



# QUARTERLY STATEMENT

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

## QCA Health Plan, Inc.

NAIC Group Code	<u>01295</u> <small>(Current Period)</small>	,	<u>01295</u> <small>(Prior Period)</small>	NAIC Company Code	<u>95448</u>	Employer's ID Number	<u>71-0794605</u>
Organized under the Laws of	<u>Arkansas</u>			State of Domicile or Port of Entry	<u>Arkansas</u>		
Country of Domicile	<u>United States</u>						
Licensed as business type:	Life, Accident & Health [ ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]				
	Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ X ]				
	Other [ ]		Is HMO Federally Qualified? Yes [ ] No [ ]				
Incorporated/Organized	<u>04/08/1996</u>	Commenced Business	<u>07/31/1996</u>				
Statutory Home Office	<u>1 Allied Drive Suite 2520</u> <small>(Street and Number)</small>			<u>Little Rock, AR, US 72202</u> <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	<u>7700 Forsyth Blvd</u> <small>(Street and Number)</small>	<u>Saint Louis, MO, US 63105</u> <small>(City or Town, State, Country and Zip Code)</small>	<u>314-725-4477</u> <small>(Area Code) (Telephone Number)</small>				
Mail Address	<u>7700 Forsyth Blvd</u> <small>(Street and Number or P.O. Box)</small>			<u>Saint Louis, MO, US 63105</u> <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	<u>7700 Forsyth Blvd</u> <small>(Street and Number)</small>			<u>Saint Louis, MO, US 63105</u> <small>(City or Town, State, Country and Zip Code)</small>		<u>314-725-4477</u> <small>(Area Code) (Telephone Number)</small>	
Internet Web Site Address	<u>www.qualchoice.com</u>						
Statutory Statement Contact	<u>Matthew Lueken</u> <small>(Name)</small>			<u>309-573-1445</u> <small>(Area Code) (Telephone Number) (Extension)</small>			
	<u>matthew.lueken@centene.com</u> <small>(E-Mail Address)</small>			<u>314-725-4658</u> <small>(FAX Number)</small>			

### OFFICERS

Name	Title	Name	Title
<u>John Patrick Ryan</u>	<u>President</u>	<u>Mark David Sanders</u>	<u>Vice President</u>
<u>Chris Jay Perry</u>	<u>Treasurer</u>	<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>

### OTHER OFFICERS

<u>Kendra Louise Archer #</u>	<u>Secretary</u>		
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### DIRECTORS OR TRUSTEES

<u>Mark David Sanders</u>	<u>Chris Jay Perry</u>	<u>John Patrick Ryan</u>
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State of .....

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County of .....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Patrick Ryan  
President

Mark David Sanders  
Vice President

Chris Jay Perry  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

**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 .....	89,592,458		89,592,458	71,822,815
2. Stocks:				
2.1 Preferred stocks .....	1,500,000		1,500,000	1,500,000
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....29,427,009 ), cash equivalents (\$ .....95,274,274 ) and short-term investments (\$ ..... 0 ) .....	124,701,283		124,701,283	130,168,932
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	215,793,741	0	215,793,741	203,491,748
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,036,522		1,036,522	788,543
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	141,085		141,085	518,885
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....7,800,284 ) and contracts subject to redetermination (\$ ..... ) .....	7,800,284		7,800,284	3,317,436
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	44,438		44,438	23,935
18.1 Current federal and foreign income tax recoverable and interest thereon .....	225,815		225,815	0
18.2 Net deferred tax asset .....	1,743,705	755,031	988,674	1,692,763
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	335,979
24. Health care (\$ .....9,325,232 ) and other amounts receivable .....	9,976,152	650,920	9,325,232	5,131,095
25. Aggregate write-ins for other-than-invested assets .....	35,341	35,341	0	1,440
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	236,797,083	1,441,292	235,355,791	215,301,824
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	236,797,083	1,441,292	235,355,791	215,301,824
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
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. Miscellaneous Receivable .....			0	1,440
2502. Accumulated Amortization - Intangibles .....	(507)	(507)	0	0
2503. Prepaid Expenses .....	35,848	35,848	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	35,341	35,341	0	1,440

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	30,120,780		30,120,780	33,050,674
2. Accrued medical incentive pool and bonus amounts .....	101,133		101,133	179,687
3. Unpaid claims adjustment expenses .....	301,512		301,512	277,722
4. Aggregate health policy reserves including the liability of \$ ..... 35,572,926 for medical loss ratio rebate per the Public Health Service Act.....	40,703,290		40,703,290	27,750,383
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	4,265,787		4,265,787	4,035,457
9. General expenses due or accrued .....	5,280,072		5,280,072	4,205,413
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	5,574,753
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	11,799,226		11,799,226	9,044,420
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	668,138		668,138	522,203
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	39,858,662	0	39,858,662	41,158,893
24. Total liabilities (Lines 1 to 23).....	133,098,600	0	133,098,600	125,799,605
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	2,453	2,453
27. Preferred capital stock .....	XXX	XXX	25,500,046	25,500,046
28. Gross paid in and contributed surplus .....	XXX	XXX	41,365,294	41,365,294
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	35,389,757	22,634,785
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX	360	360
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	102,257,190	89,502,218
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	235,355,790	215,301,823
<b>DETAILS OF WRITE-INS</b>				
2301. State Assessment Payable.....	13,000		13,000	26,000
2302. Cost Sharing Reduction Payable.....	39,420,143		39,420,143	40,575,290
2303. State Tax Payable.....	425,519		425,519	557,603
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) .....	39,858,662	0	39,858,662	41,158,893
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	249,719	346,502	622,522
2. Net premium income (including \$ ..... non-health premium income).....	XXX	113,189,032	155,812,312	279,031,516
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	113,189,032	155,812,312	279,031,516
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		51,642,698	61,720,154	126,475,545
10. Other professional services .....		226,464	518,217	966,035
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		10,661,550	12,651,937	22,491,235
13. Prescription drugs .....		26,015,397	27,382,677	52,935,887
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		348,124	312,310	463,767
16. Subtotal (Lines 9 to 15).....	0	88,894,233	102,585,295	203,332,469
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	88,894,233	102,585,295	203,332,469
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ ..... 94,169 cost containment expenses.....		1,569,478	1,424,225	2,650,022
21. General administrative expenses.....		13,737,308	20,216,205	34,964,882
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(361,698)	(782,007)	(1,103,268)
23. Total underwriting deductions (Lines 18 through 22) .....	0	103,839,321	123,443,718	239,844,105
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	9,349,711	32,368,594	39,187,411
25. Net investment income earned .....		3,764,606	2,899,274	6,467,806
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(8,270)	0	(47,892)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	3,756,336	2,899,274	6,419,914
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		(10,921)	(801)	(44,631)
29. Aggregate write-ins for other income or expenses .....	0	(167,283)	0	(360,933)
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	12,927,843	35,267,067	45,201,761
31. Federal and foreign income taxes incurred .....	XXX	2,612,821	7,168,410	9,054,683
32. Net income (loss) (Lines 30 minus 31) .....	XXX	10,315,022	28,098,657	36,147,078
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Quality Penalty.....		(167,283)	0	(360,933)
2902. Miscellaneous Income/Expense.....			0	0
2903. ....			0	0
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	(167,283)	0	(360,933)

