

**QUARTERLY STATEMENT**  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**MERIT HEALTH INSURANCE COMPANY**

NAIC Group Code ..... 5036, ..... 5036 ..... NAIC Company Code ..... 18750 ..... Employer's ID Number ..... 36-3856181 .....  
*(Current) (Prior)*

Organized under the Laws of ..... AZ ..... State of Domicile or Port of Entry ..... AZ .....  
Country of Domicile ..... US .....  
Licensed as business type: ..... Life, Accident & Health ..... Is HMO Federally Qualified? .....  
Incorporated/Organized ..... 11/23/1992 ..... Commenced Business ..... 01/08/1993 .....  
Statutory Home Office ..... 15169 N. Scottsdale Rd. Suite 205 ..... Scottsdale, AZ, US 85254 .....  
Main Administrative Office ..... 463 Mountain View Drive Suite 301 .....  
Colchester, VT, US 05446 ..... 802 864 5515 .....  
..... *(Telephone Number)* .....  
Mail Address ..... 463 Mountain View Drive Suite 301 ..... Colchester, VT, US 05446 .....  
Primary Location of Books and  
Records ..... 2900 Ames Crossing Road, Suite 200 .....  
Eagan, MN, US 55121 ..... 800-858-0723 .....  
..... *(Telephone Number)* .....  
Internet Website Address ..... N/A .....  
Statutory Statement Contact ..... Delisca Christian ..... 802-864-1710 .....  
..... *(Telephone Number)* .....  
delisca.christian@marsh.com ..... 802-859-3559 .....  
..... *(E-Mail Address)* ..... *(Fax Number)* .....

**OFFICERS**

Mostafa M Kamal, President ..... Jessica L Hendrickson, Treasurer .....  
David A Schlett, Vice-President ..... Michael J Kolar, Secretary .....

**OTHER**

Alicia M Dessner, Assistant Secretary .....

**DIRECTORS OR TRUSTEES**

Mostafa M Kamal ..... Michael J Kolar .....  
Jessica L Hendrickson ..... David A Schlett .....  
Alicia M Dessner .....

State of Minnesota .....  
County of Hennepin ..... SS

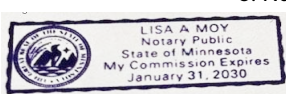
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

x Alicia Dessner x Jessie Hendrickson x

Subscribed and sworn to before me  
this 10 day of  
October, 2025

a. Is this an original filing? Yes  
b. If no:  
1. State the amendment number: \_\_\_\_\_  
2. Date filed: \_\_\_\_\_  
3. Number of pages attached: \_\_\_\_\_

x Lisa A. Moy Comm#6103006  
Expires 1/31/2030



I, Lisa A Moy, remote eNotary authorized by the state of Minnesota to perform remote online notarizations, hereby certifies that this record was signed / attested to by use of communication technology on October 10, 2025, by Jessica Hendrickson Gibson, who is personally known to me and declared she is in Plymouth, Minnesota and Alicia Dessner, who is personally known to me and declared she is in Eden Prairie, Minnesota.

**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.....	3,059,085		3,059,085	2,999,303
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances).....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$.....9,103), cash equivalents (\$.....35,985,040) and short-term investments (\$.....)	35,994,143		35,994,143	34,843,495
6. Contract loans (including \$..... premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				6,497
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	39,053,229		39,053,229	37,849,295
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	136,279		136,279	160,340
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....	33,124	33,124	-	5,595
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	39,222,632	33,124	39,189,508	38,015,230
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	39,222,632	33,124	39,189,508	38,015,230
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Cash Adjustment.....				5,595
2502. Prepaid Expenses.....	33,124	33,124	-	-
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	33,124	33,124	-	5,595

