
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	3,147,892	3,140,761

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	3,140,761			7,131	3,147,892	0	0	3,140,761
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	3,140,761	0	0	7,131	3,147,892	0	0	3,140,761
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	3,140,761	0	0	7,131	3,147,892	0	0	3,140,761

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ ..... ; NAIC 2 $ ..... ;
NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... ; NAIC 6 $ .....

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	35,071	0
2. Cost of cash equivalents acquired	31,866,572	560,246
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	4,973	525,176
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	31,896,670	35,071
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	31,896,670	35,071

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Wells Fargo					28,295	28,418	4,997	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	28,295	28,418	4,997	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	28,295	28,418	4,997	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	28,295	28,418	4,997	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds – as Identified by SVO								
31846V-41-9	FIRST AMER:TRS OBG V		02/28/2023	4.550	XXX		1	
94975H-29-6	ALLSPRING:TRS+ MM I		03/02/2023	4.610	XXX	35,000	128	353
8209999999 - Exempt Money Market Mutual Funds – as Identified by SVO						35,000	129	353
All Other Money Market Mutual Funds								
31846V-44-3	FIRST AMER:GVT OBLG V		02/02/2023	4.490	XXX	0		
38141W-27-3	GOLDMAN:FS GOVT INST		03/06/2023	4.720	XXX	31,861,670	123,146	184,701
8309999999 - All Other Money Market Mutual Funds						31,861,670	123,146	184,701
8609999999 Total Cash Equivalents						31,896,670	123,275	185,054

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2023 OF THE Merit Health Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....01260 NAIC Company Code.....18750

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	0	XXX		XXX	0
2. Earned Premiums	0	XXX		XXX	XXX
3. Claims Paid	0	XXX		XXX	0
4. Claims Incurred	(195)	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		0
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid	4,139	XXX		XXX	4,139
8. Expenses Incurred	41,369	XXX		XXX	XXX
9. Underwriting Gain or Loss	(41,174)	XXX	0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(4,139)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: $ 3,574,232 due from CMS or $ .....due to CMS