



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2022**  
 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 1001 Technology Drive, Ste. 401 , Little Rock, AR, US 72223  
(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**

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

**OTHER OFFICERS**

<u>Janet Robey Alonzo</u>	<u>Secretary</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

**DIRECTORS OR TRUSTEES**

<u>Mark David Sanders #</u>	<u>Chris Jay Perry</u>	<u>John Patrick Ryan</u>	<u></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 Patrick Ryan  
President

Mark David Sanders  
Vice President

Chris Jay Perry  
Treasurer

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

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

**ANNUAL STATEMENT FOR THE YEAR 2022 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).....	50,691,364		50,691,364	50,303,841
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 (\$ .....47,133,659 , Schedule E-Part 1), cash equivalents (\$ .....70,394,528 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	117,528,187		117,528,187	30,334,259
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) .....	168,219,552	0	168,219,552	80,638,101
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	358,274		358,274	312,621
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,920,833		3,920,833	2,136,418
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ .....1,290,535 ) and contracts subject to redetermination (\$ ..... ) .....	1,290,535		1,290,535	8,325,239
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 .....		(16)	16	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....	1,645,175	270,410	1,374,765	1,231,694
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 .....	919,078		919,078	7,092,027
24. Health care (\$ .....4,035,606 ) and other amounts receivable.....	8,184,329	4,148,723	4,035,606	3,296,429
25. Aggregate write-ins for other-than-invested assets .....	154,304	154,304	0	15,078,672
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	184,692,080	4,573,421	180,118,659	118,111,201
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	184,692,080	4,573,421	180,118,659	118,111,201
<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. CSR Cost Sharing Receivable.....			0	15,078,672
2502. Accumulated Amortization - Intangibles.....	(2,340)	(2,340)	0	0
2503. Prepays.....	156,644	156,644	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	154,304	154,304	0	15,078,672

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	27,088,656		27,088,656	25,418,597
2. Accrued medical incentive pool and bonus amounts	220,679		220,679	194,154
3. Unpaid claims adjustment expenses	306,610		306,610	263,820
4. Aggregate health policy reserves, including the liability of \$ .....23,932,871 for medical loss ratio rebate per the Public Health Service Act	25,965,832		25,965,832	10,715,283
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	1,292,885		1,292,885	936,096
9. General expenses due or accrued	1,889,158		1,889,158	1,913,366
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	891,998		891,998	2,414,924
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	35,297,314		35,297,314	1,166,870
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ .....31,914,160 current)	31,914,160	0	31,914,160	12,479,067
24. Total liabilities (Lines 1 to 23)	124,867,292	0	124,867,292	55,502,177
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
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	4,057,221	11,414,876
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	55,251,366	62,609,021
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	180,118,658	118,111,198
<b>DETAILS OF WRITE-INS</b>				
2301. State Assessment	28,724		28,724	26,000
2302. CSR Payable	31,808,853		31,808,853	12,343,204
2303. State Tax Payable	76,583		76,583	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)	31,914,160	0	31,914,160	12,479,067
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
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		0
3003. ....	XXX	XXX		0
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	611,686	614,178
2. Net premium income (including \$ .....170,202 non-health premium income).....	XXX	252,790,262	264,263,283
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	17,882	0
8. Total revenues (Lines 2 to 7) .....	XXX	252,808,144	264,263,283
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		115,154,280	117,635,048
10. Other professional services .....		1,378,529	1,429,681
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		27,502,908	25,356,706
13. Prescription drugs .....		42,092,590	37,699,049
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		590,509	53,885
16. Subtotal (Lines 9 to 15) .....	0	186,718,816	182,174,369
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	186,718,816	182,174,369
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....168,019 cost containment expenses.....		2,800,311	2,777,837
21. General administrative expenses.....		42,366,810	44,341,443
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(1,300,338)	(7,029,135)
23. Total underwriting deductions (Lines 18 through 22) .....	0	230,585,599	222,264,514
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	22,222,545	41,998,769
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,981,519	1,043,973
26. Net realized capital gains (losses) less capital gains tax of \$ .....			(13,510)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,981,519	1,030,463
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....1,152,303 )] .....		(1,152,303)	(11,791)
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	23,051,761	43,017,441
31. Federal and foreign income taxes incurred .....	XXX	4,797,429	7,397,065
32. Net income (loss) (Lines 30 minus 31) .....	XXX	18,254,332	35,620,376
<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	17,882	0
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	17,882	0
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 .....	62,609,028	35,164,521
34. Net income or (loss) from Line 32 .....	18,254,332	35,620,376
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 .....	110,353	(948,309)
39. Change in nonadmitted assets .....	(722,326)	272,440
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 .....	(25,000,000)	(7,500,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(7,357,641)	27,444,507
49. Capital and surplus end of reporting year (Line 33 plus 48)	55,251,387	62,609,028
<b>DETAILS OF WRITE-INS</b>		
4701. ....		0
4702. ....		0
4703. ....		0
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	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	273,647,889	244,643,606
2. Net investment income .....	2,373,009	1,520,368
3. Miscellaneous income .....	17,882	0
4. Total (Lines 1 through 3) .....	276,038,780	246,163,974
5. Benefit and loss related payments .....	150,783,921	195,280,018
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	5,460,695	68,442,900
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	6,320,355	4,513,217
10. Total (Lines 5 through 9) .....	162,564,972	268,236,135
11. Net cash from operations (Line 4 minus Line 10) .....	113,473,808	(22,072,161)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,083,074	15,395,295
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	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,083,074	15,395,295
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,907,740	3,517,973
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 .....	0	4,880,000
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,907,740	8,397,973
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) .....	(824,666)	6,997,322
<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	0
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 .....	25,000,000	7,500,000
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) .....	(25,000,000)	(7,500,000)
<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) .....	87,649,143	(22,574,839)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	30,358,866	52,933,704
19.2 End of year (Line 18 plus Line 19.1) .....	118,008,008	30,358,866

