



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2021**  
 OF THE CONDITION AND AFFAIRS OF THE

**QualChoice Life and Health Insurance Company, Inc.**

(Name)

NAIC Group Code 01295 , 01295 NAIC Company Code 70998 Employer's ID Number 71-0386640  
(Current Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 10/17/1992 Commenced Business 04/25/1965

Statutory Home Office 1 Allied Drive Suite 2520 , Little Rock, AR, US 72202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Blvd  
(Street and Number)  
Saint Louis, MO, US 63105 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Blvd , Saint Louis, MO, US 63105  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Blvd  
(Street and Number)  
Saint Louis, MO, US 63105 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.qualchoice.com

Statutory Statement Contact Clinton Brant , 314-519-1099  
(Name) (Area Code) (Telephone Number) (Extension)  
clinton.r.brant@centene.com 314-725-4658  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>John P. Ryan</u> , <u>President</u>	<u>Thomas P. Wise</u> , <u>Vice President</u>
<u>Chris J. Perry</u> , <u>Treasurer</u>	<u>Tricia L. Dinkelman</u> , <u>Vice President of Tax</u>

**OTHER OFFICERS**

<u>Janet R. Alonzo</u> , <u>Secretary</u>	_____ , _____
_____ , _____	_____ , _____

**DIRECTORS OR TRUSTEES**

<u>Thomas P. Wise</u>	<u>Chris J. Perry</u>	<u>John P. Ryan</u>	_____
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State of \_\_\_\_\_

ss

County of \_\_\_\_\_

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

John P. Ryan  
President

Thomas P. Wise  
Vice President

Chris J. Perry  
Treasurer

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

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

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	50,303,841		50,303,841	62,683,400
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
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 (\$ ..... 12,646,568 , Schedule E-Part 1), cash equivalents (\$ ..... 16,062,736 , Schedule E-Part 2) and short-term investments (\$ ..... 1,624,956 , Schedule DA).....	30,334,259		30,334,259	52,919,494
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	80,638,101	0	80,638,101	115,602,894
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	312,621		312,621	303,882
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,136,418		2,136,418	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	0		0	1,381,710
15.3 Accrued retrospective premiums (\$ ..... 0 ) and contracts subject to redetermination (\$ ..... 0 ) .....	8,325,239		8,325,239	0
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 .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	444,438
18.2 Net deferred tax asset.....	1,534,822	303,128	1,231,694	2,483,131
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 .....	7,092,027		7,092,027	0
24. Health care (\$ ..... 3,296,428 ) and other amounts receivable.....	6,577,980	3,281,551	3,296,429	2,232,517
25. Aggregate write-ins for other-than-invested assets .....	15,345,088	266,416	15,078,672	22,255,816
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	121,962,296	3,851,095	118,111,201	144,704,388
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	121,962,296	3,851,095	118,111,201	144,704,388
<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. Insurance Charter.....			0	0
2502. CSR Cost Sharing Receivable.....	15,078,672		15,078,672	21,475,588
2503. State Income Tax Recoverable.....	0	0	0	205,653
2598. Summary of remaining write-ins for Line 25 from overflow page .....	266,416	266,416	0	574,575
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	15,345,088	266,416	15,078,672	22,255,816

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	25,418,597		25,418,597	63,762,417
2. Accrued medical incentive pool and bonus amounts	194,154		194,154	168,035
3. Unpaid claims adjustment expenses	263,820		263,820	347,309
4. Aggregate health policy reserves, including the liability of \$ .....8,478,986 for medical loss ratio rebate per the Public Health Service Act	10,715,283		10,715,283	21,820,521
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	936,096		936,096	370,588
9. General expenses due or accrued	1,913,366		1,913,366	1,597,606
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	2,414,924		2,414,924	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,166,870		1,166,870	16,567,390
16. Derivatives		0	0	0
17. Payable for securities			0	4,880,000
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ .....12,479,067 current)	12,479,067	0	12,479,067	26,000
24. Total liabilities (Lines 1 to 23)	55,502,177	0	55,502,177	109,539,866
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,013,750	1,013,750
27. Preferred capital stock	XXX	XXX	1,500,000	1,500,000
28. Gross paid in and contributed surplus	XXX	XXX	48,680,395	48,680,395
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	11,414,876	(16,029,624)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	62,609,021	35,164,521
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	118,111,198	144,704,387
<b>DETAILS OF WRITE-INS</b>				
2301. State Assessment	26,000		26,000	26,000
2302. CSR Payable	12,343,204		12,343,204	
2303. State Tax Payable	109,863		109,863	
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)	12,479,067	0	12,479,067	26,000
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	614,178	536,731
2. Net premium income (including \$ .....139,761 non-health premium income).....	XXX	264,263,283	221,762,665
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	62,855
8. Total revenues (Lines 2 to 7) .....	XXX	264,263,283	221,825,520
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		117,635,048	106,942,020
10. Other professional services .....		1,429,681	874,144
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		25,356,706	20,053,476
13. Prescription drugs .....		37,699,049	30,310,631
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		53,885	168,035
16. Subtotal (Lines 9 to 15) .....	0	182,174,369	158,348,306
<b>Less:</b>			
17. Net reinsurance recoveries .....			(196,351)
18. Total hospital and medical (Lines 16 minus 17) .....	0	182,174,369	158,544,657
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....166,670 cost containment expenses.....		2,777,837	2,632,533
21. General administrative expenses.....		44,341,443	52,697,710
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(7,029,135)	(7,542,506)
23. Total underwriting deductions (Lines 18 through 22) .....	0	222,264,514	206,332,394
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	41,998,769	15,493,126
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,043,973	415,995
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(13,510)	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,030,463	415,995
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... 11,791 )] .....		(11,791)	(9,096)
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	43,017,441	15,900,025
31. Federal and foreign income taxes incurred .....	XXX	7,397,065	1,716,574
32. Net income (loss) (Lines 30 minus 31) .....	XXX	35,620,376	14,183,451
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. Commission on Life Product.....	XXX		62,855
0702. ....	XXX		0
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	62,855
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			0
2902. Change in Deferred Tax.....			0
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	35,164,521	21,661,371
34. Net income or (loss) from Line 32 .....	35,620,376	14,183,451
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	(948,309)	2,483,131
39. Change in nonadmitted assets .....	272,440	(2,474,046)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....	(7,500,000)	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(675,176)
48. Net change in capital and surplus (Lines 34 to 47) .....	27,444,507	13,517,360
49. Capital and surplus end of reporting year (Line 33 plus 48)	62,609,028	35,178,732
<b>DETAILS OF WRITE-INS</b>		
4701. ....		0
4702. Tax Receivable at Sale.....		(675,176)
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(675,176)

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	244,643,606	219,070,279
2. Net investment income .....	1,520,368	229,409
3. Miscellaneous income .....	0	62,855
4. Total (Lines 1 through 3) .....	246,163,974	219,362,543
5. Benefit and loss related payments .....	195,280,018	116,963,617
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	68,442,900	44,915,519
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	4,513,217	(476,442)
10. Total (Lines 5 through 9) .....	268,236,135	161,402,694
11. Net cash from operations (Line 4 minus Line 10) .....	(22,072,161)	57,959,850
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	15,395,295	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	4,880,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	15,395,295	4,880,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	3,517,973	59,466,456
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	4,880,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	8,397,973	59,466,456
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	6,997,322	(54,586,456)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	18,400,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	7,500,000	0
16.6 Other cash provided (applied) .....	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(7,500,000)	18,400,000
<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) .....	(22,574,839)	21,773,393
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	52,933,704	31,160,311
19.2 End of year (Line 18 plus Line 19.1) .....	30,358,866	52,933,704

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	264,263,283	258,070,399	4,987,297	0	0	0	0	0	1,065,826	139,761
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	264,263,283	258,070,399	4,987,297	0	0	0	0	0	1,065,826	139,761
8. Hospital/medical benefits	117,635,047	113,762,765	3,456,924						415,358	XXX
9. Other professional services	1,429,682	627,994	801,688							XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	25,356,706	25,256,298	100,408							XXX
12. Prescription drugs	37,699,048	37,696,131	2,917							XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	53,885	53,885								XXX
15. Subtotal (Lines 8 to 14)	182,174,368	177,397,073	4,361,937	0	0	0	0	0	415,358	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	182,174,368	177,397,073	4,361,937	0	0	0	0	0	415,358	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 166,670 cost containment expenses	2,777,837	2,722,035	55,802							
20. General administrative expenses	44,341,565	43,722,256	619,309							
21. Increase in reserves for accident and health contracts	(7,029,135)	(6,445,994)	(583,141)							XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	222,264,635	217,395,370	4,453,907	0	0	0	0	0	415,358	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	41,998,648	40,675,029	533,390	0	0	0	0	0	650,468	139,761
<b>DETAILS OF WRITE-INS</b>										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	258,133,412		63,013	258,070,399
2. Medicare Supplement .....	4,987,297			4,987,297
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....	1,065,826			1,065,826
9. Health subtotal (Lines 1 through 8) .....	264,186,535	.0	63,013	264,123,522
10. Life .....	906,673		766,912	139,761
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	265,093,208	0	829,925	264,263,283