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	89,502,208	71,542,980	71,542,980
34. Net income or (loss) from Line 32 .....	10,315,022	28,098,657	36,147,078
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(33,819)	0	(152,678)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(769,067)	(1,010,263)	(1,070,627)
39. Change in nonadmitted assets .....	3,242,836	3,741,656	3,035,455
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	10	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	12,754,982	30,830,050	17,959,228
49. Capital and surplus end of reporting period (Line 33 plus 48)	102,257,190	102,373,030	89,502,208
<b>DETAILS OF WRITE-INS</b>			
4701. Tax Receivable at Sale.....		0	0
4702. Rounding.....	10	0	0
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)	10	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	122,267,221	172,247,957	282,195,684
2. Net investment income .....	3,717,208	2,968,388	6,724,625
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	125,984,429	175,216,345	288,920,309
5. Benefit and loss related payments .....	93,689,969	101,886,686	189,350,244
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 .....	12,865,563	69,110,703	58,536,045
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	6,884,245	5,391,224	5,481,718
10. Total (Lines 5 through 9) .....	113,439,777	176,388,613	253,368,007
11. Net cash from operations (Line 4 minus Line 10) .....	12,544,652	(1,172,268)	35,552,302
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	2,116,851	753,368	1,821,018
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	11,187	221,244	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,128,038	974,612	1,821,018
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	20,140,350	1,903,278	10,050,851
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	20,140,350	1,903,278	10,050,851
14. Net increase/(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) .....	(18,012,312)	(928,665)	(8,229,833)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	20,000,000
16.6 Other cash provided (applied).....	11	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	11	0	(20,000,000)
<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) .....	(5,467,649)	(2,100,934)	7,322,469
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	130,168,932	122,846,464	122,846,464
19.2 End of period (Line 18 plus Line 19.1) .....	124,701,284	120,745,530	130,168,932

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	45,090	28,028	16,178	0	0	0	884	0	0	0	0	0	0	0
2. First Quarter .....	42,288	26,195	15,163	0	0	0	930	0	0	0	0	0	0	0
3. Second Quarter .....	40,153	24,265	14,949	0	0	0	939	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	249,719	153,141	93,779				2,799							
Total Member Ambulatory Encounters for Period:														
7. Physician .....	138,570	56,544	76,482				5,544							
8. Non-Physician .....	228,269	83,123	136,552				8,594							
9. Total	366,839	139,667	213,034	0	0	0	14,138	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	13,781	11,679	1,963				139							
11. Number of Inpatient Admissions	2,256	1,786	442				28							
12. Health Premiums Written (a).....	113,189,032	69,189,394	41,123,918				2,875,720							
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	113,189,032	69,189,394	41,123,918				2,875,720							
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	101,452,155	63,591,708	27,964,674				9,895,773							
18. Amount Incurred for Provision of Health Care Services	88,894,233	54,219,264	24,321,500				10,353,469							

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



STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

**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	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 .....	16,886,256	46,705,452	3,846,787	13,945,564	20,733,043	21,704,799
2. Comprehensive (hospital and medical) group .....	1,800,641	26,164,033	312,901	11,174,221	2,113,542	11,040,801
3. Medicare Supplement .....					.0	.0
4. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....	7,054,306	2,841,467	31,426	809,881	7,085,732	305,074
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	25,741,203	75,710,952	4,191,114	25,929,666	29,932,317	33,050,674
14. Health care receivables (a) .....		9,976,152			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	179,687	246,991	(612,244)	713,376	(432,557)	179,686
17. Totals (Lines 13-14+15+16)	25,920,890	65,981,791	3,578,870	26,643,043	29,499,760	33,230,361

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

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

### A) Accounting Practices

The financial statements of QCA Health Plan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Arkansas Department of Insurance (DOI).

The Arkansas DOI recognizes only statutory accounting practices prescribed or permitted by the State of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining solvency under the Arkansas Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted with modifications as a component of prescribed or permitted practices of the state of Arkansas.

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2024</u>	<u>2023</u>
(1) QCA Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	<u>Arkansas</u>	<u>\$ 10,315,023</u>	<u>\$ 36,508,011</u>
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets				<u>Arkansas</u>	<u>\$ -</u>	<u>\$ -</u>
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property				<u>Arkansas</u>	<u>\$ -</u>	<u>\$ -</u>
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>Arkansas</u>	<u>\$ 10,315,023</u>	<u>\$ 36,508,011</u>
<u>SURPLUS</u>						
(5) QCA Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	<u>Arkansas</u>	<u>\$ 102,257,191</u>	<u>\$ 89,502,218</u>
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				<u>Arkansas</u>	<u>\$ -</u>	<u>\$ -</u>
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property				<u>Arkansas</u>	<u>\$ -</u>	<u>\$ -</u>
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>Arkansas</u>	<u>\$ 102,257,191</u>	<u>\$ 89,502,218</u>

### B) Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with the Annual Statement Instructions and the Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### C) Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve month or less of maturity date.
2. Investment grade bonds (NAIC designation 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designations 3 to 6) are carried at the lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company is invested in the preferred stock of an affiliated entity, QualChoice Life and Health Insurance Company, Inc.
5. The Company holds no mortgage loans.
6. Loan-back securities are carried at amortized cost. Adjustments are applied prospectively.

7. The Company is invested in the preferred stock of an affiliated entity, QualChoice Life and Health Insurance Company, Inc.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the Statement of Revenue and Expenses. The Company has a premium deficiency reserve recorded at \$99,047 as of June 30, 2024.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The company does not have capitalized assets.
13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

**D) Going Concern**

The Company's management has not identified any conditions or events that raise substantial doubt in its ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors**

The Company has no material changes in accounting and/or correction of errors.

**3. Business Combinations and Goodwill**

- A. Statutory Purchase Method – None
- B. Statutory Merger – None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

**4. Discontinued Operations**

None

**5. Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
  1. Prepayment assumptions for loan-backed securities were obtained from Moody's.
  2. There were no securities within the scope of this statement with a recognized other-than-temporary-impairment.

3. Not applicable
4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
  - a. The aggregate amount of unrealized
 

1. Less than 12 Months	17,918.50
2. 12 Months or Longer	146,580.10
  - b. The aggregate related fair value of
 

1. Less than 12 Months	2,762,006.09
2. 12 Months or Longer	2,371,301.13
5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cashflows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cashflows is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flows.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets
  1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total (Admitted & Nonadmitted) Gross Restricted from Current Year	Total (Admitted & Nonadmitted) Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	622,266	644,432	(22,166)	265	622,001	0.3%	0.3%
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							
o. Total Restricted Assets	622,266	644,432	(22,166)	265	622,001	0.3%	0.3%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

3. Detail of Other Restricted Assets – None

4. Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements – None

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities – None

P. Short Sales- None

Q. Prepayment Penalty and Acceleration Fees - Not applicable

R. The financial statements shall disclose the reporting entity’s share of the cash pool by asset type (cash, cash equivalents, or short-term investments). - Not applicable

## 6. Joint Ventures, Partnerships and Limited Liability Companies

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

## 7. Investment Income

1. All investment income due and accrued with amounts that are over 90 days past due was excluded from surplus.
2. The total amount excluded was \$0.

