



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
MCNA Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 14063 Employer's ID Number 52-2459969
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/20/2011 Commenced Business 05/04/2011

Statutory Home Office 8200 Northwest Parkway San Antonio, TX, US 78249
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7901 SW 6th Ct, Suite 400
(Street and Number)
Plantation, FL, US 33324 800-494-6262
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740370 Atlanta, GA, US 30374
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400
(Street and Number)
Plantation, FL, US 33324 800-494-6262
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.mcna.net

Statutory Statement Contact Brandon Robert Maple 952-979-7456
(Name) (Area Code) (Telephone Number)
brandon10_maple@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Colleen Hastings Van Ham Treasurer Marilyn Victoria Hirsch #
Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

OTHER

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

DIRECTORS OR TRUSTEES

Michael Charles Brody Mitchell Robert Davis Scott Frederick Flannery
Colleen Hastings Van Ham Thomas Patrick Wiffler

State of _____ County of _____ State of _____ County of _____ State of IL County of Cook

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.

Mitchell Robert Davis
Chief Financial Officer

Michael Charles Brody
Secretary

Colleen Hastings Van Ham
Colleen Hastings Van Ham
Chief Executive Officer

Subscribed and sworn to before me this _____ day of _____

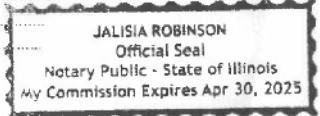
Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this 18th day of October, 2024
Jessie Novin

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.....





HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
 OF THE CONDITION AND AFFAIRS OF THE
MCNA Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 14063 Employer's ID Number 52-2459969
 (Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/20/2011 Commenced Business 05/04/2011

Statutory Home Office 6200 Northwest Parkway San Antonio, TX, US 78249
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7901 SW 6th Ct, Suite 400
Plantation, FL, US 33324 800-494-6262
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740370 Atlanta, GA, US 30374
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400
Plantation, FL, US 33324 800-494-6262
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.mcna.net

Statutory Statement Contact Brandon Robert Maple 952-979-7456
 (Name) (Area Code) (Telephone Number)
brandon10_maple@uhc.com 952-931-4651
 (E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Colleen Hastings Van Ham Treasurer Marilyn Victoria Hirsch #
 Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

OTHER

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

DIRECTORS OR TRUSTEES

Michael Charles Brody Mitchell Robert Davis Scott Frederick Flannery
Colleen Hastings Van Ham Thomas Patrick Wffler

State of _____ State of Pennsylvania State of _____
 County of _____ County of Montgomery 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.

Mitchell Robert Davis Michael Charles Brody Colleen Hastings Van Ham
 Chief Financial Officer Secretary Chief Executive Officer

Subscribed and sworn to before me this _____ day of _____
 Subscribed and sworn to before me this 19th day of October, 2024
Stephanie Sullivan
 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 _____

Commonwealth of Pennsylvania - Notary Seal
 STEPHANIE SULLIVAN - Notary Public
 Montgomery County
 My Commission Expires February 28, 2028
 Commission Number 1441901



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
 OF THE CONDITION AND AFFAIRS OF THE

MCNA Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 14063 Employer's ID Number 52-2459959
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/20/2011 Commenced Business 05/04/2011

Statutory Home Office 6200 Northwest Parkway San Antonio, TX, US 78249
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7901 SW 6th Ct, Suite 400
(Street and Number)
Plantation, FL, US 33324 800-494-6262
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740370 Atlanta, GA, US 30374
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400
(Street and Number)
Plantation, FL, US 33324 800-494-6262
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.mcna.net

Statutory Statement Contact Brandon Robert Maple 952-979-7456
(Name) (Area Code) (Telephone Number)
brandon10_maple@uhc.com 952-931-4851
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Colleen Hastings Van Ham Treasurer Marilyn Victoria Hirsch #
 Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

OTHER

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

DIRECTORS OR TRUSTEES

Michael Charles Brody Mitchell Robert Davis Scott Frederick Flannery
Colleen Hastings Van Ham Thomas Patrick Wiffler

State of Minnesota State of _____ State of _____
 County of Hennepin 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.