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	236,623,968	232,101,729	4,331,807						190,432	
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	236,623,968	232,101,729	4,331,807	0	0	0	0	0	190,432	0
2. Paid medical incentive pools and bonuses .....	27,765	27,765								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	25,418,598	24,593,472	500,332	0	0	0	0	0	324,794	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	25,418,598	24,593,472	500,332	0	0	0	0	0	324,794	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	194,154	194,154								
6. Net healthcare receivables (a) .....	16,159,665	16,159,665								
7. Amounts recoverable from reinsurers December 31, current year .....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	63,762,417	63,192,348	470,201	0	0	0	0	0	99,868	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	63,762,417	63,192,348	470,201	0	0	0	0	0	99,868	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	168,035	168,035								
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	182,120,484	177,343,188	4,361,938	0	0	0	0	0	415,358	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	182,120,484	177,343,188	4,361,938	0	0	0	0	0	415,358	0
13. Incurred medical incentive pools and bonuses .....	53,884	53,884	0	0	0	0	0	0	0	0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	403,165	390,077	7,936						5,152	
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	403,165	390,077	7,936	0	0	0	0	0	5,152	0
2. Incurred but Unreported:										
2.1. Direct .....	25,015,433	24,203,395	492,396						319,642	
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	25,015,433	24,203,395	492,396	0	0	0	0	0	319,642	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	25,418,598	24,593,472	500,332	0	0	0	0	0	324,794	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	25,418,598	24,593,472	500,332	0	0	0	0	0	324,794	0

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	51,974,975	180,126,754	450,570	24,142,901	52,425,545	63,192,348
2. Medicare Supplement .....	544,121	3,787,686	353	499,978	544,474	470,201
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....	12,292	178,140		324,794	12,292	99,868
9. Health subtotal (Lines 1 to 8).....	52,531,388	184,092,580	450,923	24,967,673	52,982,311	63,762,417
10. Healthcare receivables (a).....	7,443,505	7,518,558		6,577,980	7,443,505	5,380,377
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....	27,765			194,154	27,765	168,035
13. Totals (Lines 9-10+11+12)	45,115,648	176,574,022	450,923	18,583,847	45,566,571	58,550,075

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

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	183,120	183,109	183,109	183,109	183,109
2. 2017 .....	82,104	89,365	89,395	89,395	89,395
3. 2018 .....	XXX	72,839	85,359	85,359	85,359
4. 2019 .....	XXX	XXX	104,879	117,044	117,044
5. 2020 .....	XXX	XXX	XXX	96,600	141,159
6. 2021 .....	XXX	XXX	XXX	XXX	172,608

**Section B – Incurred Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	183,121	183,138	183,138	183,138	183,138
2. 2017 .....	94,101	89,738	89,738	89,738	89,738
3. 2018 .....	XXX	87,036	85,360	85,360	85,360
4. 2019 .....	XXX	XXX	119,269	118,462	118,462
5. 2020 .....	XXX	XXX	XXX	153,828	140,858
6. 2021 .....	XXX	XXX	XXX	XXX	190,367

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017 .....	108,591	89,395	2,735	3.1	92,130	84.8			92,130	84.8
2. 2018 .....	119,084	85,359	536	0.6	85,895	72.1			85,895	72.1
3. 2019 .....	136,492	117,044	3,550	3.0	120,594	88.4			120,594	88.4
4. 2020 .....	214,687	141,159	2,712	1.9	143,871	67.0	451	5	144,327	67.2
5. 2021 .....	258,133	172,608	2,162	1.3	174,770	67.7	24,337	259	199,366	77.2

12-HM

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	5,744	5,738	5,743	5,743	5,743
2. 2017 .....	3,665	3,857	3,857	3,857	3,857
3. 2018 .....	XXX	4,691	5,199	5,199	5,199
4. 2019 .....	XXX	XXX	3,917	4,409	4,409
5. 2020 .....	XXX	XXX	XXX	4,088	4,632
6. 2021 .....	XXX	XXX	XXX	XXX	3,788

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	5,744	5,743	5,743	5,743	5,743
2. 2017 .....	3,665	3,854	3,857	3,857	3,857
3. 2018 .....	XXX	5,251	5,199	5,199	5,199
4. 2019 .....	XXX	XXX	4,374	4,409	4,409
5. 2020 .....	XXX	XXX	XXX	4,558	4,632
6. 2021 .....	XXX	XXX	XXX	XXX	4,288

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	3,148	3,857	82	2.1	3,939	125.1			3,939	125.1
2. 2018.....	4,959	5,199	98	1.9	5,297	106.8			5,297	106.8
3. 2019.....	5,093	4,409		0.0	4,409	86.6			4,409	86.6
4. 2020.....	5,151	4,632		0.0	4,632	89.9			4,632	89.9
5. 2021.....	4,987	3,788		0.0	3,788	76.0	500		4,288	86.0

12-MS

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	142	173	173	173	173
2. 2017 .....	999	1,104	1,104	1,104	1,104
3. 2018 .....	XXX	562	727	727	727
4. 2019 .....	XXX	XXX	1,441	1,996	1,996
5. 2020 .....	XXX	XXX	XXX	656	669
6. 2021 .....	XXX	XXX	XXX	XXX	178

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	173	173	173	173	173
2. 2017 .....	999	1,104	1,104	1,104	1,104
3. 2018 .....	XXX	950	727	727	727
4. 2019 .....	XXX	XXX	1,821	1,996	1,996
5. 2020 .....	XXX	XXX	XXX	756	669
6. 2021 .....	XXX	XXX	XXX	XXX	503

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017 .....	743	1,104	2	0.2	1,106	148.9			1,106	148.9
2. 2018 .....	1,253	727	21	2.9	748	59.7			748	59.7
3. 2019 .....	1,164	1,996	23	1.2	2,019	173.5			2,019	173.5
4. 2020 .....	1,045	669		0.0	669	64.0			669	64.0
5. 2021 .....	1,066	178		0.0	178	16.7	325		503	47.2

12-OT

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	189,006	189,020	189,025	189,025	189,025
2. 2017 .....	86,768	94,326	94,356	94,356	94,356
3. 2018 .....	XXX	78,092	91,285	91,285	91,285
4. 2019 .....	XXX	XXX	110,237	123,449	123,449
5. 2020 .....	XXX	XXX	XXX	101,344	146,460
6. 2021 .....	XXX	XXX	XXX	XXX	176,574

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	189,038	189,054	189,054	189,054	189,054
2. 2017 .....	98,765	94,696	94,699	94,699	94,699
3. 2018 .....	XXX	93,237	91,286	91,286	91,286
4. 2019 .....	XXX	XXX	125,464	124,867	124,867
5. 2020 .....	XXX	XXX	XXX	159,142	146,159
6. 2021 .....	XXX	XXX	XXX	XXX	195,158

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017 .....	112,482	94,356	2,819	3.0	97,175	86.4	.0	.0	97,175	86.4
2. 2018 .....	125,296	91,285	655	0.7	91,940	73.4	.0	.0	91,940	73.4
3. 2019 .....	142,749	123,449	3,573	2.9	127,022	89.0	.0	.0	127,022	89.0
4. 2020 .....	220,883	146,460	2,712	1.9	149,172	67.5	451	.5	149,628	67.7
5. 2021 .....	264,186	176,574	2,162	1.2	178,736	67.7	25,162	259	204,157	77.3

12-GT

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	1,300,338	1,300,338							
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	9,414,945	9,414,945							
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	10,715,283	10,715,283	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	10,715,283	10,715,283	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. ....	.0								
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....1,300,338 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....			739,449		739,449
2. Salaries, wages and other benefits .....			18,164,761		18,164,761
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			2,012,048		2,012,048
4. Legal fees and expenses .....			330,178		330,178
5. Certifications and accreditation fees .....			15,418		15,418
6. Auditing, actuarial and other consulting services .....			6,439,264		6,439,264
7. Traveling expenses .....			53,187		53,187
8. Marketing and advertising .....			605,389		605,389
9. Postage, express and telephone .....			148,970		148,970
10. Printing and office supplies .....			41,662		41,662
11. Occupancy, depreciation and amortization .....			2,194,232		2,194,232
12. Equipment .....			49,067		49,067
13. Cost or depreciation of EDP equipment and software .....			1,978,697		1,978,697
14. Outsourced services including EDP, claims, and other services .....	166,670	2,611,167	4,168,135		6,945,972
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			100,673		100,673
17. Collection and bank service charges .....			185,922		185,922
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			125,112		125,112
22. Real estate taxes .....			66,490		66,490
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			(6,420)		(6,420)
23.2 State premium taxes .....			5,952,393		5,952,393
23.3 Regulatory authority licenses and fees .....			44,927		44,927
23.4 Payroll taxes .....			936,167		936,167
23.5 Other (excluding federal income and real estate taxes) .....			(4,278)		(4,278)
24. Investment expenses not included elsewhere .....				33,956	33,956
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	166,670	2,611,167	44,341,443	33,956 (a)	47,153,236
27. Less expenses unpaid December 31, current year .....		263,820	1,913,366		2,177,186
28. Add expenses unpaid December 31, prior year .....	0	347,309	1,597,606	0	1,944,915
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	166,670	2,694,656	44,025,683	33,956	46,920,965
<b>DETAILS OF WRITE-INS</b>					
2501. Other Employee Expenses.....					0
2502. Donations.....					0
2503. Miscellaneous.....					0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ .....38,605,109 to affiliates and \$ .....to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 14,926	8,698
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 1,038,542	1,051,575
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 15,722	17,656
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	1,069,189	1,077,929
11. Investment expenses		(g) 33,956
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		33,956
17. Net investment income (Line 10 minus Line 16)		1,043,973
<b>DETAILS OF WRITE-INS</b>		
0901. Interest Income		
0902. Miscellaneous investment income		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 3,671 accrual of discount less \$ 488,805 amortization of premium and less \$ 12,855 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 25,660 accrual of discount less \$ 231 amortization of premium and less \$ 231 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(13,510)		(13,510)		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(13,510)	0	(13,510)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	303,128	0	(303,128)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	3,281,551	3,788,260	506,709
25. Aggregate write-ins for other-than-invested assets .....	266,416	335,275	68,859
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,851,095	4,123,535	272,440
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	3,851,095	4,123,535	272,440
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Insurance Charter.....		75,000	75,000
2502. Goodwill.....	(2,340)	(2,340)	0
2503. Prepaids.....	268,756	262,615	(6,141)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	266,416	335,275	68,859