## 8. Derivative Instruments

None

## 9. Income Taxes

No Changes

## 10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, G. Effective April 1, 2019, the Company is a wholly-owned subsidiary of Centene Corporation.

Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provides data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses included \$12,764,497 for such services during the period ended June 30, 2024.

Centene Pharmacy Services, Inc., a wholly owned subsidiary Envolve Holdings, Inc., which is a wholly owned subsidiary of Centene Corporation, provides pharmacy benefits management services to the Company. Medical and administrative expenses included \$804,235 for such services during the period ended June 30, 2024.

Envolve Vision, Inc., which is ultimately a wholly owned subsidiary of Centene Corporation, provides managed vision services to the Company. Medical and administrative expenses included \$223,580 for such services during the period ended June 30, 2024.

Envolve Dental, Inc., which is ultimately a wholly owned subsidiary of Centene Corporation, provides managed dental services to the Company. Medical and administrative expenses included \$2,884 for such services during the period ended June 30, 2024.

D. Included in the Company's balance sheet as of June 30, 2024, are the following receivables from and payables to parent, subsidiaries and affiliates:

<b>Affiliated Entity</b>	<b>2023 Receivable</b>	<b>2023 Payable</b>
Centene Management Company LLC	-	(10,533,214)
QualChoice Life & Health Insurance Company, Inc.	-	(1,087,723)
Envolve Vision, Inc.	-	(158,385)
Centene Pharmacy Services, Inc.	-	(19,904)

E. Service Contracts & Cost Sharing arrangements with affiliates - None

F. Guarantees – None

H. Upstream Intermediate Entity – None

I. Investment in an SCA Entity – None

J. Investment in Impaired SCA Entity – None

K. Investment in Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company – None

M. All SCA Investments – None

N. Investment in an Insurance SCA Entity – None

O. SCA or SSAP No.48 Entity Loss Tracking – None

## 11. Debt

A. Capital Notes – None

B. FHLB Agreements – None

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

- A. Defined Benefit Plans - None
  - B. Description of investment policies and strategies – None
  - C. Fair value of each class of plan assets - None
  - D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption - None
  - E. Defined Contribution Plans - None
  - F. Multiemployer Plans - None
  - G. Consolidated/Holding Company Plans - None
  - H. Post-Employment Benefits and Compensated Absences – None
  - I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**
- A-M. No change
- 14. Liabilities, contingencies, and assessments**
- A. Contingent Commitments - None
  - B. Assessments – None
  - C. Gain Contingencies - None
  - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
  - E. Joint and Several Liabilities – None
  - F. All Other Contingencies – None
- 15. Leases**
- None
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**
- None
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**
- None
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**
- A. No change
  - B. N/A
  - C. N/A
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**
- None
- 20. Fair Value Measurement**
- A. Assets Measured at Fair Value on a Recurring Basis

Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level on June 30, 2024 for assets and liabilities measured at fair value on a recurring basis:

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, Short Term Investments and Cash Equivalents	\$ 124,701,284	\$ -	\$ -	\$ -	\$ 124,701,284
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 Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	<u>\$ 124,701,284</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 124,701,284</u>
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The following table summarizes fair value measurements by level at December 31, 2023 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, Short Term Investments and Cash Equivalents	\$ 130,168,932	\$ -	\$ -	\$ -	\$130,168,932
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 Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 130,168,932	\$ -	\$ -	\$ -	\$130,168,932
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

## B. Fair Value Disclosures Under Other Pronouncements

None

## C. Aggregate Fair Value for All Financial Statements

The following table summarizes fair value measurements by level at June 30, 2024 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	\$124,701,284	\$ 124,701,284	\$ 124,701,284	—	—	—	—
Bonds	\$ 84,726,710	\$ 89,592,458	\$ 622,266	84,104,444	—	—	—

The following table summarizes fair value measurements by level at December 31, 2023 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	\$130,168,932	\$ 130,168,932	\$ 130,168,932	—	—	—	—
Bonds	\$ 66,806,216	\$ 71,822,815	\$ 618,652	66,187,564	—	—	—

## D. Not Practicable to Estimate Fair Value

None

## E. Investments Measured Using the NAV Practical Expedient

None

## 21. Other Items

A. No Change

## 22. Events Subsequent

Subsequent events have been considered through July 15th, 2024, for the statutory statement issued on July 15th, 2024.

Type I – Recognizable Subsequent Events - None

Type II – Non-recognizable Subsequent Events

**23. Reinsurance**

No Change

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

- A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.
- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at June 30, 2024 which are subject to retrospective rating features was \$113.2M, which represents 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 27,080,868	\$ (253,475)	\$ -	\$ -	\$ 26,827,393
(2) Medical loss ratio rebates paid	\$ 28,210,736	\$ -	\$ -	\$ -	\$ 28,210,736
(3) Medical loss ratio rebates unpaid	\$ 23,884,905	\$ -	\$ -	\$ -	\$ 23,884,905
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 11,688,021	\$ -	\$ -	\$ -	\$ 11,688,021
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ 35,572,926	\$ -	\$ -	\$ -	\$ 35,572,926
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

E. Risk-Sharing provisions of the Affordable Care Act (ACA)

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes

2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a) Permanent ACA Risk Adjustment Program

Assets

1) Premium adjustments receivable due to ACA Risk Adjustment (including HCRP)

7,800,284

Liabilities

2) Risk adjustment user fees payable for ACA Risk Adjustment

160,326

3) Premium adjustments payable due to ACA Risk Adjustment

5,031,317

Operations (Revenue & Expense)

4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment

2,856,264

5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)

43,665

b) Transitional ACA Reinsurance Program

Assets

1) Amounts recoverable for claims paid due to ACA Reinsurance

-

2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

-

3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

-

Liabilities

4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums

-

5) Ceded reinsurance premiums payable due to ACA Reinsurance

-

6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

-

Operations (Revenue & Expense)

7) Ceded reinsurance premiums due to ACA Reinsurance

-

8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

-

9) ACA Reinsurance contributions - not reported as ceded premium

-

c) Temporary ACA Risk Corridors Program

Assets

1) Accrued retrospective premium due to ACA Risk Corridors

-

Liabilities

2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

-

Operations (Revenue & Expense)

3) Effect of ACA Risk Corridors on net premium income

-

4) Effect of ACA Risk Corridors on change in reserves for rate credits

-

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	Year		Year		Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2+4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	\$ (87,296)	\$ -	\$ -	\$ -	(87,296)	\$ -	\$ 7,052,931	\$ -	A	\$ 6,965,635	\$ -
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ (87,296)	\$ -	\$ -	\$ -	(87,296)	\$ -	\$ 7,052,931	\$ -		\$ 6,965,635	\$ -
b) Transitional ACA Reinsurance Program											
1) Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2) Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
5) Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6) Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7) Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c) Temporary ACA Risk Corridors Program											
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2) Reserve for rate credits or policy experience rating refund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
3) Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ (87,296)	\$ -	\$ -	\$ -	(87,296)	\$ -	\$ 7,052,931	\$ -		\$ 6,965,635	\$ -

A/B – Adjustment to interim CMS announcement issued June 30, 2024.