Mitchell Robert Davis
 Chief Financial Officer

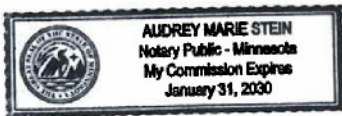
Michael Charles Brody
 Secretary

Colleen Hastings Van Ham
 Chief Executive Officer

Subscribed and sworn to before me this 23rd day of October, 2024
Audrey Marie Stein

Subscribed and sworn to before me this _____ day of _____

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.....

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	181,603,491	0	181,603,491	223,244,572
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
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 (\$5,944,014), cash equivalents (\$8,135,864) and short-term investments (\$0)	14,079,878	0	14,079,878	67,276,314
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	107,691
10. Securities lending reinvested collateral assets	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)	195,683,369	0	195,683,369	290,628,577
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,182,522	0	1,182,522	1,381,038
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	30,203,793	0	30,203,793	14,100,140
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	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	1,059,537
18.2 Net deferred tax asset	8,881,822	0	8,881,822	4,343,728
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	5,143	5,143	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	3,311,843
24. Health care (\$0) and other amounts receivable	0	0	0	1,143,754
25. Aggregate write-ins for other than invested assets	4,592,611	366,979	4,225,632	421,261
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	240,549,260	372,122	240,177,138	316,389,878
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	240,549,260	372,122	240,177,138	316,389,878
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 Premium Tax	4,129,473	0	4,129,473	0
2502. State Tax Receivable	96,159	0	96,159	0
2503. Prepaid Miscellaneous	366,979	366,979	0	421,261
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)	4,592,611	366,979	4,225,632	421,261

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	35,817,677	0	35,817,677	57,716,815
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	1,040,140	0	1,040,140	1,042,986
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	72,039,194	0	72,039,194	111,965,805
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,913,660	0	1,913,660	1,685,911
9. General expenses due or accrued	3,362,292	0	3,362,292	3,061,716
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	10,999,619	0	10,999,619	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.....	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$10,000,000 current) and interest thereon \$1,667 (including \$1,667 current)	10,001,667	0	10,001,667	0
15. Amounts due to parent, subsidiaries and affiliates	408,210	0	408,210	320,698
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 \$395,065 current)	395,065	0	395,065	105,331
24. Total liabilities (Lines 1 to 23)	135,977,524	0	135,977,524	175,899,262
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	0
28. Gross paid in and contributed surplus	XXX	XXX	28,000,000	28,000,000
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	74,199,614	110,490,616
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	104,199,614	140,490,616
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	240,177,138	316,389,878
DETAILS OF WRITE-INS				
2301. State Agency Funded Liabilities	265,296	0	265,296	0
2302. Unclaimed Property	129,769	0	129,769	105,331
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)	395,065	0	395,065	105,331
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	24,392,208	34,398,406	44,800,935
2. Net premium income (including \$0 non-health premium income).....	XXX	456,942,936	702,617,427	904,329,935
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	54,359,464	(6,949,196)	(22,519,226)
4. Fee-for-service (net of \$0 medical expenses).....	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	62,277
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	511,302,400	695,668,231	881,872,986
Hospital and Medical:				
9. Hospital/medical benefits	0	0	574,127,092	751,099,563
10. Other professional services	0	472,844,798	0	0
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	0	0	0
14. Aggregate write-ins for other hospital and medical	0	0	61,967	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Lines 9 to 15)	0	472,844,798	574,189,059	751,099,563
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	472,844,798	574,189,059	751,099,563
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$0 cost containment expenses	0	(2,846)	(468,217)	(213,857)
21. General administrative expenses	0	67,271,474	102,940,353	109,423,319
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	21,823,996	0	19,785,195
23. Total underwriting deductions (Lines 18 through 22).....	0	561,937,422	676,661,195	880,094,220
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(50,635,022)	19,007,036	1,778,766
25. Net investment income earned	0	4,016,234	6,047,411	8,066,661
26. Net realized capital gains (losses) less capital gains tax of \$53,284	0	200,451	69,518	(71,452)
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,216,685	6,116,929	7,995,209
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)].....	0	0	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	(46,418,337)	25,123,965	9,773,975
31. Federal and foreign income taxes incurred	XXX	(5,181,129)	5,453,475	5,725,225
32. Net income (loss) (Lines 30 minus 31)	XXX	(41,237,208)	19,670,490	4,048,750
DETAILS OF WRITE-INS				
0601. Miscellaneous Income	XXX	0	0	62,277
0602.	XXX			
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	62,277
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. Fines & Penalties	0	0	61,967	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	61,967	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 AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	140,490,616	142,446,223	142,446,222
34. Net income or (loss) from Line 32.....	(41,237,208)	19,670,490	4,048,750
35. Change in valuation basis of aggregate policy and claim reserves.....	.0	.0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	.0	(1,161)	.0
37. Change in net unrealized foreign exchange capital gain or (loss).....	.0	.0	.0
38. Change in net deferred income tax.....	4,538,094	662,555	4,318,288
39. Change in nonadmitted assets.....	408,112	(2,196,196)	(322,644)
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	.0
44. Capital Changes:			
44.1 Paid in.....	.0	.0	.0
44.2 Transferred from surplus (Stock Dividend).....	.0	.0	.0
44.3 Transferred to surplus.....	.0	.0	.0
45. Surplus adjustments:			
45.1 Paid in.....	.0	.0	.0
45.2 Transferred to capital (Stock Dividend).....	.0	.0	.0
45.3 Transferred from capital.....	.0	.0	.0
46. Dividends to stockholders.....	.0	.0	(10,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	.0	(7,772,386)	.0
48. Net change in capital & surplus (Lines 34 to 47).....	(36,291,002)	10,363,282	(1,955,606)
49. Capital and surplus end of reporting period (Line 33 plus 48)	104,199,614	152,809,505	140,490,616
DETAILS OF WRITE-INS			
4701. C&S Adjustment.....	.0	(7,772,386)	.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	(7,772,386)	0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