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....	52,516		52,516	413,334
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....	53,995		53,995	
10.2 Net deferred tax liability.....				53,995
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current ) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....	707,245		707,245	157,367
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....	813,757		813,757	624,696
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	21,298,052	21,298,052
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	15,077,700	14,092,482
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	38,375,752	37,390,534
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	39,189,509	38,015,230
<b>Details of Write-Ins</b>				
2301.....				
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	XXX			
2. Net premium income (including \$..... non-health premium income)	XXX			
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$..... medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX			
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)				
<b>Less:</b>				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)				
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$..... cost containment expenses				
21. General administrative expenses		281,161	270,077	314,324
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		281,161	270,077	314,324
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(281,161)	(270,077)	(314,324)
25. Net investment income earned		1,218,760	1,427,268	1,887,508
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26)		1,218,760	1,427,268	1,887,508
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]				
29. Aggregate write-ins for other income or expenses		45,149		(93,746)
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	982,749	1,157,191	1,479,438
31. Federal and foreign income taxes incurred	XXX		30,044	30,044
32. Net income (loss) (Lines 30 minus 31)	XXX	982,749	1,127,147	1,449,394
<b>Details of Write-Ins</b>				
0601. Bad Debt Contra	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Miscellaneous income		45,149		(93,746)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		45,149		(93,746)

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

	1	2	3
CAPITAL & SURPLUS ACCOUNT	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	37,390,534	35,763,246	35,763,246
34. Net income or (loss) from Line 32.....	982,749	1,127,147	1,449,394
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	2,470	(30,625)	(35,594)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	-	(1)	278,051
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....		(64,564)	(64,563)
48. Net change in capital and surplus (Lines 34 to 47).....	985,219	1,031,957	1,627,288
49. Capital and surplus end of reporting period (Line 33 plus 48).....	38,375,753	36,795,203	37,390,534
<b>Details of Write-Ins</b>			
4701. Surplus Adj.....		(64,564)	
4702. Change in OCI.....			(64,563)
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....		(64,564)	(64,563)

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance			
2. Net investment income	1,194,810	1,489,262	1,919,909
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,194,810	1,489,262	1,919,909
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	596,832	337,588	489,448
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	-	-	-
10. Total (Lines 5 through 9)	596,832	337,588	489,448
11. Net cash from operations (Line 4 minus Line 10)	597,979	1,151,674	1,430,461
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		3,334,554	3,340,698
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	6,497	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,497	3,334,554	3,340,698
13. Cost of investments acquired (long-term only):			
13.1 Bonds	11,771	3,235,932	3,127,651
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	-	311,860	307,952
13.7 Total investments acquired (Lines 13.1 to 13.6)	11,771	3,547,791	3,435,603
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(5,274)	(213,237)	(94,905)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	-	(1)	278,051
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	557,943	284,960	57,950
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	557,943	284,959	336,001
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,150,648	1,223,396	1,671,557
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	34,843,495	33,171,938	33,171,938
19.2 End of period (Line 18 plus Line 19.1)	35,994,143	34,395,334	34,843,495
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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
<b>Total Members at end of:</b>														
1. Prior Year.....														
2. First Quarter.....														
3. Second Quarter.....														
4. Third Quarter.....														
5. Current Year.....														
6. Current Year Member Months.....														
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written (a).....														
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services.....														

**NONE**

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(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
<b>Claims Unpaid (Reported)</b>						
0899999 – Accrued medical incentive pool and bonus amounts.....						

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

**NONE**

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

**Notes to the Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**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.

	SSAP #	F/S Page	F/S Line #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 982,749	\$ 1,449,394
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 982,749</u>	<u>\$ 1,449,394</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 38,375,752	\$ 37,390,534
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 38,375,752</u>	<u>\$ 37,390,534</u>

**B. Use of Estimates in the Preparation of the 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 Policy**

**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, 2024, the Company had no short-term investments; the carrying value and fair value of the Company's long-term investments totaled \$2,999,303 and \$2,985,093. As of September 30, 2025, the Company had no short-term investments; the carrying value and fair value of the Company's long-term investments totaled \$3,059,085 and \$3,071,419.

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 Accounts 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 September 30, 2025. 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 September 30, 2025 that were subject to the retrospective feature.

**(1) Cash, Cash Equivalents and Short-term Investments**

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

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, 2024, the Company held cash equivalents that consisted of money market mutual funds totaling \$34,843,495. The Company held cash equivalents as of September 30, 2025, that consisted of money market mutual funds totaling \$35,985,040.

- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26 - Not Applicable
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Asset-backed securities - Not Applicable
- (7) 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 and CDs.

#### 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, 2024, and September 30, 2025, the Company did not have any other-than-temporary impairments.

- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - Not Applicable
- (11) 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.

- (12) Changes in capitalization policy - Not Applicable
- (13) Pharmaceutical rebate receivables - Not Applicable

#### 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 - Not Applicable

### 3. Business Combinations and Goodwill - Not Applicable

### 4. Discontinued Operations - Not Applicable

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable

**Notes to the Financial Statements**

**5. Investments (Continued)**

- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- 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. Investments in Tax Credit Structures (tax credit investments) - Not Applicable
- L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	3,135,515	3,076,207	59,308		3,135,515	7.994	8.001
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
<b>o. Total restricted assets (Sum of a through n)</b>	<b>\$ 3,135,515</b>	<b>\$ 3,076,207</b>	<b>\$ 59,308</b>	<b>\$</b>	<b>\$ 3,135,515</b>	<b>7.994 %</b>	<b>8.001 %</b>

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - None

**6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable**

**7. Investment Income**

- A. Due and Accrued Income Excluded from Surplus

The Company admitted all investment income due and accrued as of December 31, 2024 and September 30, 2025, which totaled \$160,340 and \$136,279 respectively.

- B. Total Amount Excluded - Not Applicable

- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 136,279
2. Nonadmitted	\$
3. Admitted	\$ 136,279

**Notes to the Financial Statements**

**7. Investment Income (Continued)**

D. The aggregate deferred interest

	<u>Amount</u>
Aggregate Deferred Interest .....	\$ .....

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - Not Applicable

**8. Derivative Instruments - Not Applicable**

**9. Income Taxes**

The Company recorded a federal tax expense of \$30,044 for the period ending December 31, 2024 and \$0 for the period ending September 30, 2025. The Company pays premium taxes in lieu of state income taxes.

A. Components of the Net Deferred Tax Asset/(Liability) - Not Applicable

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

C. Major Components of Current Income Taxes Incurred

	(1)	(2)	(3)
	<u>09/30/2025</u>	<u>12/31/2024</u>	<u>Change (1-2)</u>
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal .....	\$ .....	\$ 30,044	\$ (30,044)
(b) Foreign .....			
(c) Subtotal (1a+1b) .....	<u>\$ .....</u>	<u>\$ 30,044</u>	<u>\$ (30,044)</u>
(d) Federal income tax on net capital gains .....			
(e) Utilization of capital loss carry-forwards .....			
(f) Other .....			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f) .....	<u>\$ .....</u>	<u>\$ 30,044</u>	<u>\$ (30,044)</u>
	(1)	(2)	(3)
	<u>09/30/2025</u>	<u>12/31/2024</u>	<u>Change (1-2)</u>
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses .....	\$ .....	\$ .....	\$ .....
(2) Unearned premium reserve .....			
(3) Policyholder reserves .....			
(4) Investments .....			
(5) Deferred acquisition costs .....			
(6) Policyholder dividends accrual .....			
(7) Fixed assets .....			
(8) Compensation and benefits accrual .....			
(9) Pension accrual .....			
(10) Receivables - nonadmitted .....			
(11) Net operating loss carry-forward .....			
(12) Tax credit carry-forward .....			
(13) Other .....			
(99) Subtotal (Sum of 2a1 through 2a13) .....	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>
(b) Statutory valuation allowance adjustment .....			
(c) Nonadmitted .....			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>
(e) Capital			
(1) Investments .....	\$ .....	\$ .....	\$ .....
(2) Net capital loss carry-forward .....			
(3) Real estate .....			
(4) Other .....			
(99) Subtotal (2e1+2e2+2e3+2e4) .....	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>
(f) Statutory valuation allowance adjustment .....			
(g) Nonadmitted .....			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....			
(i) Admitted deferred tax assets (2d + 2h) .....	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>

**Notes to the Financial Statements**

**9. Income Taxes (Continued)**

	(1) 09/30/2025	(2) 12/31/2024	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other			
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	\$	\$
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$	\$	\$
4. Net deferred tax assets/liabilities (2i - 3c)	\$	\$	\$