4) Rollforward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	Year		Year		Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2+4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a) 2014											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
b) 2015											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
c) 2016											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
d) Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

## 5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	6
<i>Risk Corridors Program Year</i>	Estimated Amount to be filed/final amount filed with federal agency	Non-Accrued Amounts from Impairment of Other Reasons	Amounts received from CMS	Asset balance gross of non-admission (1-2-3)	Non-admitted amounts	Net admitted assets (4-5)
a. 2014	-	-	-	-	-	-
b. 2015	-	-	-	-	-	-
c. 2016	-	-	-	-	-	-
d. Total (a+b+c)	-	-	-	-	-	-

**25. Change in Incurred Claims and Claim Adjustment Expenses**

A. Reserves for incurred claims as of December 31, 2023, was \$33.1M. As of June 30, 2024, \$26.9M has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years is now \$4.2M for incurred claims and unpaid claims adjustment expense as a result of re-estimation of unpaid claims and claims adjustment expenses, and evaluation of liabilities associated with legal actions that arise in the normal course of business. The Company experienced \$2.0M of favorable prior year development since December 31, 2023. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense. The rate used to calculate loss adjustment expense was adjusted down to 1.3%.

**26. Intercompany Pooling Arrangements**

The Company has no intercompany pooling arrangement.

A. – G. N/A

**27. Structured Settlements**

None

**28. Health Care Receivables**

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at June 30, 2024, were \$9,883,823, of which \$690,920 is aged ninety days or older and is nonadmitted.

**29. Participating Policies**

None

**30. Premium Deficiency Reserves**

As of June 30, 2024:

- |   |               |
|---|---------------|
| 1. The liability for the premium deficiency reserves              | \$99,047      |
| 2. Date of most recent evaluation of this liability               | June 30, 2024 |
| 3. Was anticipated investment income utilized in the calculation? | Yes           |

**31. Anticipated Salvage and Subrogation**

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [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.....0001071739
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2022
- 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. ....12/31/2022
- 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). ....06/28/2024
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [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 [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [X] No [ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:  
.....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [ ] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....0

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [X] 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 .....	\$ .....1,500,000	\$ .....1,500,000
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).....	\$ .....1,500,000	\$ .....1,500,000
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 [X]

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
US Bank Trust.....	555 SW Oak St., Portland, OR 97204.....

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Allspring Global Investments LLC.....	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
104973.....	Allspring Global Investments LLC.....	549300B3H21002L85190.....	NIC.....	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.

## GENERAL INTERROGATORIES

- 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 percent.....	78.3 %
1.2 A&H cost containment percent .....	0.1 %
1.3 A&H expense percent excluding cost containment expenses.....	13.4 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ ] No [X]
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 [X]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								.0
2. Alaska	AK	N								.0
3. Arizona	AZ	N								.0
4. Arkansas	AR	L	110,313,312				2,875,720			113,189,032
5. California	CA	N								.0
6. Colorado	CO	N								.0
7. Connecticut	CT	N								.0
8. Delaware	DE	N								.0
9. Dist. Columbia	DC	N								.0
10. Florida	FL	N								.0
11. Georgia	GA	N								.0
12. Hawaii	HI	N								.0
13. Idaho	ID	N								.0
14. Illinois	IL	N								.0
15. Indiana	IN	N								.0
16. Iowa	IA	N								.0
17. Kansas	KS	N								.0
18. Kentucky	KY	N								.0
19. Louisiana	LA	N								.0
20. Maine	ME	N								.0
21. Maryland	MD	N								.0
22. Massachusetts	MA	N								.0
23. Michigan	MI	N								.0
24. Minnesota	MN	N								.0
25. Mississippi	MS	N								.0
26. Missouri	MO	N								.0
27. Montana	MT	N								.0
28. Nebraska	NE	N								.0
29. Nevada	NV	N								.0
30. New Hampshire	NH	N								.0
31. New Jersey	NJ	N								.0
32. New Mexico	NM	N								.0
33. New York	NY	N								.0
34. North Carolina	NC	N								.0
35. North Dakota	ND	N								.0
36. Ohio	OH	N								.0
37. Oklahoma	OK	N								.0
38. Oregon	OR	N								.0
39. Pennsylvania	PA	N								.0
40. Rhode Island	RI	N								.0
41. South Carolina	SC	N								.0
42. South Dakota	SD	N								.0
43. Tennessee	TN	N								.0
44. Texas	TX	N								.0
45. Utah	UT	N								.0
46. Vermont	VT	N								.0
47. Virginia	VA	N								.0
48. Washington	WA	N								.0
49. West Virginia	WV	N								.0
50. Wisconsin	WI	N								.0
51. Wyoming	WY	N								.0
52. American Samoa	AS	N								.0
53. Guam	GU	N								.0
54. Puerto Rico	PR	N								.0
55. U.S. Virgin Islands	VI	N								.0
56. Northern Mariana Islands	MP	N								.0
57. Canada	CAN	N								.0
58. Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	XXX	110,313,312	.0	.0	.0	2,875,720	.0	.0	113,189,032	.0
60. Reporting entity contributions for Employee Benefit Plans	XXX								.0	
61. Total (Direct Business)	XXX	110,313,312	0	0	0	2,875,720	0	0	113,189,032	0
<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	.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 .....1
- 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 .....56



STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	FL	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona Inc.									20-4980818	AZ	16310
	Celtic Group, Inc									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc									92-3523808	LA	17514
	Novasys Health, Inc									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	Illinois Health Practice Alliance, LLC (50%)									82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	Envolve Holdings, LLC									22-3889471	DE	
	Cenpatico Behavioral Health, LLC									68-0461584	CA	
	Envolve, Inc.									37-1788565	DE	
	Envolve Benefits Options, Inc.									61-1846191	DE	
	Envolve Vision Benefits, Inc.									20-4730341	DE	
	Envolve Vision of Texas, Inc.									75-2592153	TX	95302
	Envolve Vision, Inc									20-4773088	DE	

15.1

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

			Envolve Vision of Florida, Inc							65-0094759	FL	
			Envolve Total Vision, Inc.							20-4861241	DE	
			Envolve Dental, Inc.							46-2783884	DE	
			Envolve Dental of Florida, Inc.							81-2969330	FL	
			Envolve Dental of Texas, Inc.							81-2796896	TX	16106
			Centene Pharmacy Services, Inc.							77-0578529	DE	
			MeridianRx, LLC							27-1339224	MI	
			Specialty Therapeutic Care Holdings, LLC							27-3617766	DE	
			Specialty Therapeutic Care, LP (99.99%)							73-1698808	TX	
			Specialty Therapeutic Care, GP, LLC							73-1698807	TX	
			Specialty Therapeutic Care, LP (0.01%)							73-1698808	TX	
			Presonyx, Inc.							80-0856383	DE	
			AcariaHealth, Inc.							45-2780334	DE	
			AcariaHealth Pharmacy #14, Inc							27-1599047	CA	
			AcariaHealth Pharmacy #11, Inc							20-8192615	TX	
			AcariaHealth Pharmacy #12, Inc							27-2765424	NY	
			AcariaHealth Pharmacy #13, Inc							26-0226900	CA	
			AcariaHealth Pharmacy, Inc							13-4262384	CA	
			HomeScripts.com, LLC							27-3707698	MI	
			Foundation Care LLC (80%)							20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.							20-8420512	DE	
			Health Net, LLC							47-5208076	DE	
			Health Net of California, Inc.							95-4402957	CA	
			Health Net Life Insurance Company							73-0654885	CA	66141
			Health Net Life Reinsurance Company							98-0409907	CJ	
			MEB Ventures II, LLC							83-1570018	DE	
			BLR Properties, LLC (80%)							83-1576137	DE	
			Managed Health Network, LLC							95-4117722	DE	
			Managed Health Network							95-3817988	CA	
			MHN Services, LLC							95-4146179	CA	
			Health Net Federal Services, LLC							68-0214809	DE	