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	434,819,643	693,983,293	899,422,619
2. Net investment income	4,997,808	6,706,581	6,987,888
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	439,817,451	700,689,874	906,410,507
5. Benefit and loss related payments	494,743,936	582,396,296	783,576,697
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	70,750,113	103,824,981	111,474,947
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	(17,187,000)	8,452,756	8,266,685
10. Total (Lines 5 through 9)	548,307,049	694,674,033	903,318,329
11. Net cash from operations (Line 4 minus Line 10)	(108,489,598)	6,015,841	3,092,178
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	48,325,473	12,179,279	15,650,921
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	9	0	0
12.7 Miscellaneous proceeds	107,691	0	161,897
12.8 Total investment proceeds (Lines 12.1 to 12.7)	48,433,173	12,179,279	15,812,818
13. Cost of investments acquired (long-term only):			
13.1 Bonds	7,189,827	15,780,587	15,935,383
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	(22,288)
13.6 Miscellaneous applications	0	(69,518)	107,691
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,189,827	15,711,069	16,020,786
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)	41,243,346	(3,531,790)	(207,968)
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	10,001,667	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	10,000,000
16.6 Other cash provided (applied)	4,048,149	(14,656,263)	(17,201,007)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	14,049,816	(14,656,263)	(27,201,007)
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)	(53,196,436)	(12,172,212)	(24,316,797)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	67,276,314	91,593,111	91,593,111
19.2 End of period (Line 18 plus Line 19.1)	14,079,878	79,420,899	67,276,314

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

--	--	--	--

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Denial Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	3,200,936	0	0	0	0	0	0	0	3,200,936	0	0	0	0	0
2. First Quarter	2,739,175	0	0	0	0	0	0	0	2,739,175	0	0	0	0	0
3. Second Quarter	2,663,509	0	0	0	0	0	0	0	2,663,509	0	0	0	0	0
4. Third Quarter	2,631,027	0	0	0	0	0	0	0	2,631,027	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	24,332,208	0	0	0	0	0	0	0	24,332,208	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a)	456,942,936	0	0	0	0	0	0	0	456,942,936	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	511,302,400	0	0	0	0	0	0	0	511,302,400	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	494,743,935	0	0	0	0	0	0	0	494,743,935	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	472,844,798	0	0	0	0	0	0	0	472,844,798	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