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.51,805	.49,774	.48,477	.47,858	.48,568	.577,700
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.3,238	.3,066	.3,063	.3,009	.3,016	.36,478
7. Total	55,043	52,840	51,540	50,867	51,584	614,178
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	.2,424	.2,249	.2,239	.2,222	.2,200	.26,750
0602. Stop Loss.....	.814	.817	.824	.787	.816	.9,728
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	3,238	3,066	3,063	3,009	3,016	36,478

## 1. Summary of Significant Accounting Policies

### A) Accounting Practices

The financial statements of QualChoice Life and Health Insurance Company, 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>2021</u>	<u>2020</u>
QualChoice Life & Health Insurance Company, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Arkansas	\$ 35,620,373	\$ 14,169,240
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets				Arkansas	\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property				Arkansas	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Arkansas	\$ 35,620,373	\$ 14,169,240
<u>SURPLUS</u>						
QualChoice Life & Health Insurance Company, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Arkansas	\$ 62,609,021	\$ 35,164,521
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Arkansas	\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property				Arkansas	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Arkansas	\$ 62,609,021	\$ 35,164,521

### 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

- 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.
- 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.
- The Company holds no common stocks.
- The Company holds no preferred stocks.
- The Company holds no mortgage loans.
- Loan-back securities are carried at amortized cost. Adjustments are applied prospectively.
- The Company has no investments in subsidiaries, controlled or affiliated companies.
- The Company has no investments in joint ventures, partnerships and limited liability companies.
- The Company holds no derivatives.
- 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 an \$1,300,338 premium deficiency reserve recorded as of December 31, 2021.

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. There were no changes to the capitalization policy.
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 prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Arkansas. There were no accounting changes or correction or errors from the prior period.

### 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) The source used to determine prepayment assumptions for all loan-backed securities for the Company was 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) 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 impairment remains):

<b>Unrealized Loss</b>		
Less than 12 Months		45,461
12 Months or Longer		578
<b>Fair Value</b>		
Less than 12 Months		5,257,796
12 Months or Longer		1,750,010

- 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 cash flows 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 cash flows 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 – Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale – Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not applicable
- J. Real Estate – Not applicable
- K. Low-Income Housing Tax Credits (LIHTC) – Not applicable
- L. Restricted Assets

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	1,642,954	1,699,142	(56,188)	1,642,954	1.4%	1.4%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements).						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
<b>o. Total Restricted Assets</b>	<b>1,642,954</b>	<b>1,699,142</b>	<b>(56,188)</b>	<b>1,642,954</b>	<b>1.4%</b>	<b>1.4%</b>

- 1. Restricted Assets (Including Pledged)
- 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

### A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

(1) DTA/DTL Components	Description	2021			2020			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	1,534,822	0	1,534,822	3,295,860	0	3,295,860	(1,761,038)	0	(1,761,038)
(b)	Statutory valuation allowance adjustment	0	0	0	812,729	0	812,729	(812,729)	0	(812,729)
(c)	Adjusted gross deferred tax assets	1,534,822	0	1,534,822	2,483,131	0	2,483,131	(948,309)	0	(948,309)
(d)	Deferred tax assets nonadmitted	303,128	0	303,128	0	0	303,128	0	0	303,128
(e)	Net admitted deferred tax assets	1,231,694	0	1,231,694	2,483,132	0	2,483,132	(1,251,437)	0	(1,251,437)
(f)	Deferred tax liabilities	0	0	0	0	0	0	0	0	0
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	1,231,694	0	1,231,694	2,483,132	0	2,483,132	(1,251,437)	0	(1,251,437)

(2) Admission calculation components:	Description	2021			2020			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.										
(a)	FIT recoverable by loss carryback ¶11.a.]	1,198,977	0	1,198,977	2,483,131	0	2,483,131	(1,284,154)	0	(1,284,154)
(b)	Expected to be realized ¶11.b.] (lesser of 1. or 2.)	32,717	0	32,717	0	0	32,717	0	0	32,717
	1. Expected to be realized ¶11.b.i.]	32,717	0	32,717	0	0	32,717	0	0	32,717
	2. Surplus limitation ¶11.b.ii.]	XXX	XXX	9,203,526	XXX	XXX	4,902,209	XXX	XXX	4,301,317
(c)	DTL offset ¶11.c.]	0	0	0	0	0	0	0	0	0
(d)	Total admitted under ¶11.a.-11.c.]	1,231,694	0	1,231,694	2,483,131	0	2,483,131	(1,251,437)	0	(1,251,437)

(3) Information used in expected to be realized calculation ¶11.b.]	2021		2020	
	Value	Percentage	Value	Percentage
(a)	ExDTA ACL RBC or other ratio	807%	477%	
(b)	Adjusted capital and surplus	61,356,842	32,681,380	

(4) Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:	Description	2021			2020			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Adjusted gross DTAs - TPS Amount (Hide row for AS notes)	0	0	0	0	0	0	0	0	0
	Adjusted gross DTAs - Amount (Memo Entry)	1,534,822	0	1,534,822	2,483,131	0	2,483,131	(948,309)	0	(948,309)
(a)	Adjusted gross DTAs - Percentage	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Net admitted DTAs - TPS Amount (Hide row for AS notes)	0	0	0	0	0	0	0	0	0
	Net admitted DTAs - Amount (Memo Entry)	1,231,694	0	1,231,694	2,483,132	0	2,483,132	(1,251,438)	0	(1,251,438)
(b)	Net admitted DTAs - Percentage	0%	0%	0%	0%	0%	0%	0%	0%	0%

(c) Did the company avail itself of a tax planning strategy involving reinsurance? [check box] Yes  No

B. Temporary differences for which DTLs have not been established:  
Not Applicable

C. Current tax and change in deferred tax:

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

	Description	2021	2020
(a)	Current federal income tax expense	7,392,357	2,483,131
(b)	Foreign taxes	0	0
(c)	Subtotal	7,392,357	2,483,131
(d)	Tax on capital gains/(losses)	(3,591)	0
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	4,708	(766,557)
(g)	Federal and foreign income taxes incurred	7,393,474	1,716,574

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2)	DTAs Resulting From Book/Tax Differences In	December 31, 2021	December 31, 2020	Change
(a)	<b>Ordinary</b>			
(1)	Discounting of unpaid losses and LAE	76,083	204,716	(128,633)
(2)	Unearned premiums	39,316	15,565	23,751
(3)	Policyholder reserves	0	0	0
(4)	Investments	0	0	0
(5)	Deferred acquisition costs	0	0	0
(6)	Policyholder dividends accrued	0	0	0
(7)	Fixed assets	0	0	0
(8)	Accrued Expenses	0	25,961	(25,961)
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	745,073	865,942	(120,869)
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13.1)	Goodwill & Intangible Amortization	401,279	434,487	(33,208)
(13.2)	Premium deficiency reserve	273,071	1,749,189	(1,476,118)
(13.3)	Other (separately disclose items >5%)	0	0	0
(99)	Gross ordinary DTAs	1,534,822	3,295,860	(1,761,038)
(b)	Statutory valuation adjustment adjustment - ordinary	0	812,729	(812,729)
(c)	Nonadmitted ordinary DTAs	303,128	0	303,128
(d)	Admitted ordinary DTAs	1,231,694	2,483,132	(1,251,437)
(e)	<b>Capital</b>			
(1)	Investments	0	0	0
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4)	Other (separately disclose items >5%)	0	0	0
(5)	Unrealized capital losses	0	0	0
(99)	Gross capital DTAs	0	0	0
(f)	Statutory valuation adjustment adjustment - capital	0	0	0
(g)	Nonadmitted capital DTAs	0	0	0
(h)	Admitted capital DTAs	0	0	0
(i)	Admitted DTAs	1,231,694	2,483,132	(1,251,437)
(3)	<b>DTLs Resulting From Book/Tax Differences In</b>	<b>December 31, 2021</b>	<b>December 31, 2020</b>	<b>Change</b>
(a)	<b>Ordinary</b>			
(1)	Investments	0	0	0
(2)	Fixed assets	0	0	0
(3)	Deferred and uncollected premiums	0	0	0
(4)	Policyholder reserves/salvage and subrogation	0	0	0
(5)	Other (separately disclose items >5%)	0	0	0
(99)	Ordinary DTLs	0	0	0
(b)	<b>Capital</b>			
(1)	Investments	0	0	0
(2)	Real estate	0	0	0
(3)	Other (separately disclose items >5%)	0	0	0
(4)	Unrealized capital gains	0	0	0
(99)	Capital DTLs	0	0	0
(c)	<b>DTLs</b>	<b>0</b>	<b>0</b>	<b>0</b>
(4)	<b>Net deferred tax assets/liabilities</b>	<b>1,231,694</b>	<b>2,483,132</b>	<b>(1,251,437)</b>

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

	December 31, 2021	December 31, 2020	Change
Total deferred tax assets	1,534,822	3,295,860	(1,761,038)
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	1,534,822	3,295,860	(1,761,038)
Statutory valuation allowance adjustment (*see explanation below)	0	(812,729)	812,729
Net deferred tax assets/liabilities after SVA	1,534,822	2,483,131	(948,309)
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	1,534,822	2,483,131	(948,309)