**ANNUAL STATEMENT FOR THE YEAR 2022 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	252,790,262	246,672,662	4,876,300	0	0	0	0	0	1,071,098	170,202
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	17,882	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,882
7. Total revenues (Lines 1 to 6)	252,808,144	246,672,662	4,876,300	0	0	0	0	0	1,071,098	188,084
8. Hospital/medical benefits	115,154,279	111,317,851	3,191,636						644,792	XXX
9. Other professional services	1,378,529	601,099	777,430							XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	27,502,908	27,390,713	112,195							XXX
12. Prescription drugs	42,092,590	42,092,590								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	590,509	590,509								XXX
15. Subtotal (Lines 8 to 14)	186,718,815	181,992,762	4,081,261	0	0	0	0	0	644,792	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	186,718,815	181,992,762	4,081,261	0	0	0	0	0	644,792	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 168,019 cost containment expenses	2,800,310	2,746,675	53,635							
20. General administrative expenses	42,366,811	41,839,387	527,424							
21. Increase in reserves for accident and health contracts	(1,300,338)	(1,300,338)								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)	230,585,598	225,278,486	4,662,320	0	0	0	0	0	644,792	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	22,222,546	21,394,176	213,980	0	0	0	0	0	426,306	188,084
<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. Life Premiums	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. Investment Income	17,882	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,882
0603.		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)	17,882	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,882
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 2022 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) individual .....	215,318,421		40,260	215,278,161
2. Comprehensive (hospital and medical) group .....	31,400,574		6,073	31,394,501
3. Medicare Supplement .....	4,876,300			4,876,300
4. Dental only .....				.0
5. Vision only .....				.0
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....				.0
8. Title XIX – Medicaid .....				.0
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....	1,071,098			1,071,098
13. Health subtotal (Lines 1 through 12) .....	252,666,393	.0	46,333	252,620,060
14. Life .....	839,391		669,189	170,202
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	253,505,784	0	715,522	252,790,262