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 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 Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	.0	.0	.0	.0	.0	.0
2. Comprehensive (hospital and medical) group .....	.0	.0	.0	.0	.0	.0
3. Medicare Supplement .....	.0	.0	.0	.0	.0	.0
4. Vision only .....	.0	.0	.0	.0	.0	.0
5. Dental only .....	.0	.0	.0	.0	.0	.0
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	56,826,583	437,917,352	115,810	35,701,867	56,942,393	57,716,815
9. Credit A&H .....	.0	.0	.0	.0	.0	.0
10. Disability Income .....	.0	.0	.0	.0	.0	.0
11. Long-term care .....	.0	.0	.0	.0	.0	.0
12. Other health .....	.0	.0	.0	.0	.0	.0
13. Health subtotal (Lines 1 to 12)	56,826,583	437,917,352	115,810	35,701,867	56,942,393	57,716,815
14. Health care receivables (a) .....	.0	.0	.0	.0	.0	.0
15. Other non-health .....	.0	.0	.0	.0	.0	.0
16. Medical incentive pools and bonus amounts .....	.0	.0	.0	.0	.0	.0
17. Totals (Lines 13 - 14 + 15 + 16)	56,826,583	437,917,352	115,810	35,701,867	56,942,393	57,716,815

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

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

MCNA Insurance Company (the "Company") is a wholly owned subsidiary of MCNA Health Care Holdings, LLC with UnitedHealth Group Incorporated as its ultimate parent. The Company is licensed as a life, accident, and health insurer in Texas by the Texas Department of Insurance. The Company has Medicaid and Children's Health Insurance Program ("CHIP") contracts with the state agencies in the states of Texas, Arkansas, Idaho, Iowa, Louisiana, and Utah. Under these contracts, the Company provides dental services for enrolled members through the Company's network of contracted providers.

A. Accounting Practices

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

The Texas Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Texas for determining and reporting the financial condition and results of operations of a life, accident, and health insurer, for determining its solvency under Texas Insurance Law. The state of Texas prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") 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 Texas and the NAIC SAP which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

	SSAP #	F/S Page #	F/S Line #	September 30, 2024	December 31, 2023
Net Income (Loss)					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (41,237,208)	\$ 4,048,750
(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>\$ (41,237,208)</u>	<u>\$ 4,048,750</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 104,199,614	\$ 140,490,616
(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>\$ 104,199,614</u>	<u>\$ 140,490,616</u>

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

No significant change.

C. Accounting Policy

- (1) No significant change.
- (2) The Company does not have any mandatory convertible securities or Securities Valuation Office of the NAIC identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio.
- (3-5) No significant change.
- (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.

(7-13) No significant change.

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 significant change.

3. BUSINESS COMBINATIONS AND GOODWILL

A-E. No significant change.

4. DISCONTINUED OPERATIONS**A. Discontinued Operation Disposed of or Classified as Held for Sale**

(1-4) No significant change.

B. Change in Plan of Sale of Discontinued Operations — 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

A. Mortgage Loans, including Mezzanine Real Estate Loans — Not applicable.

B. Debt Restructuring — Not applicable.

C. Reverse Mortgages — Not applicable.

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 ("OTTIs") on loan-backed securities as of September 30, 2024.

(3) The Company did not have any loan-backed securities with OTTIs to report by CUSIP as of September 30, 2024.

(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 September 30, 2024 and December 31, 2023:

	September 30, 2024
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 343
2. 12 months or longer	5,872,869
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	1,499,657
2. 12 months or longer	43,277,886
	December 31, 2023
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 46,339
2. 12 months or longer	7,199,383
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	4,643,329
2. 12 months or longer	54,257,885

(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, the underlying credit quality and credit ratings of the issuers, noting no significant credit deterioration since purchase. As of September 30, 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 September 30, 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** — Not applicable.
- L. **Restricted Assets** — No significant change.
- 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 NAIC designation of 5GI as of September 30, 2024 and December 31, 2023.