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Current Period	Prior Year	Change (Col. 1 - Col. 2)
Adjusted gross deferred tax assets	\$	\$	\$
Total deferred tax liabilities			
Net deferred tax assets (liabilities)			
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance			
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			\$

D. Among the More Significant Book to Tax Adjustments - Not Applicable

E. Operating Loss and Tax Credit Carryforwards - Not Applicable

F. Consolidated Federal Income Tax Return - None

G. Federal or Foreign Income Tax Loss Contingencies - Not Applicable

H. Repatriation Transition Tax (RTT) - Not Applicable

I. Alternative Minimum Tax (AMT) Credit - Not Applicable

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

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

B. Detail of Related Party Transactions - Not Applicable

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, 2024, the Company reported \$0 as the amount due from parent, subsidiaries and affiliates and \$157,368 due to parent, subsidiaries and affiliates. As of September 30, 2025, the Company reported \$0 due from parent, subsidiaries and affiliates and \$707,245 due to parent, subsidiaries and affiliates.

E. Management Service Contracts and Cost Sharing Arrangements - Not Applicable

F. Guarantees or Contingencies - Not Applicable

G. Nature of Relationships that Could Affect Operations - Not Applicable

H. Amount Deducted for Investment in Upstream Company - Not Applicable

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable

K. Foreign Subsidiary Value Using CARVM - Not Applicable

L. Downstream Holding Company Value Using Look-Through Method - Not Applicable

M. All SCA Investments - Not Applicable

N. Investment in Insurance SCAs - Not Applicable

O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

**11. Debt - Not Applicable**

## Notes to the Financial Statements

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable**

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- A. Outstanding Shares - No Significant Changes
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. Dividend Restrictions - No Significant Changes
- D. Ordinary Dividends - Not Applicable
- E. Company Profits Paid as Ordinary Dividends - Not Applicable
- F. Surplus Restrictions - Not Applicable
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable
- J. Unassigned Funds (Surplus) - Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable
- M. As of September 30, 2025 the Company has not declared or paid a dividend.

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - Not Applicable
- B. Assessments - Not Applicable
- C. Gain Contingencies - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable
- E. Joint and Several Liabilities - Not Applicable
- F. All Other Contingencies

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, 2024 and September 30, 2025. As of December 31, 2024 and September 30, 2025 the Company did not have non-admitted rebate receivables.

**15. Leases - Not Applicable**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - No Significant Changes**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable**

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

- A. ASO Plans - Not Applicable
- B. ASC Plans - Not Applicable
- 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, 2024 or as of September 30, 2025.
  - (2) As of September 30, 2025 amounts receivable relating to uninsured plans includes \$5,678,998 due from CMS or drug manufacturers for LICS, CGDP and drug costs covered by the catastrophic reinsurance feature.
  - (3) Not Applicable
  - (4) As of September 30, 2025, the Company has recorded an allowance for doubtful accounts for the uncollected receivables related to uninsured plans of \$5,678,998.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

**20. Fair Value Measurements**

- A. Fair Value Measurement
  - (1) Fair value measurements at reporting date

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.

**Notes to the Financial Statements**

**20. Fair Value Measurements (Continued)**

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash	\$	\$	\$	9,103	9,103
Exempt MM Mutual Fund				35,000	35,000
Other MM Mutual Fund				35,950,040	35,950,040
Total assets at fair value/NAV	\$	\$	\$	35,994,143	35,994,143
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$		

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

(3) Policy on transfers into and out of Level 3 - Not Applicable

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

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

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	\$ 3,071,418	\$ 3,059,085	\$ 3,071,418				

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

**21. Other Items - Not Applicable**

**22. Events Subsequent**

Type I – Recognized Subsequent Events - Not Applicable

Type II – Nonrecognized Subsequent Events - Not Applicable

**23. Reinsurance - Not Applicable**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Method Used to Estimate

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, 2024 and September 30, 2025, accrued retrospective premium adjustments were reported as accrued retrospective premiums of \$5,678,998. An allowance for doubtful accounts of \$5,678,998 was recorded for the uncollected accrued retrospective premium adjustment as of December 31, 2024 and September 30, 2025.