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	200,497,858	165,849,550	29,764,565	4,125,770									757,973	
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	200,497,858	165,849,550	29,764,565	4,125,770	0	0	0	0	0	0	0	0	757,973	0
2. Paid medical incentive pools and bonuses .....	563,984	563,984	0											
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	27,088,655	21,828,637	4,592,582	455,823	0	0	0	0	0	0	0	0	211,613	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	27,088,655	21,828,637	4,592,582	455,823	0	0	0	0	0	0	0	0	211,613	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	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	220,679	220,679	0											
6. Net healthcare receivables (a).....	16,039,611	12,934,697	3,104,914											
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	25,418,598	21,092,188	3,501,284	500,332	0	0	0	0	0	0	0	0	324,794	0
8.2 Reinsurance assumed .....	0			0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0			0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	25,418,598	21,092,188	3,501,284	500,332	0	0	0	0	0	0	0	0	324,794	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0			0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0			0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0			0	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	194,154	194,154		0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0			0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct .....	186,128,304	153,651,302	27,750,949	4,081,261	0	0	0	0	0	0	0	0	644,792	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	186,128,304	153,651,302	27,750,949	4,081,261	0	0	0	0	0	0	0	0	644,792	0
13. Incurred medical incentive pools and bonuses .....	590,509	590,509	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	3,464,597	2,821,815	557,418	58,299									27,065	
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	3,464,597	2,821,815	557,418	58,299	0	0	0	0	0	0	0	0	27,065	0
2. Incurred but Unreported:														
2.1. Direct .....	23,624,058	19,006,822	4,035,164	397,524									184,548	
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	23,624,058	19,006,822	4,035,164	397,524	0	0	0	0	0	0	0	0	184,548	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	0	0	0	0
4. TOTALS:														
4.1. Direct .....	27,088,655	21,828,637	4,592,582	455,823	0	0	0	0	0	0	0	0	211,613	0
4.2. Reinsurance assumed .....	.0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	.0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	27,088,655	21,828,637	4,592,582	455,823	0	0	0	0	0	0	0	0	211,613	0

**ANNUAL STATEMENT FOR THE YEAR 2022 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) individual .....	15,161,081	150,688,470	713,276	21,115,361	15,874,357	21,092,188
2. Comprehensive (hospital and medical) group .....	2,347,250	27,417,315	51,652	4,540,931	2,398,902	3,501,284
3. Medicare Supplement .....	454,032	3,671,738	1,861	453,963	455,893	500,331
4. Dental Only .....					0	0
5. Vision Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....					0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care - Medicaid .....					0	0
12. Other health .....	227,103	530,870		211,613	227,103	324,794
13. Health subtotal (Lines 1 to 12) .....	18,189,466	182,308,393	766,789	26,321,868	18,956,255	25,418,597
14. Healthcare receivables (a) .....	6,947,216	7,486,045	74,021	8,110,308	7,021,237	6,577,980
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	563,984		35,605	185,074	599,589	194,154
17. Totals (Lines 13-14+15+16)	11,806,234	174,822,348	728,373	18,396,634	12,534,607	19,034,771

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

**ANNUAL STATEMENT FOR THE YEAR 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	7,250	7,280	7,280	7,280	7,280
2. 2018 .....	72,839	85,359	85,359	85,359	85,359
3. 2019 .....	XXX	104,879	117,044	117,044	117,044
4. 2020 .....	XXX	XXX	96,600	141,159	141,159
5. 2021 .....	XXX	XXX	XXX	172,608	179,074
6. 2022 .....	XXX	XXX	XXX	XXX	175,279

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	(4,346)	(4,346)	(4,346)	(4,346)	(4,346)
2. 2018 .....	87,036	85,360	85,360	85,360	85,360
3. 2019 .....	XXX	119,269	118,462	118,462	118,462
4. 2020 .....	XXX	XXX	153,828	140,858	140,858
5. 2021 .....	XXX	XXX	XXX	190,367	179,372
6. 2022 .....	XXX	XXX	XXX	XXX	192,987

**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. 2018 .....	119,084	85,359	536	0.6	85,895	72.1			85,895	72.1
2. 2019 .....	136,492	117,044	3,550	3.0	120,594	88.4			120,594	88.4
3. 2020 .....	214,687	141,159	2,712	1.9	143,871	67.0			143,871	67.0
4. 2021 .....	258,133	179,074	2,162	1.2	181,236	70.2	713	8	181,957	70.5
5. 2022 .....	246,719	175,279	2,004	1.1	177,283	71.9	25,893	298	203,474	82.5

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**ANNUAL STATEMENT FOR THE YEAR 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	186	191	191	191	191
2. 2018 .....	4,691	5,199	5,199	5,199	5,199
3. 2019 .....	XXX	3,917	4,409	4,409	4,409
4. 2020 .....	XXX	XXX	4,088	4,632	4,632
5. 2021 .....	XXX	XXX	XXX	3,788	4,242
6. 2022 .....	XXX	XXX	XXX	XXX	3,672

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	188	191	191	191	191
2. 2018 .....	5,251	5,199	5,199	5,199	5,199
3. 2019 .....	XXX	4,374	4,409	4,409	4,409
4. 2020 .....	XXX	XXX	4,558	4,632	4,632
5. 2021 .....	XXX	XXX	XXX	4,288	4,244
6. 2022 .....	XXX	XXX	XXX	XXX	4,126