- P. **Short Sales** — Not applicable.
- Q. **Prepayment Penalty and Acceleration Fees** — No significant change.
- R. **Reporting Entity's Share of Cash Pool by Asset Type** — Not applicable.

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

A-B. No significant change.

7. **INVESTMENT INCOME**

A-E. No significant change.

8. **DERIVATIVE INSTRUMENTS**

A-B. Not applicable.

9. **INCOME TAXES**

On August 16, 2022, the U.S. government enacted the Inflation Reduction Act. Included in the Inflation Reduction Act was a new corporate alternative minimum tax ("CAMT"). The CAMT 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 CAMT 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 CAMT 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 CAMT.

A. **Deferred Tax Asset/Liability**

The Company's net deferred tax asset increased \$4,538,094 from December 31, 2023 to September 30, 2024 as a result of the increase in premium deficiency reserve, partially offset by the decrease in nonadmitted assets. The change in net deferred income taxes, excluding the impact of the change in premium deficiency reserve and nonadmitted assets, had a corresponding impact on the current federal income tax provision.

B-I. No significant change.

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

A-O. **Material Related Party Transactions**

Effective April 1, 2023, the company entered into a new subordinated revolving loan agreement with United Healthcare Services, Inc. at an interest rate of Fed Funds Target rate - Upper Bound plus 50 basis points. The Company's subordinated credit limit equals \$75,000,000. This agreement has been approved by the Texas Department of Insurance. As of September 30, 2024, the outstanding balance under this agreement is \$10,000,000, which is reported in borrowed money in the financial statements. The total amount of interest accrued on all borrowings throughout the year was \$1,667 as of September 30, 2024. No amounts were outstanding as of December 31, 2023.

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, and 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 a management agreement.

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

A-M. No significant change.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A-F. No significant change.

15. LEASES

A-B. No significant change.

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

(1-4) No significant change.

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

A-C. The Company did not participate in any transfers 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. No significant change.

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

No significant change.

20. FAIR VALUE MEASUREMENTS

The NAIC SAP 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 and cash equivalents (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 September 30, 2024 and December 31, 2023, in the financial statements according to the valuation techniques the Company used to determine their fair values:

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

Description for Each Class of Asset or Liability	September 30, 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	147,784	—	—	—	147,784
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	\$ 147,784	\$ —	\$ —	\$ —	\$ 147,784
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

December 31, 2023

Description for Each Class of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
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	1,920	—	—	—	1,920
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	\$ 1,920	\$ —	\$ —	\$ —	\$ 1,920
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

- (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 for the nine months ended September 30, 2024 and the year ended December 31, 2023.
- (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 nine months ended September 30, 2024 and the year ended December 31, 2023.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 as of September 30, 2024 and December 31, 2023 and therefore has no valuation technique to disclose.
- (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 September 30, 2024 and December 31, 2023, is presented in the table below:

Type of Financial Instrument	September 30, 2024					Not Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)		
U.S. government and agency securities	\$ 47,380,041	\$ 52,623,731	\$ 10,507,993	\$ 36,872,048	\$ —	\$ —	\$ —
State and agency municipal securities	20,446,059	21,895,679	—	20,446,059	—	—	—
City and county municipal securities	11,201,583	12,057,115	—	11,201,583	—	—	—
Corporate debt securities	89,460,814	95,026,966	—	89,460,814	—	—	—
Cash equivalents	8,135,864	8,135,864	8,135,864	—	—	—	—
Total bonds and cash equivalents	\$ 176,624,361	\$ 189,739,355	\$ 18,643,857	\$ 157,980,504	\$ —	\$ —	\$ —