15.2

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

		MHN Government Services LLC							42-1680916	DE	
		Network Providers, LLC (10%)							88-0357895	DE	
		Network Providers, LLC (90%)							88-0357895	DE	
		Health Net Health Plan of Oregon, Inc.							93-1004034	OR	95800
		Health Net Community Solutions, Inc.							54-2174068	CA	
		Health Net of Arizona, Inc.							36-3097810	AZ	95206
		Health Net Community Solutions of Arizona, Inc.							81-1348826	AZ	15895
		Health Net Access, Inc.							46-2616037	AZ	
		Centene Health Plan Holdings, Inc.							82-1172163	DE	
		Ambetter of North Carolina, Inc.							82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)							82-2699483	DE	
		Carolina Complete Health, Inc.							82-2699332	NC	16526
		New York Quality Healthcare Corporation							82-3380290	NY	16352
		WellCare of Connecticut, Inc.							06-1405640	CT	95310
		Community Medical Holdings Corp							47-4179393	DE	
		Access Medical Acquisition, LLC							46-3485489	DE	
		Access Medical Group of North Miami Beach, LLC							45-3191569	FL	
		Access Medical Group of Miami, LLC							45-3191719	FL	
		Access Medical Group of Hialeah, LLC							45-3192283	FL	
		Access Medical Group of Westchester, LLC							45-3199819	FL	
		Access Medical Group of Opa-Locka, LLC							45-3505196	FL	
		Access Medical Group of Perrine, LLC							45-3192955	FL	
		Access Medical Group of Florida City, LLC							45-3192366	FL	
		Access Medical Group of Tampa, LLC							82-1737078	FL	
		Access Medical Group of Tampa II, LLC							82-1750978	FL	
		Access Medical Group of Tampa III, LLC							82-1773315	FL	
		Access Medical Group of Lakeland, LLC							84-2750188	FL	
		Access Medical Group of Pembroke Pines, LLC							88-2251274	FL	
		Access Medical Group of Margate, LLC							88-2263310	FL	
		Access Medical Group of Riverview, LLC							88-2284518	FL	
		Access Medical Group of Kendall, LLC							92-0235557	FL	

15.3

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

		Access Medical Group of Lauderdale Lakes, LLC							92-0261029	FL	
	Interpreta Holdings, Inc. (80.1%)								82-4883921	DE	
	Interpreta, Inc.								46-5517858	DE	
	Next Door Neighbors, LLC								32-2434596	DE	
	Next Door Neighbors, Inc.								83-2381790	DE	
		Centene Venture Company Alabama Health Plan, Inc.							84-3707689	AL	16771
		Centene Venture Company Illinois							83-2425735	IL	16505
		Centene Venture Company Kansas							83-2409040	KS	16528
		Centene Venture Company Florida							83-2434596	FL	16499
		Centene Venture Company Indiana, Inc.							84-3679376	IN	16773
		Centene Venture Company Tennessee							84-3724374	TN	16770
		Centene Venture Insurance Company Texas							86-1543217	TX	16990
		Centene Venture Company Michigan							83-2446307	MI	16613
	Comprehensive Health Management, LLC								59-3547616	FL	
	WellCare Health Plans, Inc.								83-4405939	DE	
	WCG Health Management, Inc.								04-3669698	DE	
		The WellCare Management Group, Inc.							14-1647239	NY	
		WellCare of Mississippi, Inc.							81-5442932	MS	16329
		WellCare of Virginia, Inc.							82-0664467	VA	16763
		WellCare of Oklahoma, Inc.							81-3299281	OK	16117
		WellCare Health Insurance Company of Nevada, Inc.							84-3731013	NV	
		WellCare Health Insurance of the Southwest, Inc.							84-3739752	AZ	16692
		WellCare of Georgia, Inc.							20-2103320	GA	10760
		WellCare of Texas, Inc.							20-8058761	TX	12964
		WellCare of South Carolina, Inc.							32-0062883	SC	11775
		WellCare Health Plans of New Jersey, Inc.							20-8017319	NJ	13020
		WellCare of Pennsylvania, Inc.							81-1631920	PA	
		WellCare Health Plans of Massachusetts, Inc							84-3547689	MA	16970
		WellCare Health Insurance Company of Oklahoma, Inc.							84-4449030	OK	16752
		WellCare Health Plans of Missouri, Inc.							84-3907795	MO	16753
		WellCare Prescription Insurance, Inc.							20-2383134	AZ	10155

15.4

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

			WellCare Health Insurance of Hawaii, Inc.					84-4664883	HI	17002
			WellCare Health Plans of Rhode Island, Inc.					84-4627844	RI	16766
			WellCare of Illinois, Inc.					84-4649985	IL	16765
			Rhythm Health Tennessee, Inc.					45-5154364	TN	16533
			WellCare Health Insurance of New York, Inc					11-3197523	NY	10884
			Ohana Health Plan, Inc.					27-0386122	HI	
			WellCare of Indiana, Inc.					83-2840051	IN	
			America's 1st Choice California Holdings, LLC					45-3236788	FL	
			WellCare of California, Inc.					20-5327501	CA	
			WellCare Health Insurance of Tennessee, Inc.					83-2276159	TN	16532
			WellCare of New Hampshire, Inc.					83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
			WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
			WellCare of Washington, Inc.					83-2069308	W A	16571
			WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
			WellCare of Alabama, Inc.					82-1301128	AL	16239
			WellCare of Maine, Inc.					82-3114517	ME	16344
			Harmony Health Systems Inc.					22-3391045	NJ	
			Harmony Health Plan, Inc.					36-4050495	IL	11229
			WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
			WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
			Care 1st Health Plan of Arizona, Inc.					57-1165217	AZ	
			Care1st Health Plan Administrative Services, Inc.					46-2680154	AZ	
			One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.					83-3166908	W A	16570
			WellCare of North Carolina, Inc.					82-5488080	NC	16547
			WellCare Health Insurance Company of America					82-4247084	AR	16343