**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. 2018.....	4,959	5,199	98	1.9	5,297	106.8			5,297	106.8
2. 2019.....	5,093	4,409		0.0	4,409	86.6			4,409	86.6
3. 2020.....	5,151	4,632		0.0	4,632	89.9			4,632	89.9
4. 2021.....	4,987	4,242		0.0	4,242	85.1			4,242	85.1
5. 2022.....	4,876	3,672		0.0	3,672	75.3	454		4,126	84.6

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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 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	136	136	136	136	550
2. 2018 .....	562	727	727	727	727
3. 2019 .....	XXX	1,441	1,996	1,996	1,996
4. 2020 .....	XXX	XXX	656	669	669
5. 2021 .....	XXX	XXX	XXX	178	405
6. 2022 .....	XXX	XXX	XXX	XXX	531

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	105	105	105	105	105
2. 2018 .....	950	727	727	727	727
3. 2019 .....	XXX	1,821	1,996	1,996	1,996
4. 2020 .....	XXX	XXX	756	669	669
5. 2021 .....	XXX	XXX	XXX	503	405
6. 2022 .....	XXX	XXX	XXX	XXX	742

**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. 2018.....	1,253	727	23	3.2	750	59.9			750	59.9
2. 2019.....	1,164	1,996		0.0	1,996	171.5			1,996	171.5
3. 2020.....	1,045	669		0.0	669	64.0			669	64.0
4. 2021.....	1,066	405		0.0	405	38.0			405	38.0
5. 2022.....	1,071	531		0.0	531	49.6	212		743	69.4

**ANNUAL STATEMENT FOR THE YEAR 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	7,572	7,607	7,607	7,607	8,021
2. 2018 .....	78,092	91,285	91,285	91,285	91,285
3. 2019 .....	XXX	110,237	123,449	123,449	123,449
4. 2020 .....	XXX	XXX	101,344	146,460	146,460
5. 2021 .....	XXX	XXX	XXX	176,574	183,721
6. 2022 .....	XXX	XXX	XXX	XXX	179,482

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	(4,053)	(4,050)	(4,050)	(4,050)	(4,050)
2. 2018 .....	93,237	91,286	91,286	91,286	91,286
3. 2019 .....	XXX	125,464	124,867	124,867	124,867
4. 2020 .....	XXX	XXX	159,142	146,159	146,159
5. 2021 .....	XXX	XXX	XXX	195,158	184,021
6. 2022 .....	XXX	XXX	XXX	XXX	197,855

**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. 2018 .....	125,296	91,285	657	0.7	91,942	73.4	0	0	91,942	73.4
2. 2019 .....	142,749	123,449	3,550	2.9	126,999	89.0	0	0	126,999	89.0
3. 2020 .....	220,883	146,460	2,712	1.9	149,172	67.5	0	0	149,172	67.5
4. 2021 .....	264,186	183,721	2,162	1.2	185,883	70.4	713	8	186,604	70.6
5. 2022 .....	252,666	179,482	2,004	1.1	181,486	71.8	26,559	298	208,343	82.5