Type of Financial Instrument	December 31, 2023						Not Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
U.S. government and agency securities	\$ 51,279,085	\$ 57,680,984	\$ 12,262,632	\$ 39,016,453	\$ —	\$ —	\$ —	
State and agency municipal securities	20,685,561	22,849,271	—	20,685,561	—	—	—	
City and county municipal securities	14,773,260	15,943,138	—	14,773,260	—	—	—	
Corporate debt securities	118,304,295	126,771,180	—	118,304,295	—	—	—	
Cash equivalents	38,778,236	38,778,236	38,778,236	—	—	—	—	
Total bonds and cash equivalents	\$ 243,820,437	\$ 262,022,809	\$ 51,040,868	\$ 192,779,569	\$ —	\$ —	\$ —	

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

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

21. OTHER ITEMS

A-I. No significant change.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through November 13, 2024, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to September 30, 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

A-E. No significant change.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A-B. No significant change.

C. The Centers for Medicare and Medicaid Services has released the final Medicaid Managed Care Rule which is subject to each State's administration elections. This rule is the first major update to the Medicaid Managed Care regulations in more than a decade, which includes a minimum loss ratio requirement. Pursuant to the regulations, premiums associated with the Company's Medicaid line of business is subject to retrospectively rated features based on the actual minimum loss ratio experienced on this product. The calculation is pursuant to the Medicaid Managed Care guidance. The Company also has recorded risk-corridor amounts from certain states which are subject to a retrospectively rated feature. The Company has estimated accrued retrospective premiums adjustments based on the risk-corridor tier guidelines included in the contract. In addition, the Company's Medicaid contract, including CHIP, are subject to redetermination features for which a portion of direct premiums written is subjected to an MLR rebate of between 85% and 91%. In addition, the Company is subject to performance guarantee payments based on various quality measures under its contracts. The total amount of direct premiums written for the Medicaid line of business for which a portion is subject to the retrospectively rated and redetermination features was \$456,942,936 and \$903,412,744, representing 100% and 100% of total direct premiums written as of September 30, 2024 and December 31, 2023, respectively.

D. The Company's contract with Texas State Medicaid Agency ("HHSC") requires payment of an Experience Rebate if pre-tax income as a percentage of revenues ("Rebate Percentage") is greater than 3%, as measured by the HHSC Financial Statistical Report. The experience rebate is calculated using a graduated scale. No obligation for rebate exists if the Rebate Percentage is less than or equal to, 3%. The graduated scale was updated for the state fiscal year ended August 2020 and beyond, whereby for every incremental increase of the Rebate Percentage scale, up to 6%, the Company's rebate obligation increases by 20%. When the Rebate Percentage exceeds 6%, all of the excess is owed to HHSC.

Minimum Dental Loss Ratio

Certain state Medicaid contracts require member dental benefit payments to range between 85% and 88% of earned program revenues (85% - 88% DLR). To the extent a related program's DLR is less than the required minimum, the shortfall will be reimbursed to the state. The Company has estimated an MLR rebate liability related to the Medicaid line of business of \$30,430,003 and \$59,967,000 as of September 30, 2024 and December 31, 2023, which is included in aggregate health policy reserves in the financial statements.

E. Risk-Sharing Provisions of the Affordable Care Act

(1-3) The Company did not write accident and health premiums in 2024 and 2023 subject to the risk-sharing provisions of the Affordable Care Act.

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 at September 30, 2024 and December 31, 2023:

	September 30, 2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (57,716,815)	\$ (57,716,815)
Paid claims	437,917,353	56,826,583	494,743,936
End of year claim reserve	35,701,867	115,810	35,817,677
Total incurred claims	<u>\$ 473,619,220</u>	<u>\$ (774,422)</u>	<u>\$ 472,844,798</u>

	December 31, 2023		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (64,302,890)	\$ (64,302,890)
Paid claims — net of health care receivables	702,218,181	55,467,488	757,685,669
End of year claim reserve	54,388,965	3,327,850	57,716,815
Total incurred claims	<u>\$ 756,607,146</u>	<u>\$ (5,507,552)</u>	<u>\$ 751,099,594</u>

The liability for claims unpaid as of December 31, 2023, was \$57,716,815. As of September 30, 2024, \$56,826,583 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivable are now \$115,810, as a result of re-estimation of unpaid claims. Therefore, there has been \$774,422 favorable prior year development since December 31, 2023, to September 30, 2024. The primary drivers consist of favorable development of \$1,757,727 as a result of a change in the provision for adverse deviations in experience offset by \$983,306 unfavorable development in retroactivity for dental claims.