**\*Statutory valuation allowance**

--

D. Reconciliation of federal income tax rate to actual effective rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	2021			2020		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	43,013,848	9,032,908	21.00%	15,885,815	3,336,021	21.00%
Tax-Exempt Interest	(28,339)	(5,951)	-0.01%	(3,041)	(639)	0.00%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	7,085	1,488	0.00%	760	160	0.00%
Health Insurer Fee	0	0	0.00%	2,611,653	548,447	3.45%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	0	0	0.00%	0	0	0.00%
Statutory Valuation Allowance Adjustment	(3,870,140)	(812,729)	-1.89%	(17,408,867)	(3,655,862)	-23.01%
Deferred Taxes on Nonadmitted Assets	575,567	120,869	0.28%	(991,021)	(208,114)	-1.31%
Change in Enacted Tax Rates		0	0.00%		0	0.00%
ETR Placeholder #1			0.00%		0	0.00%
ETR Placeholder #2			0.00%		0	0.00%
ETR Placeholder #3			0.00%		0	0.00%
Other, Including Prior Year True-Up		5,199	0.01%		(786,570)	-4.95%
Total		8,341,784	19.39%		(766,558)	-4.83%
Federal Income Taxes Incurred [Expense]/(Benefit)]		7,397,065	17.20%		1,716,574	10.81%
Tax on Capital Gains/(Losses)		(3,591)	-0.01%		0	0.00%
Change in Net Deferred Income Tax [Charge]/(Benefit)]		948,309	2.20%		(2,483,131)	-15.63%
Total Statutory Income Taxes		8,341,784	19.39%		(766,558)	-4.83%

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

At December 31, 2021, the Company had net operating loss carryforwards expiring through the year 20XX of: \$0

At December 31, 2021, the Company had capital loss carryforwards expiring through the year 20XX of: \$0

The following is income tax expense that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2019	N/A	0	0
2020	2,482,133	0	2,482,133
2021	7,392,357	0	7,392,357
Total	9,874,490	0	9,874,490

Deposits admitted under IRC § 6603

**None**

F. The Company's federal income tax return is consolidated with Centene and its subsidiaries, including but not limited to the following entities:

Absolute Total Care, Inc.  
 AcariaHealth Pharmacy #11, Inc.  
 AcariaHealth Pharmacy #12, Inc.  
 AcariaHealth Pharmacy #13, Inc.  
 AcariaHealth Pharmacy #14, Inc.  
 AcariaHealth Pharmacy, Inc.  
 AcariaHealth Solutions, Inc.  
 AcariaHealth, Inc.  
 Access Medical Acquisition, Inc.  
 Access Medical Group of Florida City, Inc.  
 Access Medical Group of Hialeah, Inc.  
 Access Medical Group of Miami, Inc.  
 Access Medical Group of North Miami Beach, Inc.  
 Access Medical Group of Opa-Locka, Inc.  
 Access Medical Group of Perrine, Inc.  
 Access Medical Group of Tampa II, Inc.  
 Access Medical Group of Tampa III, Inc.  
 Access Medical Group of Tampa, Inc.  
 Access Medical Group of Westchester, Inc.  
 Accountable Care Coalition of DeKalb, LLC  
 Accountable Care Coalition of Southeast Texas  
 Accountable Care Coalition of Texas, Inc.  
 Agate Resources, Inc.  
 Ambetter of North Carolina, Inc.  
 American Progressive Life and Health  
 APS Healthcare Holdings, Inc.  
 APS Healthcare, Inc.  
 APS Parent, Inc.  
 Arkansas Health & Wellness Health Plan, Inc.  
 AWC of Syracuse, Inc.  
 Bankers Reserve Life Insurance Company of Wisconsin  
 Blue Sky Health Plan, Inc.  
 Bridgeway Health Solutions of Arizona, Inc.  
 Buckeye Community Health Plan, Inc.  
 Buckeye Health Plan Community Solutions, Inc.  
 Calibrate Acquisition Co.  
 California Health and Wellness Plan  
 Care 1st Health Plan Arizona, Inc.  
 Care1st Health Plan Administrative Services  
 Carolina Complete Health Holding Company Partnership  
 Carolina Complete Health, Inc.  
 CBHSP Arizona, Inc.  
 Celtic Group, Inc.  
 Celticare Health Plan of Massachusetts, Inc.  
 Cenpatco of Arizona, Inc.  
 Cenpatco of California, Inc.  
 Centene Company of Texas, LP  
 Centene Corporation  
 Centene Escrow II Corporation  
 Centene Health Plan Holdings, Inc.  
 Centene Venture Company Alabama Health Plan, Inc.  
 Centene Venture Company Florida  
 Centene Venture Company Illinois  
 Centene Venture Company Indiana, Inc.  
 Centene Venture Company Kansas  
 Centene Venture Company Michigan  
 Centene Venture Company Tennessee  
 Community Medical Holdings Corp.  
 Comprehensive Health Management, Inc.  
 Comprehensive Reinsurance, Ltd.  
 Coordinated Care Corporation  
 Coordinated Care of Washington, Inc.  
 Delaware First Health Plan, Inc.  
 District Community Care, Inc.  
 Involve - New York, Inc.  
 Involve Benefit Options, Inc.  
 Involve Captive Insurance Company, Inc.  
 Involve Dental IPA of New York, Inc.  
 Involve Dental of Florida, Inc.  
 Involve Dental of Texas, Inc.  
 Involve Dental, Inc.  
 Involve Holdings, Inc.  
 Involve Optical, Inc.  
 Involve PeopleCare, Inc.  
 Involve Pharmacy Solutions, Inc.  
 Involve Total Vision, Inc.  
 Involve Vision Benefits, Inc.  
 Involve Vision IPA of New York, Inc.  
 Involve Vision of Florida, Inc.  
 Involve Vision of Texas, Inc.  
 Involve Vision, Inc.  
 Involve, Inc.  
 Exactus Pharmacy Solutions, Inc.  
 FH Assurance Company  
 Golden Triangle Physician Alliance  
 Granite State Health Plan, Inc.  
 Hallmark Life Insurance Company  
 Harmony Behavioral Health IPA, Inc.  
 Harmony Behavioral Health, Inc.  
 Harmony Health Management, Inc.  
 Harmony Health Plan, Inc.  
 Harmony Health Systems, Inc.  
 Health Net Access, Inc.  
 Health Net Community Solutions of Arizona, Inc.  
 Health Net Community Solutions, Inc.  
 Health Net Health Plan of Oregon, Inc.  
 Health Net Life Insurance Company  
 Health Net Life Reinsurance Company  
 Health Net of Arizona Administrative Services, Inc.  
 Health Net of Arizona, Inc.  
 Health Net of California Real Estate Holdings, Inc.  
 Health Net of California, Inc.  
 Health Net Pharmaceutical Services  
 Health Net Services, Inc.  
 Health Plan Real Estate Holding, Inc.  
 HealthSmart Benefit Solutions, Inc.  
 HealthSmart Care Management Solutions, LP  
 HealthSmart Information Systems, Inc.  
 HealthSmart Preferred Care II, LP  
 HealthSmart Preferred Network II, Inc.  
 HealthSmart Primary Care Clinics, LP  
 HealthSmart Rx Solutions, Inc.  
 Healthy Missouri Holdings, Inc.  
 Healthy Oklahoma Holdings, Inc.  
 Healthy Washington Holdings, Inc.  
 Heritage Health Systems of Texas, Inc.  
 Heritage Health Systems, Inc.  
 Heritage Physicians Networks  
 HHS Texas Management, Inc.  
 Home State Health Plan, Inc.  
 HomeScripts.com, LLC  
 IHG Holdings, Inc.  
 IlliniCare Health Plan, Inc.  
 Integrated Mental Health Services, 501(A)  
 Integrated Pharmacy Systems, Inc.  
 Interpreta Holdings, Inc.  
 Interpreta, Inc.  
 Iowa Total Care, Inc.  
 Isla Holding Co., Inc.  
 Kentucky Spirit Health Plan, Inc.  
 LBB Industries, Inc.  
 LiveHealthier, Inc.  
 Louisiana Healthcare Connections, Inc.  
 LSM Holdco, Inc.  
 Magnolia Health Plan, Inc.  
 Managed Health Network  
 Managed Health Services Illinois, Inc.  
 Managed Health Services Insurance Corporation  
 Maryland Collaborative Care Transformation  
 Mauli Ola Health and Wellness, Inc.  
 Meridian Health Plan of Illinois, Inc.  
 Meridian Health Plan of Michigan, Inc.  
 MHM Maryland, Inc.  
 MHM Ohio, Inc.  
 MHM Services, Inc.  
 MHN Global Services, Inc.  
 MHN Government Services - Guam, Inc.  
 MHN Government Services - International, Inc.  
 MHN Government Services - Puerto Rico, Inc.  
 MHS Consulting International, Inc.  
 MHS Travel & Charter, Inc.  
 Michigan Complete Health, Inc.  
 Missouri Care, Incorporated  
 National Pharmacy Services, Inc.  
 Nebraska Total Care, Inc.  
 New York Quality Healthcare Corporation  
 New York Rx, Inc.  
 Next Door Neighbors, Inc.  
 NovaSys Health, Inc.  
 Ohana Health Plan, Inc.  
 Oklahoma Complete Health, Inc.  
 One Care by Care1st Health Plan of Arizona  
 Patriots Holding Co.  
 Peach State Health Plan, Inc.  
 Pennsylvania Health & Wellness, Inc.  
 Pennsylvania Health Care Plan, Inc.  
 QCA Health Plan, Inc.  
 QualChoice Life and Health Insurance Company, Inc.  
 QualMed Plans for Health of Pennsylvania, Inc.  
 QualMed Plans for Health of Western Pennsylvania, Inc.  
 QualMed, Inc.  
 Quincy Coverage Corporation  
 RX Direct, Inc.  
 Salus Administrative Services, Inc.  
 SelectCare Health Plans, Inc.  
 SelectCare of Texas, Inc.  
 SilverSummit Healthplan, Inc.  
 Sunflower State Health Plan, Inc.  
 Sunshine Health Community Solutions, Inc.  
 Sunshine State Health Plan, Inc.  
 Superior Health Community Solutions, Inc.  
 Superior HealthPlan, Inc.  
 Tennessee Total Care, Inc.  
 The WellCare Management Group, Inc.  
 Trillium Community Health Plan, Inc.  
 U.S. Medical Management Holdings, Inc.  
 UAM Agent Services Corp.  
 UAM/APS Holding Corp.  
 Universal American Corporation  
 Universal American Financial Services, Inc.  
 University Health Plans, Inc.  
 Virginia Total Care, Inc.  
 VPA of Texas, PLLC  
 VPA, P.C.  
 WCG Health Management, Inc.  
 WellCare Health Insurance Company New  
 WellCare Health Insurance Company of  
 WellCare Health Insurance Company of  
 WellCare Health Insurance Company of  
 WellCare Health Insurance Company of America  
 WellCare Health Insurance Company of Kentucky  
 WellCare Health Insurance Company of Nevada  
 WellCare Health Insurance of Arizona, Inc.  
 WellCare Health Insurance of Connecticut  
 WellCare Health Insurance of New York, Inc.  
 WellCare Health Insurance of North Carolina  
 WellCare Health Insurance of Tennessee  
 WellCare Health Insurance of the Southwest  
 WellCare Health Plans of Arizona, Inc.  
 WellCare Health Plans of California, Inc.  
 WellCare Health Plans of Kentucky, Inc.  
 WellCare Health Plans of Massachusetts, Inc.  
 WellCare Health Plans of Missouri, Inc.  
 WellCare Health Plans of New Jersey, Inc.  
 WellCare Health Plans of Tennessee, Inc.  
 WellCare Health Plans of Vermont, Inc.  
 WellCare Health Plans of Wisconsin, Inc.  
 WellCare National Health Insurance Company  
 WellCare of Alabama, Inc.  
 WellCare of Arkansas, Inc.  
 WellCare of California, Inc.  
 WellCare of Connecticut, Inc.  
 WellCare of Florida, Inc.  
 WellCare of Georgia, Inc.  
 WellCare of Indiana, Inc.  
 WellCare of Kansas, Inc.  
 WellCare of Maine, Inc.  
 Wellcare of Michigan Holding Company  
 WellCare of Mississippi, Inc.  
 WellCare of Missouri Health Insurance Co  
 WellCare of Nebraska, Inc.  
 WellCare of New Hampshire, Inc.  
 WellCare of New York, Inc.  
 WellCare of North Carolina, Inc.  
 WellCare of Ohio, Inc.  
 WellCare of Oklahoma, Inc.  
 WellCare of Pennsylvania, Inc.  
 WellCare of South Carolina, Inc.  
 WellCare of Texas, Inc.  
 WellCare of Virginia  
 WellCare of Washington, Inc.  
 WellCare Pharmacy Benefits Management  
 WellCare Prescription Insurance, Inc.  
 Wellington Merger Sub II, Inc.  
 Western Sky Community Care, Inc.  
 Windsor Health Group, Inc.  
 Windsor Management Services, Inc.  
 Worlco Management Services, Inc.