15.5

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

			WellCare National Health Insurance Company					82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
			Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
			WellCare of Michigan Holding Company					26-4004578	MI	
			Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
			Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
			Sunshine State Health Plan, Inc (50%)					20-8937577	FL	13148
			Universal American Corp.					27-4683816	DE	
			Universal American Holdings, LLC					45-1352914	DE	
			American Progressive Life and Health Insurance Company of New York					13-1851754	NY	80624
			Heritage Health Systems, Inc.					62-1517194	TX	
			SelectCare of Texas, Inc.					62-1819658	TX	10096
			Heritage Health Systems of Texas, Inc.					76-0459857	TX	
			Golden Triangle Physician Alliance					62-1694548	TX	
			Heritage Physician Networks					76-0560730	TX	
			QCA Healthplan, Inc.					71-0794605	AR	95448
			Qualchoice Life and Health Insurance Company					71-0386640	AR	70998
			District Community Care Inc.					84-4119570	DC	16814
			Oklahoma Complete Health Holding Company, LLC					86-2318658	OK	
			Oklahoma Complete Health Inc.					81-3121527	OK	16904
			RI Health & Wellness, Inc.					86-2694770	RI	
			Delaware First Health, Inc.					88-3410060	DE	
			Delaware First Health Complete, Inc.					88-4145615	DE	
			Magellan Health, Inc					58-1076937	DE	
			Magellan Pharmacy Services, Inc.					47-5588795	DE	
			Magellan Behavioral Health of New Jersey, LLC					52-2310906	NJ	12632
			Magellan Health Services of California, Inc. - Employer Services					95-2868243	CA	
			Magellan Healthcare, Inc.					52-2135463	DE	
			Human Affairs International of California					93-0999350	CA	
			Magellan Complete Care of Louisiana, Inc.					46-4188169	LA	15550
			Magellan Behavioral Health of Florida, Inc.					20-1919978	FL	

15.6

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

			Magellan Health Services of Arizona, Inc.						20-1728452	AZ	
			Magellan Health Services of New Mexico, Inc.						85-0420095	NM	
			Magellan of Idaho, LLC						85-4065417	ID	
			Magellan Complete Care of Pennsylvania, Inc.						46-4457706	PA	15924
			Magellan Life Insurance Company						57-0724249	DE	97292
			Merit Behavioral Care Corporation						22-3236927	DE	
			Magellan Providers of Texas, Inc.						76-0513383	TX	
			Magellan Behavioral Health of Pennsylvania, Inc.						23-2759528	PA	47019
			Magellan Behavioral of Michigan, Inc.						52-1946167	MI	
			Magellan of Maryland, LLC						92-0642038	MD	
			Magnolia Joint Venture Holding Company, Inc.						92-0679069	DE	

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UIP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	YES	.0
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Centene Corporation	YES	.0
01295	Centene Corporation	15713	46-4829006				Iowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	18.0	Centene Corporation	YES	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Centene Corporation	YES	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Coordinated Care Corporation	Ownership	15.0	Centene Corporation	YES	.0
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	d/b/a Managed Health Services	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.0	Centene Corporation	YES	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Centene Corporation	YES	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc.	MO	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holding, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	YES	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan.	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16351	45-5583511				Western Sky Community Care, Inc.	NM	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	26-1849394				Tennessee Total Care, Inc.	TN	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16143	20-4761189				SilverSummit Healthplan, Inc.	NV	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	22-3292245				University Health Plans, Inc.	NJ	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc.	OR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc.	OR	IA	Agate Resources, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15902	47-5123293				Nebraska Total Care, Inc.	NE	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16041	47-5340613				Pennsylvania Health & Wellness, Inc.	PA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15927	47-5667095				Sunshine Health Community Solutions, Inc.	FL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16112	47-5664342				Buckeye Health Plan Community Solutions, Inc.	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16130	81-1282251				Arkansas Health & Wellness Health Plan, Inc.	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	38-4042368				Arkansas Total Care Holding Company, LLC	DE	NIA	Arkansas Health & Wellness Health Plan, Inc.	Ownership	49.0	Centene Corporation	NO	.0
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc.	AR	IA	Arkansas Total Care Holding Company, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16310	20-4980818				Bridgeway Health Solutions of Arizona Inc.	AZ	IA	Bridgeway Health Solutions, LLC.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	17514	92-3523808				Ambetter Health of Louisiana, Inc	LA	IA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-2761995				Illinois Health Practice Alliance, LLC	DE	NIA	Centene Management Company LLC	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	22-3889471				Engolve Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	68-0461584				Genpatco Behavioral Health, LLC	CA	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	37-1788565				Engolve, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	61-1846191				Engolve Benefits Options, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4730341				Engolve Vision Benefits, Inc	DE	NIA	Engolve Benefits Options, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95302	75-2592153				Engolve Vision of Texas, Inc	TX	IA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4773088				Engolve Vision, Inc	DE	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	65-0094759				Engolve Vision of Florida, Inc	FL	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4861241				Engolve Total Vision, Inc	DE	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2783884				Engolve Dental, Inc	DE	NIA	Engolve Benefits Options, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	81-2969330				Engolve Dental of Florida, Inc	FL	NIA	Engolve Dental, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16106	81-2796896				Engolve Dental of Texas, Inc	TX	IA	Engolve Dental, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	77-0578529				Centene Pharmacy Services, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-1339224				MeridianRx, LLC	MI	NIA	Centene Pharmacy Services, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership	0.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	80-0856383				Presonix, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-0873587				Foundation Care LLC	MO	NIA	AcariaHealth, Inc	Ownership	80.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-8420512				AcariaHealth Pharmacy #26, Inc	DE	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	47-5208076				Health Net, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	66141	73-0654885				Health Net Life Insurance Company	CA	IA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	98-0409907				Health Net Life Reinsurance Company	CYM	NIA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	83-1570018				MEB Ventures II, LLC	DE	NIA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	83-1576137				BLR Properties, LLC	DE	NIA	MEB Ventures II, LLC	Ownership	80.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4146179				MHN Services, LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	68-0214809				Health Net Federal Services, LLC	DE	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	MHN Government Services LLC	Ownership	10.0	Centene Corporation	NO	0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	90.0	Centene Corporation	NO	.0
01295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon, Inc	OR	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	54-2174068				Health Net Community Solutions, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15895	81-1348826				Health Net Community Solutions of Arizona, Inc	AZ	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2616037				Health Net Access, Inc	AZ	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1172163				Centene Health Plan Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16395	82-5032556				Ambetter of North Carolina, Inc	NC	IA	Centene Health Plan Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-2699483				Carolina Complete Health Holding Company Partnership	DE	NIA	Centene Health Plan Holdings, Inc	Ownership	80.0	Centene Corporation	NO	.0
01295	Centene Corporation	16526	82-2699332				Carolina Complete Health, Inc	NC	IA	Carolina Complete Health Holding Company Partnership	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16352	82-3380290				New York Quality Healthcare Corporation	NY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95310	06-1405640				WellCare of Connecticut, Inc	CT	IA	New York Quality Healthcare Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	47-4179393				Community Medical Holdings Corp	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-3485489				Access Medical Acquisition, LLC	DE	NIA	Community Medical Holdings Corp	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3191569				Access Medical Group of North Miami Beach, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3191719				Access Medical Group of Miami, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192283				Access Medical Group of Hialeah, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3199819				Access Medical Group of Westchester, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3505196				Access Medical Group of Opa-Locka, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192955				Access Medical Group of Perrine, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192366				Access Medical Group of Florida City, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1737078				Access Medical Group of Tampa, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1750978				Access Medical Group of Tampa II, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1773315				Access Medical Group of Tampa III, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	84-2750188				Access Medical Group of Lakeland, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2251274				Access Medical Group of Pembroke Pines, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2263310				Access Medical Group of Margate, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2284518				Access Medical Group of Riverview, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0235557				Access Medical Group of Kendall, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0261029				Access Medical Group of Lauderdale Lakes, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership	80.1	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-5517858				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16771	84-3707689				Centene Venture Company Alabama Health Plan, Inc	AL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16505	83-2425735				Centene Venture Company Illinois	IL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16528	83-2409040				Centene Venture Company Kansas	KS	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16499	83-2434596				Centene Venture Company Florida	FL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16773	84-3679376				Centene Venture Company Indiana, Inc	IN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16770	84-3724374				Centene Venture Company Tennessee	TN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16990	86-1543217				Centene Venture Insurance Company Texas	TX	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16613	83-2446307				Centene Venture Company Michigan	MI	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	59-3547616				Comprehensive Health Management, LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-4405939				WellCare Health Plans, Inc	DE	UIP	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	04-3669698				WCG Health Management, Inc	DE	UIP	WellCare Health Plans, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	14-1647239				The WellCare Management Group, Inc	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16329	81-5442932				WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16763	82-0664467				WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01295	Centene Corporation	16117	81-3299281				WellCare of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	84-3731013				WellCare Health Insurance Company of Nevada, Inc.	NV	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16692	84-3739752				WellCare Health Insurance of the Southwest, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10760	20-2103320				WellCare of Georgia, Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12964	20-8058761				WellCare of Texas, Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13020	20-8017319				WellCare Health Plans of New Jersey, Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	81-1631920				WellCare of Pennsylvania, Inc.	PA	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16970	84-3547689				WellCare Health Plans of Massachusetts, Inc.	MA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16752	84-4449030				WellCare Health Insurance Company of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16753	84-3907795				WellCare Health Plans of Missouri, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10155	20-2383134				WellCare Prescription Insurance, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	17002	84-4664883				WellCare Health Insurance of Hawaii, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16766	84-4627844				WellCare Health Plans of Rhode Island, Inc.	RI	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16765	84-4649985				WellCare of Illinois, Inc.	IL	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16533	45-5154364				Rhythm Health Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10884	11-3197523				WellCare Health Insurance of New York, Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-0386122				Ohana Health Plan, Inc.	HI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-2840051				WellCare of Indiana, Inc.	IN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-5327501				WellCare of California, Inc.	CA	NIA	America's 1st Choice California Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16532	83-2276159				WellCare Health Insurance of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16514	83-2255514				WellCare Health Plans of Vermont, Inc.	VT	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01295	Centene Corporation	16513	83-2126269				WellCare Health Insurance of Connecticut, Inc.	CT	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16571	83-2069308				WellCare of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16239	82-1301128				WellCare of Alabama, Inc.	AL	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16344	82-3114517				WellCare of Maine, Inc.	ME	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	22-3391045				Harmony Health Systems Inc.	NJ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	11229	36-4050495				Harmony Health Plan, Inc.	IL	IA	Harmony Health Systems Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	64467	36-6069295				WellCare Health Insurance Company of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	83445	86-0269558				WellCare Health Insurance of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16548	83-3493160				WellCare Health Insurance of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16788	83-3333918				WellCare Health Insurance Company of Louisiana, Inc.	LA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16512	83-3525830				WellCare of Missouri Health Insurance Company, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	57-1165217				Care 1st Health Plan of Arizona, Inc.	AZ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	46-2680154				Care1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan of Arizona, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	06-1742685				One Care by Care1st Health Plans of Arizona, Inc.	AZ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16570	83-3166908				WellCare Health Insurance Company of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16547	82-5488080				WellCare of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16343	82-4247084				WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16342	82-5127096				WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16516	83-3091673				WellCare Health Insurance Company of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16789	84-4709471				WellCare Health Insurance Company of New Jersey, Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	26-4004578				WellCare of Michigan Holding Company	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	52563	38-3253977				Meridian Health Plan of Michigan, Inc.	MI	IA	WellCare of Michigan Holding Company	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	13189	20-3209671				Meridian Health Plan of Illinois, Inc.	IL	IA	WellCare of Michigan Holding Company	Ownership	100.0	Centene Corporation	NO	0