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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 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	.0												
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	25,965,832		25,965,832										
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	25,965,832	.0	25,965,832	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	25,965,832	0	25,965,832	0	0	0	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	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.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	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	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	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	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... 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) .....			415,332		415,332
2. Salaries, wages and other benefits .....			16,387,526		16,387,526
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			2,091,776		2,091,776
4. Legal fees and expenses .....			219,607		219,607
5. Certifications and accreditation fees .....			15,426		15,426
6. Auditing, actuarial and other consulting services .....			6,941,572		6,941,572
7. Traveling expenses .....			126,193		126,193
8. Marketing and advertising .....			791,460		791,460
9. Postage, express and telephone .....			223,829		223,829
10. Printing and office supplies .....			23,621		23,621
11. Occupancy, depreciation and amortization .....			1,501,833		1,501,833
12. Equipment .....			30,110		30,110
13. Cost or depreciation of EDP equipment and software .....			1,451,754		1,451,754
14. Outsourced services including EDP, claims, and other services .....	168,019	2,632,292	5,000,017		7,800,328
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			63,337		63,337
17. Collection and bank service charges .....			150,674		150,674
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			81,920		81,920
22. Real estate taxes .....			49,301		49,301
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			193,012		193,012
23.2 State premium taxes .....			5,752,422		5,752,422
23.3 Regulatory authority licenses and fees .....			23,359		23,359
23.4 Payroll taxes .....			816,676		816,676
23.5 Other (excluding federal income and real estate taxes) .....			16,053		16,053
24. Investment expenses not included elsewhere .....				27,310	27,310
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	168,019	2,632,292	42,366,810	27,310	(a) 45,194,431
27. Less expenses unpaid December 31, current year .....		306,610	1,889,158		2,195,768
28. Add expenses unpaid December 31, prior year .....	0	263,820	1,913,366	0	2,177,186
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)	168,019	2,589,502	42,391,018	27,310	45,175,849
<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 \$ .....36,920,394 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) 14,597	22,209
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 884,192	901,738
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) 703,318	723,814
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	361,068
10. Total gross investment income	1,602,108	2,008,829
11. Investment expenses		(g) 27,310
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)		27,310
17. Net investment income (Line 10 minus Line 16)		1,981,519
<b>DETAILS OF WRITE-INS</b>		
0901. Interest Income		343,186
0902. Miscellaneous investment income		17,882
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	361,068
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 \$ 4,475 accrual of discount less \$ 441,617 amortization of premium and less \$ 24,071 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 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 \$ 8,956 accrual of discount less \$ 8,956 amortization of premium and less \$ 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)			0		
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)	0	0	0	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 .....	(16)	0	16
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.....	270,410	303,128	32,718
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.....	4,148,723	3,281,551	(867,172)
25. Aggregate write-ins for other-than-invested assets .....	154,304	266,416	112,112
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,573,421	3,851,095	(722,326)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	4,573,421	3,851,095	(722,326)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			0
1102. ....			0
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.....		0	0
2502. Goodwill.....	(2,340)	(2,340)	0
2503. Prepaids.....	156,644	268,756	112,112
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)	154,304	266,416	112,112

ANNUAL STATEMENT FOR THE YEAR 2022 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.....	48,568	47,991	49,210	49,766	49,373	577,554
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	3,016	2,860	2,833	2,842	2,845	34,132
7. Total	51,584	50,851	52,043	52,608	52,218	611,686
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	2,200	2,063	2,056	2,060	2,069	24,685
0602. Stop Loss.....	816	797	777	782	776	9,447
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)	3,016	2,860	2,833	2,842	2,845	34,132

## 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>	SSAP #	F/S Page	F/S Line #	State of Domicile	2022	2021
(1) QualChoice Life & Health Insurance Company, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Arkansas	\$ 18,254,331	\$ 35,620,373
(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	\$ 18,254,331	\$ 35,620,373
<u>SURPLUS</u>						
(5) QualChoice Life & Health Insurance Company, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Arkansas	\$ 55,251,366	\$ 62,609,021
(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	\$ 55,251,366	\$ 62,609,021

### 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.

10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the Statement of Revenue and Expenses. The Company has an \$0 premium deficiency reserve recorded as of December 31, 2022.
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	37,612
12 Months or Longer	423,402
<b>Fair Value</b>	
Less than 12 Months	383,135
12 Months or Longer	4,310,763

- 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	1,632,541	1,642,954	(10,413)	1,646,195	0.9%	0.9%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements).						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	1,632,541	1,642,954	(10,413)	1,646,195	0.9%	0.9%

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):

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

(1)	DTA/DTL Components	Description	2022			2021			Change		
			Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets		1,645,175	0	1,645,175	1,534,822	0	1,534,822	110,353	0	110,353
(b)	Statutory valuation allowance adjustment		0	0	0	0	0	0	0	0	0
(c)	Adjusted gross deferred tax assets		1,645,175	0	1,645,175	1,534,822	0	1,534,822	110,353	0	110,353
(d)	Deferred tax assets nonadmitted		270,410	0	270,410	303,128	0	303,128	(32,718)	0	(32,718)
(e)	Net admitted deferred tax assets		1,374,765	0	1,374,765	1,231,694	0	1,231,694	143,071	0	143,071
(f)	Deferred tax liabilities		0	0	0	0	0	0	0	0	0
(g)	Net admitted deferred tax asset/(Net deferred tax liability)		1,374,765	0	1,374,765	1,231,694	0	1,231,694	143,071	0	143,071