As of December 31, 2023, \$55,467,488 had been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivable were \$3,327,850, as a result of re-estimation of unpaid claims. Therefore, there had been \$5,507,552 favorable prior year development since December 31, 2022 to December 31, 2023. The primary driver is a favorable development in retroactivity for dental claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims, which could have an impact to the accruals for MLR rebates and retrospectively rated contracts. 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 Company incurred claims adjustment expenses of \$(2,846) and \$(213,857) for the nine months ended September 30, 2024 and the year ended December 31, 2023, respectively. These costs are included in the management service fees paid by the Company to MCNA Health Care Holdings, LLC as a part of the management agreement. The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for the nine months ended September 30, 2024 and the year ended December 31, 2023:

	September 30, 2024	December 31, 2023
Total claims adjustment expenses	\$ (2,846)	\$ (213,857)
Less: current year unpaid claims adjustment expenses	(1,040,140)	(1,042,986)
Add: prior year unpaid claims adjustment expenses	1,042,986	1,256,843
Total claims adjustment expenses paid	<u>\$ —</u>	<u>\$ —</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 claim adjustment expenses in 2024.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. No significant change.

27. STRUCTURED SETTLEMENTS

A-B. No significant change.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A-B. No significant change.

29. PARTICIPATING POLICIES — Not applicable.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company's premium deficiency reserves as of September 30, 2024 and December 31, 2023:

	September 30, 2024
1. Liability carried for premium deficiency reserves	\$ 41,609,191
2. Date of the most recent evaluation of this liability	<u>9/30/2024</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	December 31, 2023
1. Liability carried for premium deficiency reserves	\$ 19,785,193
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"/>

Premium deficiency reserves are included in aggregate health policy reserves in the financial statements.

31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company
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 [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
 July 5, 2024 – UnitedHealthcare Community Plan of Georgia, Inc. surrendered its health maintenance organization license and was dissolved.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 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 0000731766
- 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 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 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] N/A []
 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). 06/14/2022
- 6.4 By what department or departments?
 Texas 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 [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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 [X] No []
- 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
Optum Bank, Inc	Salt Lake City, UT	NO	NO	YES	NO

GENERAL INTERROGATORIES

- 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 [] 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 []
 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 []
 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 []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$0

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 []
 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 []
 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 | \$0 |
| 14.22 Preferred Stock | \$0 | \$0 |
| 14.23 Common Stock | \$0 | \$0 |
| 14.24 Short-Term Investments | \$0 | \$0 |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$0 |
| 14.26 All Other | \$0 | \$0 |
| 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 | \$0 | \$0 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 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 | |

GENERAL INTERROGATORIES

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
Bank of New York Mellon	Global Liquidity Services, 1 Wall St., 14th Floor, New York NY 10286
Northern Trust	50 S. LaSalle, Chicago, IL 60675

- 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 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
Internally Managed	I.....
Goldman Sachs Asset Management, L.P.	U.....

- 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 [X] No []

- 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 [X] No []

- 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
107738	Goldman Sachs Asset Management, L.P.	CFS1580A35CFPUX70H17	SEC	NO.....

- 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.

- 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 percent96.7 %
- 1.2 A&H cost containment percent 0.0 %
- 1.3 A&H expense percent excluding cost containment expenses13.2 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$ 0
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] 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 []

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	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 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	AL	L	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	L	0	44,802,345	0	0	0	44,802,345	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	L	0	48,439,129	0	0	0	48,439,129	0	0
14. Illinois	IL	L	0	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0	0
16. Iowa	IA	L	0	13,954,096	0	0	0	13,954,096	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	L	0	80,646,201	0	0	0	80,646,201	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	L	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	L	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	4,826,246	0	0	0	4,826,246	0	0
29. Nevada	NV	L	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	L	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	L	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	L	0	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	L	0	252,289,350	0	0	0	252,289,350	0	0
45. Utah	UT	L	0	11,985,569	0	0	0	11,985,569	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	L	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	L	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	456,942,936	0	0	0	456,942,936	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	0	0	456,942,936	0	0	0	456,942,936	0	0
DETAILS OF WRITE-INS										
58001.	XXX	0	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0	0
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