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-4683816				Universal American Corp.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	80624	13-1851754				American Progressive Life and Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10096	62-1819658				SelectCare of Texas, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95448	71-0794605				QCA Healthplan, Inc.	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	70998	71-0386640				Qualchoice Life and Health Insurance Company	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16814	84-4119570				District Community Care Inc.	DC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	86-2318658				Oklahoma Complete Health Holding Company, LLC	OK	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16904	81-3121527				Oklahoma Complete Health Inc.	OK	IA	Oklahoma Complete Health Holding Company, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	86-2694770				RI Health & Wellness, Inc.	RI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-3410060				Delaware First Health, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-4145615				Delaware First Health Complete, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	58-1076937				Magellan Health, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	47-5588795				Magellan Pharmacy Services, Inc.	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12632	52-2310906				Magellan Behavioral Health of New Jersey, LLC	NJ	IA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	95-2868243				Magellan Health Services of California, Inc. - Employer Services	CA	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	52-2135463				Magellan Healthcare, Inc.	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	93-0999350				Human Affairs International of California	CA	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0





# 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? .....NO.....

**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. ....YES.....

**Explanation:**

**Bar Code:**

1.   
9 5 4 4 8 2 0 2 4 3 6 5 0 0 0 0 2

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**

**Real Estate**

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

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	73,322,815	65,824,916
2. Cost of bonds and stocks acquired .....	20,140,350	10,050,851
3. Accrual of discount .....	40,417	17,669
4. Unrealized valuation increase/(decrease) .....	(42,809)	(193,263)
5. Total gain (loss) on disposals .....	(10,468)	(60,623)
6. Deduct consideration for bonds and stocks disposed of .....	2,116,851	1,821,018
7. Deduct amortization of premium .....	240,998	495,717
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	91,092,457	73,322,815
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	91,092,457	73,322,815

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

**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>BONDS</b>								
1. NAIC 1 (a).....	46,914,723	6,619,130	1,824,412	920,552	46,914,723	52,629,993	0	41,342,811
2. NAIC 2 (a).....	30,847,835	4,780,944		(1,004,823)	30,847,835	34,623,957	0	28,509,469
3. NAIC 3 (a).....	2,328,534			9,973	2,328,534	2,338,508	0	1,970,536
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	80,091,093	11,400,074	1,824,412	(74,298)	80,091,093	89,592,458	0	71,822,815
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	80,091,093	11,400,074	1,824,412	(74,298)	80,091,093	89,592,458	0	71,822,815

(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 \$ .....