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. Federal or Foreign Income Tax Loss Contingencies

"The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date."

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

(1). Gross AMT Credit Recognized as:	
a. Current year recoverable	\$ -
b. Deferred tax asset (DTA)	\$ -
(2). Beginning Balance of AMT Credit Carryforward	\$ -
(3). Amounts Recovered	\$ -
(4). Adjustments	\$ -
(5). Ending Balance of AMT Credit Carryforward	\$ -
(6). Reduction for Sequestration	NONE
(7). Nonadmitted by Reporting Entity	\$ -
(8). Reporting Entity Ending Balance	\$ -

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

**10. Information Concerning Parent, Subsidiaries and Affiliates**

A, B, C, G. Effective 4/1/19, 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 \$38,605,109 for such services during the period ended December 31, 2021.

Envolve PeopleCare Inc., a wholly owned subsidiary Envolve Holdings, Inc. which is a wholly owned subsidiary of Centene Corporation, provides health management and nurse-line triage services to the Company. Medical and administrative expenses included \$90,577 for such services during the period ended December 31, 2021.

Envolve Pharmacy Solutions, 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 \$33,122,415 for such services during the period ended December 31, 2021.

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 \$1,249,895 for such services during the period ended December 31, 2021.

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 \$21,426 for such services during the period ended December 31, 2021.

- D. Included in the Company's balance sheet as of December 31, 2021, are the following receivables from and payables to parent, subsidiaries, and affiliates:

<b>Affiliated Entity</b>	<b>2021 Receivable</b>	<b>2021 Payable</b>
QCA Health Plan Inc.	515,024	-
Centene Management Company	6,226,273	-
Centene Center LLC	-	(54,237)
Celtic Insurance Company	-	(940,322)
Envolve Vision, Inc.	-	(84,058)
Nurtur Health Inc	-	(88,253)
Envolve Pharmacy Solutions	350,729	

E. Not Applicable.

F. Not Applicable

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

N. Not Applicable.

O. Not Applicable.

#### **11. Debt**

A. Capital Notes - None

B. As of December 31, 2021, the Company has no outstanding Federal Home Loan Bank Agreements.

#### **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. The Company has 10,000 shares of \$100 per share par value common stock authorized and 20,000 shares of \$1 per share par value common stock authorized, of which only 13,750 shares of \$1 par value common stock were outstanding as of December 31, 2021. The Company also has 1,500 shares of \$1,000 per share par value preferred stock authorized and none outstanding at December 31, 2021.
- B. In the event of any voluntary or involuntary liquidation, dissolution, or winding up of the affairs of the Company the holders of the preferred stock shall be entitled to share ratably in any assets of the Company available for distribution to the Company's stockholders. The amount will be equal to the greater of (a) \$1,000 per share of preferred stock, subject to appropriate adjustment in the event of any stock dividend, stock split, combination or other similar recapitalization, plus all declared, approved, but unpaid dividends through such distribution payment date or (b) the amount per share such shareholder would receive if such shareholder converted such shares of preferred stock into common stock in accordance with the conversion factor set out in the "Statement of Preferences and Terms of Preferred Stock" immediately prior to such liquidation, dissolution, or winding up of the affairs of the Company. Any payments or distributions to the preferred stockholders shall be made before any such payments or distributions shall be made to common stockholders.
- C. The Company has no dividend restrictions.
- D. On December 29, 2021, the Company paid a \$7,500,000 ordinary dividend to its parent company, Centene Corporation.
- E. Not applicable
- F. The Company had no restrictions on its unassigned surplus.
- G. The Company does not have any advances to surplus.
- H. Not applicable
- I. Special surplus funds experienced no change in 2021. Annual fee under section 9010 of the Affordable Care Act was paid in 2020. Annual fee under section 9010 was not applicable for the 2021 year.
- J. Not applicable
- K. The Company did not issue any surplus debentures or similar obligations.
- L. The Company was not involved in a quasi-reorganization.
- M. N/A

**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**

None

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

None

**20. Fair Value Measurement**

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 at December 31, 2021 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	\$ 30,334,259	\$ -	\$ -	\$ -	\$ 30,334,259
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	\$ 30,334,259	\$ -	\$ -	\$ -	\$ 30,334,259
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level on December 31, 2020, 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	\$ 52,919,493	\$ -	\$ -	\$ -	\$ 52,919,493
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	\$ 52,919,493	\$ -	\$ -	\$ -	\$ 52,919,493
<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 on December 31, 2021 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	\$ 30,334,259	\$ 30,334,259	\$ 30,334,259	—	—	—	—
Bonds	\$ 49,614,269	\$ 50,303,841	\$ -	49,614,269	—	—	—

The following table summarizes fair value measurements by level on December 31, 2020, 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	\$ 52,919,493	\$ 52,919,493	\$ 52,919,493	—	—	—	—
Bonds	\$ 63,138,991	\$ 62,683,400	\$ 1,627,110	61,511,881	—	—	—

## D. Not Practicable to Estimate Fair Value

None

## E. Investments Measured Using the NAV Practical Expedient

None

## 21. Other Items

A. Unusual or Infrequent Items –None

B. Troubled Debt Restructuring – None

- C. Other Disclosures and Unusual Items – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – The Company participates in a defined contribution benefit plan sponsored by Centene Corporation, an affiliate. The Company has no legal obligation for benefits under this plan. Centene Corporation allocates amounts to the Company based on a percentage. The Company’s share of net expense for the retirement plan was \$0 and \$0 for the periods ended December 31, 2021, and December 31, 2020, respectively.
- H. Insurance-Linked Securities (ILS) Contracts – None
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - None

**22. Events Subsequent**

Subsequent events have been considered through March 1st, 2022 for the statutory statement issued on March 1st, 2022.

Type I – Recognizable Subsequent Events - None

Type II – Non-recognizable Subsequent Events

Subsequent events have been considered through 3/1/2022 for the statutory statement issued on 3/1/2022.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Section 2 – Ceded reinsurance Report - Part A

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

Section 3 – Ceded reinsurance Report - Part B

- c. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date for this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- d. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes ( ) No (X)

- B. Uncollectible Reinsurance -None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- E. Reinsurance Credit – Reinsurance contract not subject to A-791 regulation.