B. Method Used to Record - No Significant Changes

C. Amount and Percent of Net Retrospective Premiums

The was no retrospective premium risk corridor for the period ended September 30, 2025

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not Applicable

**25. Change in Incurred Claims and Claim Adjustment Expenses - Not Applicable**

**26. Intercompany Pooling Arrangements - Not Applicable**

**27. Structured Settlements - Not Applicable**

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

The Company had no healthcare receivables for the periods ended December 31, 2024 and September 30, 2025.

B. Risk-Sharing Receivables - Not Applicable

**29. Participating Policies - Not Applicable**

**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, 2024, and September 30, 2025 the Company held no premium deficiency reserves.

**31. Anticipated Salvage and Subrogation - Not Applicable**

**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?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 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  
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
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
The holding company for the company has changed from Prime Therapeutics, LLC to Prime Health Holdings LLC.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... 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.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 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?..... 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)..... 06/27/2022
- 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?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... YES
- 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?..... NO
- 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?..... NO
- 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?..... 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 affiliates primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**GENERAL INTERROGATORIES**  
PART 1 - COMMON 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
- (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? 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? 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? NO

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

**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.) 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: \$

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
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)		
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? NO

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

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

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

1	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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? NO

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

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2
Name of Firm or Individual	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?..... 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?..... 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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.....

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?..... NO.....

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?..... NO.....

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?..... NO.....

**GENERAL INTERROGATORIES**

PART 2 – HEALTH

- 1. Operating Percentages:
  - 1.1 A&H loss percent.....%
  - 1.2 A&H cost containment percent.....%
  - 1.3 A&H expense percent excluding cost containment expenses.....%
- 2.1 Do you act as a custodian for health savings accounts?..... NO.....
- 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?..... NO.....
- 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.....
- 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?.....

**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	Direct Business Only								
		2	3	4	5	6	7	8	9	10
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	L								
2. Alaska	AK	L								
3. Arizona	AZ	L								
4. Arkansas	AR	L								
5. California	CA	L								
6. Colorado	CO	L								
7. Connecticut	CT	L								
8. Delaware	DE	L								
9. District of Columbia	DC	L								
10. Florida	FL	N								
11. Georgia	GA	L								
12. Hawaii	HI	L								
13. Idaho	ID	L								
14. Illinois	IL	L								
15. Indiana	IN	L								
16. Iowa	IA	L								
17. Kansas	KS	L								
18. Kentucky	KY	L								
19. Louisiana	LA	L								
20. Maine	ME	L								
21. Maryland	MD	L								
22. Massachusetts	MA	L								
23. Michigan	MI	L								
24. Minnesota	MN	L								
25. Mississippi	MS	L								
26. Missouri	MO	L								
27. Montana	MT	L								
28. Nebraska	NE	L								
29. Nevada	NV	L								
30. New Hampshire	NH	L								
31. New Jersey	NJ	N								
32. New Mexico	NM	L								
33. New York	NY	L								
34. North Carolina	NC	L								
35. North Dakota	ND	L								
36. Ohio	OH	L								
37. Oklahoma	OK	L								
38. Oregon	OR	L								
39. Pennsylvania	PA	L								
40. Rhode Island	RI	L								
41. South Carolina	SC	L								
42. South Dakota	SD	L								
43. Tennessee	TN	L								
44. Texas	TX	L								
45. Utah	UT	L								
46. Vermont	VT	L								
47. Virginia	VA	L								
48. Washington	WA	L								
49. West Virginia	WV	L								
50. Wisconsin	WI	L								
51. Wyoming	WY	L								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	XXX								
59. Subtotal	XXX									
60. Reporting entity contributions for employee benefits plans	XXX									
61. Total (Direct Business)	XXX									
<b>Details of Write-Ins</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

- 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... 49
- 2. R – Registered – Non-domiciled RRGs ..... –
- 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... –
- 4. Q – Qualified - Qualified or accredited reinsurer ..... –
- 5. N – None of the above - Not allowed to write business in the state ..... 8