S102

## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	0	XXX			

## SCHEDULE DA - VERIFICATION

Short-Term Investments

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

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

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

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	63,105,646	70,494,245
2. Cost of cash equivalents acquired .....	88,014,886	128,090,788
3. Accrual of discount .....		0
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	55,846,258	135,479,387
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	95,274,274	63,105,646
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	95,274,274	63,105,646

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>									
91282C-HW-6	UNITED STATES TREASURY		05/23/2024	Unknown	XXX	621,826	625,000	9,967	1.A
<b>0109999999 - Bonds - U.S. Governments</b>						621,826	625,000	9,967	XXX
<b>Bonds - U.S. States, Territories and Possessions</b>									
452153-JE-0	ILLINOIS ST		05/08/2024	Jefferies LLC	XXX	500,000	500,000		1.G FE
<b>0509999999 - Bonds - U.S. States, Territories and Possessions</b>						500,000	500,000	0	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>									
491325-PA-8	KENTUCKY INTERLOCAL SCH TRANSP ASSN EQUI		05/15/2024	PERSHING LLC	XXX	307,146	300,000		1.E
60636A-EC-3	MISSOURI ST HEALTH & EDL FACS AUTH EDL F		04/16/2024	TRUIST SECURITIES, INC	XXX	448,320	500,000	3,093	1.B FE
796247-EC-4	SAN ANTONIO TEX ED FACS CORP REV		05/17/2024	Jefferies LLC	XXX	250,000	250,000		1.D FE
<b>0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						1,005,466	1,050,000	3,093	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
049468-AB-7	ATLASSTAN CORP	C	05/08/2024	BOFA SECURITIES, INC	XXX	1,191,816	1,200,000		2.C FE
103730-BT-6	BP CAPITAL MARKETS AMERICA INC		04/16/2024	BARCLAYS CAPITAL INC	XXX	832,800	1,000,000	7,256	1.G FE
209111-GH-0	CONSOLIDATED EDISON COMPANY OF NEW YORK		05/06/2024	CITIGROUP GLOBAL MARKETS INC	XXX	1,198,056	1,200,000		1.G FE
45687V-AF-3	INGERSOLL RAND INC		05/07/2024	GOLDMAN SACHS & CO	XXX	1,199,256	1,200,000		2.B FE
45866F-BA-1	INTERCONTINENTAL EXCHANGE INC		05/06/2024	BOFA SECURITIES, INC	XXX	499,525	500,000		1.G FE
57629W-CW-8	MASSMUTUAL GLOBAL FUNDING II		05/07/2024	BOFA SECURITIES, INC	XXX	963,252	1,200,000	1,550	1.D FE
63938P-BX-6	NAVMT 241 B - ABS		05/13/2024	BOFA SECURITIES, INC	XXX	599,971	600,000		1.D FE
670837-AD-5	OGF ENERGY CORP		05/06/2024	NETSCOUT SYSTEMS INC	XXX	1,198,428	1,200,000		2.B FE
69145D-AA-0	OXFINF 24A A2 - ABS		04/16/2024	PERSHING LLC	XXX	398,234	400,000	297	1.F
759351-AS-8	REINSURANCE GROUP OF AMERICA INC		05/08/2024	BOFA SECURITIES, INC	XXX	1,191,444	1,200,000		2.A FE
<b>1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						9,272,782	9,700,000	9,103	XXX
<b>2509999997 - Bonds - Subtotals - Bonds - Part 3</b>						11,400,074	11,875,000	22,163	XXX
<b>2509999999 - Bonds - Subtotals - Bonds</b>						11,400,074	11,875,000	22,163	XXX
<b>6009999999 Totals</b>						11,400,074	XXX	22,163	XXX

E04

STATEMENT AS OF JUNE 30, 2024 OF THE QCA Health Plan, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>																					
912828-WJ-5	UNITED STATES TREASURY		05/15/2024	Maturity @ 100.00	XXX	625,000	625,000	612,313	620,465		4,535		4,535		625,000			0	7,813	05/15/2024	1 A
<b>0109999999 - Bonds - U.S. Governments</b>						625,000	625,000	612,313	620,465	0	4,535	0	4,535	0	625,000	0	0	0	7,813	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
3132DQ-CS-3	FH SD2781 - RMBS		06/01/2024	Paydown	XXX	3,717	3,717	3,793	3,788		(71)		(71)		3,717			0	77	04/01/2053	1 A
3132DQ-M9-4	FH SD3084 - RMBS		06/01/2024	Paydown	XXX	3,900	3,900	3,989	3,986		(86)		(86)		3,900		0	0	85	06/01/2053	1 A
31400P-PQ-4	FN CB4030 - RMBS		06/01/2024	Paydown	XXX	2,078	2,078	2,006	2,011		68		68		2,078		0	0	41	06/01/2052	1 A
31400P-VD-6	FN CB4211 - RMBS		06/01/2024	Paydown	XXX	5,950	5,950	5,483	5,486		465		465		5,950		0	0	116	07/01/2052	1 A
31400R-SK-0	FN CB5921 - RMBS		06/01/2024	Paydown	XXX	3,967	3,967	4,070	4,064		(97)		(97)		3,967		0	0	108	03/01/2053	1 A
3140XH-ZU-0	FN FS2586 - RMBS		06/01/2024	Paydown	XXX	4,558	4,558	4,589	4,585		(28)		(28)		4,558		0	0	89	08/01/2052	1 A
3140XJ-AR-4	FN FS2715 - RMBS		06/01/2024	Paydown	XXX	1,843	1,843	1,731	1,733		110		110		1,843		0	0	27	04/01/2052	1 A
626853-CG-8	MURRAY CITY UTAH HOSP REV		06/26/2024	Various	XXX	1,000,000	1,000,000	1,000,000	1,000,000				0	1,000,000		0	0	14,112	05/15/2037	1 B FE	
735000-TN-1	PORT OAKLAND CALIF REV		05/01/2024	Call @ 100.00	XXX	95,154	95,154	95,154	95,154				0	95,154		0	0	722	05/01/2026	1 E FE	
<b>0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						1,121,167	1,121,167	1,120,815	1,120,806	0	361	0	361	0	1,121,167	0	0	0	15,376	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
09531M-AA-8	BBEF 231 A - ABS		06/15/2024	Paydown	XXX	34,000	34,000	33,998	33,998		2		2		34,000		0	0	1,000	11/15/2030	1 F
20268K-AC-4	CBSLT 2017-B-GS B - ABS		06/25/2024	Paydown	XXX	4,185	4,185	4,267	4,248		(63)		(63)		4,185		0	0	58	09/25/2042	1 C FE
26857E-AA-6	ELFI 2019-A A - ABS		06/25/2024	Paydown	XXX	1,221	1,221	1,220	1,220		0		0		1,221		0	0	13	03/25/2044	1 A FE
50214V-AA-6	LPMS 2023-1 A - ABS		06/15/2024	Paydown	XXX	20,836	20,836	20,836	20,836		0		0		20,836		0	0	706	10/17/2033	1 G
61946P-AA-1	MSAIC 2020-2 A - ABS		06/20/2024	Paydown	XXX	4,244	4,244	4,212	4,211		32		32		4,244		0	0	26	08/20/2046	1 D FE
907825-AA-1	UNION PACIFIC RAILROAD CO - ABS		05/14/2024	Paydown	XXX	13,760	13,760	15,290	14,517		(757)		(757)		13,760		0	0	222	05/14/2026	1 D FE
<b>1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						78,245	78,245	79,823	79,030	0	(785)	0	(785)	0	78,245	0	0	0	2,023	XXX	XXX
<b>2509999997 - Bonds - Subtotals - Bonds - Part 4</b>						1,824,412	1,824,412	1,812,951	1,820,302	0	4,110	0	4,110	0	1,824,412	0	0	0	25,212	XXX	XXX
<b>2509999999 - Bonds - Subtotals - Bonds</b>						1,824,412	1,824,412	1,812,951	1,820,302	0	4,110	0	4,110	0	1,824,412	0	0	0	25,212	XXX	XXX
<b>6009999999 Totals</b>						1,824,412	XXX	1,812,951	1,820,302	0	4,110	0	4,110	0	1,824,412	0	0	0	25,212	XXX	XXX

EOS

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