**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 on December 31, 2021 which are subject to retrospective rating features was \$264M, which represents 99% 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	\$ 2,844,740	\$ -	\$ -	\$ -	\$ 2,844,740
(2) Medical loss ratio rebates paid	\$ 1,324,279	\$ -	\$ -	\$ -	\$ 1,324,279
(3) Medical loss ratio rebates unpaid	\$ 1,520,460	\$ -	\$ -	\$ -	\$ 1,520,460
(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	\$ 13,283,415	\$ -	\$ -	\$ -	\$ 13,283,415
(8) Medical loss ratio rebates paid	\$ 7,628,091	\$ -	\$ -	\$ -	\$ 7,628,091
(9) Medical loss ratio rebates unpaid	\$ 8,478,986	\$ -	\$ -	\$ -	\$ 8,478,986
(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 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)		-
Liabilities		
2) Risk adjustment user fees payable for ACA Risk Adjustment		133,110
3) Premium adjustments payable due to ACA Risk Adjustment		935,959
Operations (Revenue & Expense)		
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment		(16,992,944)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)		134,221

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		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ (11,970,587)	\$ -	\$ (2,366,924)	\$ -	\$ (9,603,663)	\$ -	\$ 9,603,663	B	\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (11,970,587)	\$ -	\$ (2,366,924)	\$ -	\$ (9,603,663)	\$ -	\$ 9,603,663		\$ -	\$ -
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	\$ -	\$ (11,970,587)	\$ -	\$ (2,366,924)	\$ -	\$ (9,603,663)	\$ -	\$ 9,603,663		\$ -	\$ -

B – Adjustment to final CMS announcement issued June 19, 2021.

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		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		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
Risk Corridors Program Year	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, 2020, was \$63.8M. As of December 31, 2021, \$52.5M has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years is now \$0.5M 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 \$10.8 million of favorable prior year development since December 31, 2020. 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

- A. Pharmaceutical Rebate Receivables

At December 31, 2021, the Company admitted healthcare receivables of \$3,296,428 in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual number of scripts during the period.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	3,296,428.31	3,296,428.31	-	-	-
9/30/2021	3,477,342.37	3,477,342.37	-	-	800,176.40
6/30/2021	3,787,403.30	3,787,403.30	-	-	3,577,587.43
3/31/2021	3,319,335.87	3,319,335.87	-	-	3,126,514.28
12/31/2020	3,127,219.93	3,127,219.93	-	-	3,102,369.06
9/30/2020	2,319,525.90	2,319,525.90	-	-	2,321,801.89
6/30/2020	1,869,008.43	1,869,008.43	-	-	1,866,636.74
3/31/2020	1,708,284.56	1,708,284.56	-	-	1,684,843.68
12/31/2019	1,939,034.45	1,939,034.45	-	-	1,939,034.45
9/30/2019	1,843,417.63	1,843,417.63	-	-	1,843,417.63
6/30/2019	1,583,281.44	1,583,281.44	-	-	1,583,281.44
3/31/2019	1,394,596.15	1,394,596.15	-	-	1,394,596.15

- B. Risk Sharing Receivables - None

## 29. Participating Policies

None

## 30. Premium Deficiency Reserves

As of December 31, 2021:

- |   |                   |
|---|-------------------|
| 1. The liability for the premium deficiency reserves              | \$1,300,338       |
| 2. Date of most recent evaluation of this liability               | December 31, 2021 |
| 3. Was anticipated investment income utilized in the calculation? | Yes               |

## 31. Anticipated Salvage and Subrogation

Due to the type of business being written, the Company has no salvage. As of December 31, 2021 and 2020, the Company has no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes  No   
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Regulating? Arkansas.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 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
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....05/07/2021
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2019
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....06/14/2021
- 3.4 By what department or departments? Arkansas Insurance Department.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? Yes  No   
 4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? Yes  No   
 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes  No
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes,  
 7.21 State the percentage of foreign control .....0.0 %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ X ]  
 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]  
 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 KPMG LLP 10 S Broadway Suite 900, St. Louis, MO 63102.....  
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Melissa Reseck, FSA, MAAA Milliman, Inc. 1301 Fifth Avenue, Suite 3800 Seattle, WA 98101.....  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]  
     12.11 Name of real estate holding company .....  
     12.12 Number of parcels involved .....0  
     12.13 Total book/adjusted carrying value \$.....  
 12.2 If yes, provide explanation  
 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]  
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]  
     a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
     b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
     c. Compliance with applicable governmental laws, rules and regulations;  
     d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
     e. Accountability for adherence to the code.  
 14.11 If the response to 14.1 is no, please explain:  
 14.2 Has the code of ethics for senior managers been amended? Yes [ X ] No [ ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
     In October 2021, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct.....  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

## GENERAL INTERROGATORIES

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

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			.0

### BOARD OF DIRECTORS

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

### FINANCIAL

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

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

### INVESTMENT

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

## GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....1,642,954
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

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

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

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
  - 27.42 Permitted accounting practice Yes [ ] No [ ]
  - 27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

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

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

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

## GENERAL INTERROGATORIES

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

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

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Wells Capital Management.....	US Bank Trust.....	.05/01/2021..	Due to the sale of WF Institutional Retirement and Trust to Principal Financial Group, we determined it was advantageous for us to move this custody to US Bank, who is our preferred custodian.....

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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
Wells Capital Management.....	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....

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

30.2 If yes, complete the following schedule:

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

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

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

## GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	51,928,797	49,614,269	(2,314,528)
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	51,928,797	49,614,269	(2,314,528)

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

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? Yes  No

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an 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

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The shares were purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds bonds in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes  No

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes  No  NA

## GENERAL INTERROGATORIES

### OTHER

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

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

39.1 Amount of payments for legal expenses, if any? \$ .....350,943

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

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

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

1 Name	2 Amount Paid
.....	.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. \$ .....4,980,439

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

1.31 Reason for excluding .....

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....4,361,937

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ .....604,235

1.62 Total incurred claims \$ .....399,941

1.63 Number of covered lives .....3,780

All years prior to most current three years:

1.64 Total premium earned \$ .....4,376,204

1.65 Total incurred claims \$ .....3,961,996

1.66 Number of covered lives .....22,945

1.7 Group policies:

Most current three years:

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

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

1.73 Number of covered lives .....0

All years prior to most current three years:

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

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

1.76 Number of covered lives .....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....175,311,904	\$	.....151,583,415
2.2	Premium Denominator	\$ .....264,263,283	\$	.....221,762,665
2.3	Premium Ratio (2.1/2.2)	.....0.663		.....0.684
2.4	Reserve Numerator	\$ .....46,952,732	\$	.....54,748,978
2.5	Reserve Denominator	\$ .....36,328,034	\$	.....85,750,973
2.6	Reserve Ratio (2.4/2.5)	.....1.292		.....0.638

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

3.2 If yes, give particulars:

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

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

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ .....3,000,000

5.32 Medical Only \$ .....

5.33 Medicare Supplement \$ .....

5.34 Dental and Vision \$ .....

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

5.36 Other \$ .....3,000,000

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year .....27,697

8.2 Number of providers at end of reporting year .....33,870

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months .....

9.22 Business with rate guarantees over 36 months .....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]
- 10.2 If yes:
- |   |    |         |
|---|----|---------|
| 10.21 Maximum amount payable bonuses          | \$ | 194,154 |
| 10.22 Amount actually paid for year bonuses   | \$ | 0       |
| 10.23 Maximum amount payable withholds        | \$ | .....   |
| 10.24 Amount actually paid for year withholds | \$ | .....   |
- 11.1 Is the reporting entity organized as:
- |   |                  |
|---|------------------|
| 11.12 A Medical Group/Staff Model,                  | Yes [ ] No [ X ] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [ ] No [ X ] |
| 11.14 A Mixed Model (combination of above) ?        | Yes [ ] No [ X ] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Arkansas.....
- 11.4 If yes, show the amount required. \$.....750,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
entire state of Arkansas, 75 counties.....
entire state of Nebraska.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- |                              |    |       |
|------------------------------|----|-------|
| 15.1 Direct Premium Written  | \$ | ..... |
| 15.2 Total Incurred Claims   | \$ | ..... |
| 15.3 Number of Covered Lives |    | ..... |