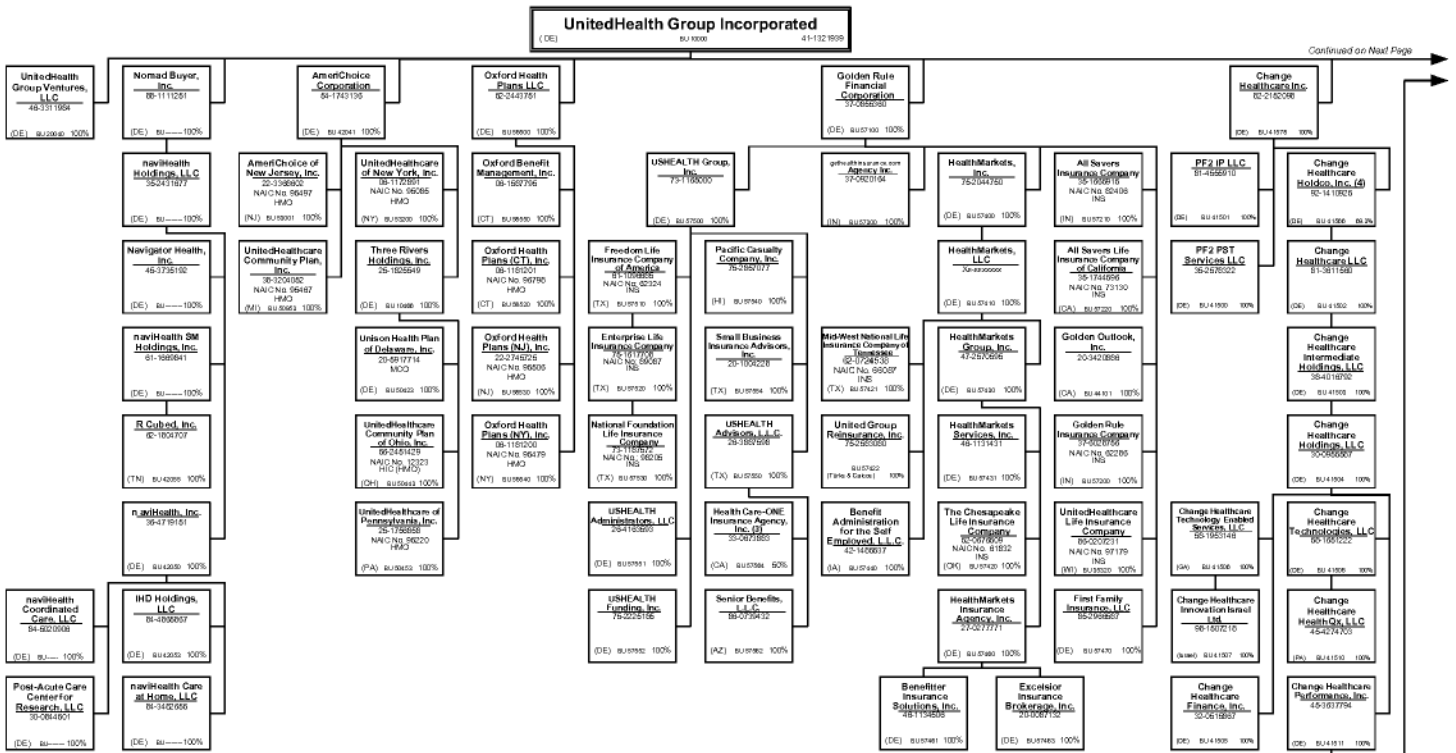
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 18
- 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 39

Premiums are allocated by state based on geographic market.

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE MCNA Insurance Company

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



Continued on Next Page