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

	FEIN	Domiciliary	NAIC comp
Prime Health Holdings LLC	38-4358504	DE	
Prime Together Foundation	85-3062887	MN	
Prime Landing Insurance Company LLC	87-4334710	VT	
Prime Pharmacy Holdings LLC	88-2206384	DE	
Prime Therapeutics Pharmacy LLC	02-0676924	DE	
Prime Therapeutics LLC	26-0076803	DE	
Magellan Rx Management IPA LLC	81-0997690	NY	
Prime Therapeutics Management LLC	46-3708039	DE	
VRx LLC	27-1175996	UT	
4-D Pharmacy Management Systems, LLC	38-2828392	MI	
Prime Therapeutics Pharmacy Solutions LLC	45-5337607	DE	
Prime Therapeutics State Government Solutions LLC	54-0849793	VA	
FHC Inc	Canada	Canada	
Provider Synergies, LLC	31-1597878	OH	
Prime Health Investment LLC	39-2324157	DE	
Ascent Health Services LLC	83-4454479	DE	
Synergie Medication Collective LLC	88-4338512	DE	
Granite Alliance Insurance Company	46-1792156	UT	15100
Merit Health Insurance Company	36-3856181	AZ	18750

**SCHEDULE Y**

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
5036	Prime Health Holdings LLC		38-4358504					DE	UDP		Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		39-2324157				Prime Health Investment LLC	DE	NIA	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		26-0076803				Prime Therapeutics, LLC	DE	NIA	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		88-2206384				Prime Pharmacy Holdings LLC	DE	UDP	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		02-0676924				Prime Therapeutics Pharmacy, LLC	DE	NIA	Prime Pharmacy Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		46-3708039				Prime Therapeutics Management, LLC	DE	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		27-1175996				VRx, LLC	UT	NIA	Prime Therapeutics Management, LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		38-2828392				4-D Pharmacy Management Systems, LLC	MI	NIA	Prime Therapeutics Management, LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		45-5337607				PrimeTherapeutics Pharmacy Solutions LLC	DE	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		81-0997690				Magellan Rx Management IPA LLC	NY	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		54-0849793				Prime Therapeutics State Government Solutions, LLC	VA	NIA	Prime Therapeutics LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC						FHC, Inc.		NIA	Prime Therapeutics State Government Solutions LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		31-1597878				Provider Synergies, LLC	OH	NIA	Prime Therapeutics State Government Solutions LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC	18750	36-3856181				Merit Health Insurance Company	AZ	RE	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC	15100	46-1792156				Granite Alliance Insurance Company	UT	IA	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		85-3062887				Prime Together Foundation	MN	NIA	Prime Health Holdings LLC	Ownership	100.0	Prime Health Holdings LLC	NO	
5036	Prime Health Holdings LLC		87-4334710				Prime Landing Insurance Company, LLC	VT	IA	Prime Health Holdings LLC	Ownership	100.0	Board of Directors	NO	
5036	Prime Health Holdings LLC		83-4454479				Ascent Health Services, LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.0	Board of Directors	NO	
5036	Prime Health Holdings LLC		83-4454479				Ascent Health Services, LLC	DE	NIA	Prime Health Investment LLC	Ownership	20.0	Board of Directors	NO	
5036	Prime Health Holdings LLC		88-4338512				Synergie Medication Collective, LLC	DE	NIA	Prime Health Investment LLC	Ownership	40.0	Board of Directors	NO	
5036	Prime Health Holdings LLC		88-4338512				Synergie Medication Collective, LLC	DE	NIA	CarelonRx	Ownership	26.7	Board of Directors	NO	
5036	Prime Health Holdings LLC		88-4338512				Synergie Medication Collective, LLC	DE	NIA	Evio Pharmacy Solutions, LLC	Ownership	17.2	Board of Directors	NO	

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Asterisk	Explanation
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**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:**

- 1. ....
- 2. ....

**BARCODES:**

- 1.
- 2.