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

**FIVE - YEAR HISTORICAL DATA**

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	118,111,201	144,704,388	71,829,184	74,808,044	54,451,054
2. Total liabilities (Page 3, Line 24)	55,502,177	109,539,866	50,167,813	23,899,545	26,830,220
3. Statutory minimum capital and surplus requirement	750,000	1,600,000	1,600,000	1,600,000	1,600,000
4. Total capital and surplus (Page 3, Line 33)	62,609,021	35,164,521	21,661,371	50,908,495	27,620,834
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	264,263,283	221,825,520	142,433,305	126,691,121	114,346,550
6. Total medical and hospital expenses (Line 18)	182,174,369	158,544,657	123,516,585	82,996,222	101,507,418
7. Claims adjustment expenses (Line 20)	2,777,837	2,632,533	3,825,194	4,430,870	4,217,230
8. Total administrative expenses (Line 21)	44,341,443	52,697,710	26,494,887	15,884,109	11,680,488
9. Net underwriting gain (loss) (Line 24)	41,998,769	15,493,126	(27,275,341)	23,379,920	(3,058,586)
10. Net investment gain (loss) (Line 27)	1,030,463	415,995	642,683	817,134	361,728
11. Total other income (Lines 28 plus 29)	(11,791)	(9,096)	(1,298,836)	0	0
12. Net income or (loss) (Line 32)	35,620,376	14,183,451	(26,235,129)	23,142,858	(2,400,823)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(22,072,161)	57,959,850	(7,643,412)	22,653,616	9,700,203
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	62,609,021	35,164,521	21,661,371	50,908,495	27,620,834
15. Authorized control level risk-based capital	4,463,349	6,433,682	5,716,298	3,735,151	4,573,429
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	51,584	55,043	36,483	27,756	28,976
17. Total members months (Column 6, Line 7)	614,178	536,731	392,319	346,338	336,798
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	68.9	71.5	86.7	65.5	88.8
20. Cost containment expenses	0.1	0.1	1.8	2.2	2.2
21. Other claims adjustment expenses	1.0	1.1	0.9	1.3	1.5
22. Total underwriting deductions (Line 23)	84.1	93.0	119.2	81.6	102.7
23. Total underwriting gain (loss) (Line 24)	15.9	7.0	(19.2)	18.5	(2.7)
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	45,566,571	13,322,675	13,194,617	5,775,003	17,600,457
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	58,550,075	13,935,370	13,848,820	11,081,020	18,367,624
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, 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 Plan 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	.0
2. Alaska	AK	.N								0	.0
3. Arizona	AZ	.N								0	.0
4. Arkansas	AR	.L	264,186,535			.0		906,673		265,093,208	.0
5. California	CA	.N								0	.0
6. Colorado	CO	.N								0	.0
7. Connecticut	CT	.N								0	.0
8. Delaware	DE	.N								0	.0
9. District of Columbia	DC	.N								0	.0
10. Florida	FL	.N								0	.0
11. Georgia	GA	.N								0	.0
12. Hawaii	HI	.N								0	.0
13. Idaho	ID	.N								0	.0
14. Illinois	IL	.N								0	.0
15. Indiana	IN	.N								0	.0
16. Iowa	IA	.N								0	.0
17. Kansas	KS	.N								0	.0
18. Kentucky	KY	.N								0	.0
19. Louisiana	LA	.N								0	.0
20. Maine	ME	.N								0	.0
21. Maryland	MD	.N								0	.0
22. Massachusetts	MA	.N								0	.0
23. Michigan	MI	.N								0	.0
24. Minnesota	MN	.N								0	.0
25. Mississippi	MS	.N								0	.0
26. Missouri	MO	.N								0	.0
27. Montana	MT	.N								0	.0
28. Nebraska	NE	.L								0	.0
29. Nevada	NV	.N								0	.0
30. New Hampshire	NH	.N								0	.0
31. New Jersey	NJ	.N								0	.0
32. New Mexico	NM	.N								0	.0
33. New York	NY	.N								0	.0
34. North Carolina	NC	.N								0	.0
35. North Dakota	ND	.N								0	.0
36. Ohio	OH	.N								0	.0
37. Oklahoma	OK	.N								0	.0
38. Oregon	OR	.N								0	.0
39. Pennsylvania	PA	.N								0	.0
40. Rhode Island	RI	.N								0	.0
41. South Carolina	SC	.N								0	.0
42. South Dakota	SD	.N								0	.0
43. Tennessee	TN	.N								0	.0
44. Texas	TX	.N								0	.0
45. Utah	UT	.N								0	.0
46. Vermont	VT	.N								0	.0
47. Virginia	VA	.N								0	.0
48. Washington	WA	.N								0	.0
49. West Virginia	WV	.N								0	.0
50. Wisconsin	WI	.N								0	.0
51. Wyoming	WY	.N								0	.0
52. American Samoa	AS	.N								0	.0
53. Guam	GU	.N								0	.0
54. Puerto Rico	PR	.N								0	.0
55. U.S. Virgin Islands	VI	.N								0	.0
56. Northern Mariana Islands	MP	.N								0	.0
57. Canada	CAN	.N								0	.0
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	0	.0
59. Subtotal	.XXX	264,186,535	.0	.0	.0	.0	906,673	.0	265,093,208	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	264,186,535	0	0	0	0	906,673	0	265,093,208	0	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	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 2 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state lines in the state ..... 55

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

N/a

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

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc (18%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
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
Oklahoma Complete Health Inc.	81-3121527	OK	16904
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
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Company, LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
7676 Management, LLC	85-1711857	MO	
7676 Forsyth, LLC	85-1724287	MO	
TRMEB, LLC		MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Superior Health Management Advisors, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Envolve, Inc.	37-1788565	DE	
Envolve PeopleCare, Inc.	06-1476380	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	
Envolve Vision IPA of New York, Inc.	83-2460878	NY	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Optical, Inc.	82-2908582	DE	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY	
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
MeridianRx, LLC	27-1339224	MI	
MeridianRx IPA, LLC		MI	
MeridianRx of Indiana, LLC	83-3612209	MI	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Centurion of Maryland, LLC	81-4938030	MD	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Idaho, LLC	85-4020081	ID	58860
Centurion of Indiana, LLC		IN	
Centurion of Maine, LLC	85-4143511	ME	
Centurion Health of Indiana, LLC	85-4243085	IN	
Centurion Health of Kentucky, LLC	86-3331688	KY	
Centurion of Alabama, LLC	82-2268901	AL	
MHM Correctional Services, LLC (formerly a corporation)	54-1856340	DE	
MHM Services of California, LLC (formerly a corporation)	51-0620904	CA	
MHM Solutions, LLC (formerly a corporation)	60-0002002	DE	
Forensic Health Services, LLC. (formerly a corporation)	26-1877007	DE	
MHM Health Professionals, LLC (formerly a corporation)	46-1734817	DE	
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	
AcariaHealth Solutions, 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	
U.S. Medical Management Holdings, Inc	27-0275614	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	
Managed Health Network, LLC	95-4117722	DE	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
Health Net Federal Services, LLC	68-0214809	DE	
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	
MHS Consulting, International, Inc	20-8630006	DE	
Centene International Ventures, LLC	83-1047281	DE	
PRIMEROSALUD, S.L.U.	Foreign	ESP	
Torrejon Salud, S.A. (89.47%)	Foreign	ESP	
Ribera Salud, S.A. (90.1%)	Foreign	ESP	
Torrevieja Salud UTE (65%)	Foreign	ESP	
Ribera Salud II (96~%)	Foreign	ESP	
ERESCANNER (15%)	Foreign	ESP	
BR Salud UTE (45%)	Foreign	ESP	
Marina Salud, S.A.	Foreign	ESP	
Villa Maria del Triunfo Salud S.A. C. (5%)	Foreign	PER	
Callao Salud S.A.C. (5%)	Foreign	PER	
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP	
Elche-Crevillente Salud (100%)	Foreign	ESP	
B2B Salud, S.L.U.	Foreign	ESP	
B2B Gestion integral, S.L.	Foreign	ESP	
Ribera Lab, S.L.U.	Foreign	ESP	
Torrevieja Diagnostics, S.L.U.	Foreign	ESP	
Centro Inmunológico De La Comunidad Valenciana, S.L.	Foreign	ESP	
Hospinet, S.L. (51%)	Foreign	ESP	
Servicios De Mantenimiento Prevencor, S.L.U. (80%)	Foreign	ESP	
Winning Security, S.L. (51%)	Foreign	ESP	
Ribera Salud proyectos S.L.	Foreign	ESP	
Ribera-Quilpro UTE	Foreign	ESP	
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP	
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Pro RTG (80%)	Foreign	SVK
DR Magnet	Foreign	SVK
Pro Magnet	Foreign	SVK
Medicina		
NZ	Foreign	SVK
MR Poprad	Foreign	SVK
CT Poprad	Foreign	SVK
MR Zilina	Foreign	SVK
Pro Magnet CZ	Foreign	CZE
Progress Medical a.s.	Foreign	CZE
OB Klinika, a.s.	Foreign	CZE
OB Care, s.r.o	Foreign	CZE
Discare CZ, a.s. (50%)	Foreign	CZE
CT Presov s.r.o	Foreign	SVK
MR Centrum Melnik, s.r.o	Foreign	CZE
Hospital Povisa, S.A. (93.36%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torre vieja Salud S.L.U.	Foreign	ESP
Torre vieja Salud UTE		
(35%)	Foreign	ESP
Ribera Management,		
S.L.U.	Foreign	ESP
Ribera Healthcare,S.L.U.	Foreign	ESP
Ribera Diagnóstics,		
S.L.U.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (87.63%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
Terapias Medicas Domiciliaris, S.L.	Foreign	ESP
Centene Technology Europe, S.L.U	Foreign	ESP
Centene Technology UK Ltd	Foreign	GBR
MH Services International Holdings (UK)		
Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
AT Medics Holdings LLP (1%)	Foreign	GBR
Operose Health Limited	Foreign	GBR
AT Medics Holdings LLP (99%)	Foreign	GBR
AT Technology (Private) Limited (80%)	Foreign	PAK
At Medics Limited	Foreign	GBR
Primary Care Partners Limited	Foreign	GBR
AT Learning		
Limited	Foreign	GBR
AT Technology Services Limited	Foreign	GBR

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

AT Technology (Private) Limited (20%)	Foreign	PAK
Operose Health (Group) Limited	Foreign	GBR
The Practice Properties Limited	Foreign	GBR
Operose Health (Group) UK Limited	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited	Foreign	GBR
Circle Health 1 Limited	Foreign	GBR
Circle Health 2 Limited	Foreign	GBR
Circle Holdings Limited	Foreign	JEY
Circle International PLC	Foreign	GBR
Circle Health Limited	Foreign	GBR
Nations Healthcare Limited	Foreign	GBR
Circle Nottingham Limited	Foreign	GBR
Circle Rehabilitation Services (90%)	Foreign	GBR
Circle Hospital (Reading) Limited	Foreign	GBR
Circle Clinical Services Limited	Foreign	GBR
Circle Birmingham Limited	Foreign	GBR
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN
Circle Health 3 Limited	Foreign	GBR
Circle Health 4 Limited	Foreign	GBR
GHG Healthcare Holdings Limited	Foreign	GBR
General Healthcare Group Limited	Foreign	GBR
General Healthcare Holdings 2 Limited	Foreign	GBR
General Healthcare Holdings 3 Limited	Foreign	GBR
North West Cancer Clinic Limited (90%)	Foreign	GBR
GHG (DB) Pension Trustees	Foreign	GBR
GHG Mount Alvernia Hospital Limited	Foreign	GBR
Generale de Sante International Limited	Foreign	GBR
BMI Southend Private Hospital Limited (50%)	Foreign	GBR
BMI Imaging Clinic Limited (50%)	Foreign	GBR
Mount Alvernia PET CT Limited (73.5%)	Foreign	GBR
Meriden Hospital Advanced Imaging Centre Ltd. (50%)	Foreign	GBR
BMI Syon Clinic Limited (50%)	Foreign	GBR
GHG Intermediate Holdings Limited	Foreign	GBR
TKH Holding Ltd.	Foreign	GBR

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

	BMI Healthcare Limited	Foreign	GBR	
	BMI Hospital Decontamination Limited	Foreign	GBR	
	Three Shires Hospital LP (50%)	Foreign	GBR	
	The Pavilion Clinic Ltd (51%)	Foreign	GBR	
	GHG Leasing Limited	Foreign	GBR	
	Bishopswood SPV Limited	Foreign	GBR	
	Runnymede SPV Limited	Foreign	GBR	
	CEF Holding Company Limited	Foreign	MLT	
	Centene Europe Finance Company Limited	Foreign	MLT	
	Centene International Financing Company Limited	Foreign	MLT	
	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
	Salus Administrative Services, Inc.	55-0878053	NY	
	Salus IPA, LLC	82-0802846	NY	
	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	
	Interpreta Holdings, Inc. (80.1%)	82-4883921	DE	
	Interpreta, Inc.	46-5517858	DE	
	Patriots Holding Co	82-4581788	DE	
	Next Door Neighbors, LLC (60%)	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

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

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
Arch Personalized Medicine Initiative, LLC (50%) Social Health Bridge, LLC	83-4144116	MO	
Social Health Bridge Trust	83-4205348	DE	
WellCare Health Plans, Inc.	84-6403386	DE	
WCG Health Management, Inc.	83-4405939	DE	
The WellCare Management Group, Inc.	04-3669698	DE	
WellCare of New York, Inc.	14-1647239	NY	
WellCare of Connecticut, Inc.	14-1676443	NY	95534
WellCare of Mississippi, Inc.	06-1405640	CT	95310
WellCare of Virginia, Inc.	81-5442932	MS	16329
WellCare of Oklahoma, Inc.	82-0664467	VA	16763
WellCare Health Insurance Company of Nevada, Inc.	81-3299281	OK	16117
WellCare Health Insurance of Southwest, Inc.	84-3721013	NV	
WellCare of Georgia, Inc.	84-3739752	AZ	16692
WellCare of Texas, Inc.	20-2103320	GA	10760
WellCare of Ohio, Inc,	20-8058761	TX	12964
WellCare of South Carolina, Inc.	20-3562146	OH	12749
WellCare Health Plans of New Jersey, Inc.	32-0062883	SC	11775
WellCare of Pennsylvania, Inc.	20-8017319	NJ	13020
WellCare Health Plans of Massachusetts, Inc	81-1631920	PA	
WellCare Health Insurance Company of Oklahoma, Inc.	84-3547689	MA	16970
WellCare Health Plans of Missouri, Inc.	84-4449030	OK	16752
WellCare Prescription Insurance, Inc.	84-3907795	MO	16753
WellCare Health Insurance of Hawaii, Inc.	20-2383134	AZ	10155
WellCare Health Plans of Rhode Island, Inc.	84-4664883	HI	17002
WellCare of Illinois, Inc.	84-4627844	RI	16766
WellCare of Arkansas, Inc.	84-4649985	IL	16765
Rhythm Health of Tennessee, Inc.	83-2797833	AR	16531
Comprehensive Health Management, Inc.	45-5154364	TN	16533
WellCare Health Insurance of New York, Inc	59-3547616	FL	
Ohana Health Plan, Inc.	11-3197523	NY	10884
WellCare of Indiana, Inc.	27-0386122	HI	
America's 1st Choice California Holdings, LLC	83-2840051	IN	
	45-3236788	FL	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

WellCare of California, Inc.	20-5327501	CA	
Windsor Health Group, Inc.	62-1832645	TN	
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	WA	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 Management, Inc.	36-4467676	NJ	
Harmony Health Plan, Inc.	36-4050495	IL	11229
Transplant Health Solutions IPA, Inc.	20-3262322	NY	
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	WA	16570
WellCare of North Carolina, Inc.	82-5488080	NC	16547
WellCare Health Plans of Arizona, Inc.	82-3169616	AZ	16253
WellCare Health Insurance Company of America	82-4247084	AR	16343
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
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-4004494	MI	
Meridian Network Services, LLC		MI	
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

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Universal American Corp.	27-4683816	DE	
Universal American Holdings, LLC	45-1352914	DE	
Universal American Financial Services, Inc.	95-3800329	DE	
Premier Marketing Group, LLC	58-2633295	DE	
Penn Marketing America, LLC	95-3623226	DE	
Worlco Management Services, Inc.	23-1913528	NY	
UAM Agent Services Corp.	42-0989096	IA	
American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624
Quincy Coverage Corporation	13-3491681	NY	
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	
SelectCare Health Plans, Inc.	74-3141949	TX	10768
HHS Texas Management, LP (99.1%)	76-0500963	TX	
HHS Texas Management, Inc.	76-0500964	TX	
HHS Texas Management, LP. (0.9%)	76-0500963	TX	
Collaborative Health Systems, LLC	90-0779287	NY	
Accountable Care Coalition of Georgia , LLC (51%)	45-5481108	GA	
Accountable Care Coalition of Chesapeake, LLC (51%)	81-2588974	MD	
Accountable Care Coalition of North Texas, LLC (51%)	45-4552802	TX	
Accountable Care Coalition of Northeast Georgia, LLC(51%)	47-3894436	GA	
Accountable Care Coalition of Northwest Florida, LLC (51%)	46-4106526	FL	
Accountable Care Coalition of Southeast Physician Partners, LLC	47-3913308	SC	
Accountable Care Coalition of Southeast Texas, Inc.	47-3842552	TX	
Accountable Care Coalition of Southeast Wisconsin, LLC (51%)	45-4113610	WI	
Accountable Care Coalition of Texas, Inc.	45-2742298	TX	
AWC of Syracuse, Inc.	47-2346408	NY	
Chrysalis Medical Services, LLC (51%)	30-0803845	NJ	
Collaborative Health Systems of Maryland, LLC (50%)	81-3365375	MD	
Collaborative Health Systems of Virginia, LLC	81-3306594	VA	
Accountable Care Coalition of Maryland, LLC (51%)	45-4119736	MD	
Accountable Care Coalition of Maryland Primary Care, LLC (51%)	45-5449147	MD	
Essential Care Partners, LLC (51%)	45-4561546	TX	
Maryland Collaborative Care, LLC (51%)	90-0855950	MD	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Mid-Atlantic Collaborative Care, LLC (51%)	81-2704355	MD	
Northern Maryland Collaborative Care, LLC (51%)	45-5626871	MD	
Accountable Care Coalition of Elite Providers VII, LLC	82-1246845	AZ	
Accountable Care Coalition of Community Health Centers, LLC (51%)	82-1681146	TX	
Accountable Care Coalition of Community Health Centers II, LLC	82-1669422	TX	
Accountable Care Coalition of Southeast Partners, LLC (51%)	82-1623920	GA	
Accountable Care Coalition of Elite Providers LLC	82-1558080	HI	
Accountable Care Coalition of Florida Partners, LLC	84-2217098	FL	
Maryland Collaborative Care Transformation Organization, Inc.	82-1280079	DE	
Accountable Care Coalition of Quality Health, LLC	82-1604548	OR	
Accountable Care Coalition of Prime Health, LLC	82-1698885	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-0727997	PA	
Accountable Care Coalition of Tennessee, LLC	82-1219279	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-2574901	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-0822080	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-0829473	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-0847691	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-0863292	DE	
DELMARVA Collaborative Care, LLC	85-0907849	DE	
Accountable Care Coalition of Quality Health II, LLC	85-0878405	DE	
Accountable Care Coalition of Quality Health III, LLC	85-0893657	DE	
Collaborative Health Systems IPA, LLC	85-1770215	FL	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
HealthSmart Benefits Management, LLC	27-1300475	TX	
Parker LP, LLC	20-2387587	NV	
HealthSmart Preferred Care II, LP (99%)	75-2508316	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-3394046	TX	
HealthSmart Care Management Solutions, LP (99%)	75-2960859	TX	
HealthSmart Information Systems, Inc.	75-2727437	TX	
HealthSmart Benefit Solutions, Inc.	36-4099199	IL	
HealthSmart Preferred Network II, Inc	06-1621470	DE	
HealthSmart Rx Solutions, Inc.	34-1635597	OH	
Mauli Ola Health and Wellness, Inc.		HI	
District Community Care Inc.	84-4119570	DC	16814
Centene Institute for Advanced Health Education, LLC	84-5160960	DE	
Centene Canada Corporation		CAN	
Prowl Holdings, LLC (96.1562%)	85-3802075	DE	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE QualChoice Life and Health Insurance Company, Inc.**

Panther Pass Co, LLC	83-3240368	PA
Panther Specialty Holding Co, LLC		PA
Pantherx Specialty, LLC	45-3620087	PA
Pantherx Access Services, LLC	37-1778465	PA
Quartet Health, Inc. (11.20%)		De
Apixio,		
Inc.	80-0508223	DE
HughesLeahyKarlovic, LLC (20%)	43-1106904	MO
Oklahoma Complete Health Holding Company, LLC	86-2318658	OK
RI Health & Wellness,		
Inc.	86-2694770	RI
HLM Strategic Investment Fund, L.P.		DE