**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A – VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B – VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,999,304	3,169,828
2.	Cost of bonds and stocks acquired	11,771	3,127,651
3.	Accrual of discount	48,140	42,523
4.	Unrealized valuation increase / (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		3,340,698
7.	Deduct amortization of premium	130	
8.	Total foreign exchange change in book / adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	3,059,085	2,999,304
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	3,059,085	2,999,304

**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
<b>Issuer Credit Obligations (ICO)</b>								
1. NAIC 1 (a)	3,042,763			16,322	3,026,673	3,042,763	3,059,085	2,999,303
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	3,042,763			16,322	3,026,673	3,042,763	3,059,085	2,999,303
<b>Asset-Backed Securities (ABS)</b>								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
<b>Preferred Stock</b>								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	3,042,763			16,322	3,026,673	3,042,763	3,059,085	2,999,303

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(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 \$

(SI-03) Schedule DA - Part 1

**NONE**

(SI-03) Schedule DA - Verification - Short-Term Investments

**NONE**

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

**NONE**

(SI-05) Schedule DB - Part C - Section 1

**NONE**

(SI-06) Schedule DB - Part C - Section 2

**NONE**

(SI-07) Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	34,843,457	33,165,243
2. Cost of cash equivalents acquired.....	1,187,874	4,622,736
3. Accrual of discount.....		
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	46,291	2,944,522
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	35,985,040	34,843,457
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	35,985,040	34,843,457

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

(E-04) Schedule D - Part 3

**NONE**

Quarterly Statement as of September 30, 2025 of the Merit Health Insurance Company

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book / Adjusted Carrying Value	Change in Book / Adjusted Carrying Value					15 Book / Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest / Stock Dividends Received During Year	20 Stated Contractual Maturity Date	21 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
									10 Unrealized Valuation Increase / (Decrease)	11 Current Year's (Amortization) / Accretion	12 Current Year's Other-Than- Temporary Impairment Recognized	13 Total Change in B. / A.C.V. (10+11-12)	14 Total Foreign Exchange Change in B./A.C.V.							
<b>Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)</b>																				
912828-6A-3	UNITED STATES TREASURY			XXX								129			129					
912828-6S-4	UNITED STATES TREASURY			XXX								2,918			2,918					
912828-Y9-5	UNITED STATES TREASURY			XXX								13,275			13,275					
0019999999 - Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)																				
0489999999 - Subtotal - Issuer Obligations (Unaffiliated)																				
0509999997 - Subtotals - Issuer Credit Obligations - Part 4																				
0509999998 - Summary Item from Part 5 for Issuer Credit Obligations (N/A to Quarterly)																				
0509999999 - Subtotals - Issuer Credit Obligations																				
2009999999 - Subtotals - Issuer Credit Obligations and Asset-Backed Securities																				
6009999999 - Totals																				

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Wells Fargo -					18,003	18,614	9,103	XXX
0199998 - Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 - Total Open Depositories					18,003	18,614	9,103	XXX
0299998 - Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 - Total Suspended Depositories								XXX
0399999 - Total Cash on Deposit					18,003	18,614	9,103	XXX
0499999 - Cash in Company's Office			XXX	XXX				XXX
0599999 - Total					18,003	18,614	9,103	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds – as Identified by SVO</b>								
94975H-29-6	ALLSPRING:TRS+ MM I	SD	10/02/2024	3.980	XXX	35,000	117	1,106
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						35,000	117	1,106
<b>All Other Money Market Mutual Funds</b>								
31846V-44-3	FIRST AMER:GVT OBLG V	SD	03/04/2024	3.900	XXX	2,361	8	73
38141W-27-3	GOLDMAN:FS GOVT INST		09/02/2025	4.060	XXX	35,908,611	121,127	1,125,846
94975P-40-5	ALLSPRING:GOVT MM I	SD	09/03/2025	4.020	XXX	39,068	132	1,384
8309999999 – All Other Money Market Mutual Funds						35,950,040	121,266	1,127,304
8589999999 – Total Cash Equivalents (Unaffiliated)						35,985,040	121,383	1,128,409
8609999999 – Total Cash Equivalents						35,985,040	121,383	1,128,409



**MEDICARE PART D COVERAGE SUPPLEMENT**  
(Net of Reinsurance)

NAIC Group Code: 5036

NAIC Company Code: 18750

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

**NONE**

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