### (2) Admission calculation components:

(2)	Admission calculation components:	Description	2022			2021			Change		
			Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Admission calculation under §11.a.-§11.c.										
(a)	FIT recoverable by loss carryback [§11.a.]		1,342,050	0	1,342,050	1,198,977	0	1,198,977	143,073	0	143,073
(b)	Expected to be realized [§11.b.] (lesser of 1. or 2.)		32,717	0	32,717	32,717	0	32,717	0	0	0
	1. Expected to be realized [§11.b.i.]		32,717	0	32,717	32,717	0	32,717	0	0	0
	2. Surplus limitation [§11.b.ii.]		XXX	XXX	0,081,490	XXX	XXX	9,203,526	XXX	XXX	(1,122,036)
(c)	DTL offset [§11.c.]		0	0	0	0	0	0	0	0	0
(d)	Total admitted under §11.a.-11.c.		1,374,767	0	1,374,767	1,231,694	0	1,231,694	143,073	0	143,073

### (3) Information used in expected to be realized calculation [§11.b.]

	2022	2021
(a) ExDTA ACL RBC or other ratio	2881%	807%
(b) Adjusted capital and surplus	53,846,602	61,356,842

### (4) Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:

(4)	Description	2022			2021			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Adjusted gross DTAs - Amount (Memo Entry)	1,645,175	0	1,645,175	1,534,822	0	1,534,822	110,353	0	110,353
(a)	Adjusted gross DTAs - Percentage	15%	0%	15%	0%	0%	15%	0%	15%	
(b)	Net admitted DTAs - Amount (Memo Entry)	1,374,765	0	1,374,765	1,231,694	0	1,231,694	143,071	0	143,071
(b)	Net admitted DTAs - Percentage	18%	0%	18%	0%	0%	18%	0%	18%	
(c)	Did the company avail itself of a tax planning strategy involving reinsurance? [check box]	Yes		No		X				

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	2022	2021
(a)	Current federal income tax expense	4,789,204	7,392,357
(b)	Foreign taxes	0	0
(c)	Subtotal	4,789,204	7,392,357
(d)	Tax on capital gains/(losses)	0	(3,591)
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	8,227	4,708
(g)	Federal and foreign income taxes incurred	4,797,431	7,393,474

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, 2022	December 31, 2021	Change
(a)	<b>Ordinary</b>			
(1)	Discounting of unpaid losses and LAE	76,401	76,083	318
(2)	Unearned premiums	54,301	39,316	14,985
(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	242,281	0	242,281
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	903,632	745,073	158,559
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13.1)	Goodwill & Intangible Amortization	368,561	401,279	(32,718)
(13.2)	Premium deficiency reserve	0	273,071	(273,071)
(13.3)	Other (separately disclose items >5%)	(1)	0	(1)
(99)	Gross ordinary DTAs	1,645,175	1,534,822	110,353
(b)	Statutory valuation adjustment adjustment - ordinary	0	0	0
(c)	Nonadmitted ordinary DTAs	270,410	303,128	(32,718)
(d)	Admitted ordinary DTAs	1,374,765	1,231,694	143,071
(e)	<b>Capital</b>			
(1)	Investments	0	0	0
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4.1)	Unrealized capital losses	0	0	0
(4.2)	Other (separately disclose items >5%)	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)	<b>Admitted DTAs</b>	1,374,765	1,231,694	143,071
(3)	<b>DTLs Resulting From Book/Tax Differences In</b>	<b>December 31, 2022</b>	<b>December 31, 2021</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
(3.1)	Unrealized capital gains	0	0	0
(3.2)	Other (separately disclose items >5%)	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>1,374,765</b>	<b>1,231,694</b>	<b>143,071</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, 2022	December 31, 2021	Change
Total deferred tax assets	1,645,175	1,534,822	110,353
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	1,645,175	1,534,822	110,353
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	1,645,175	1,534,822	110,353
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	1,645,175	1,534,822	110,353

**\*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	2022			2021		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	23,051,758	4,840,869	21.00%	43,013,848	9,032,908	21.00%
Tax-Exempt Interest	(20,692)	(4,345)	-0.02%	(28,339)	(5,951)	-0.01%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	5,173	1,086	0.00%	7,085	1,488	0.00%
Health Insurer Fee	0	0	0.00%	0	0	0.00%
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	0	0	0.00%	(3,870,140)	(812,729)	-1.89%
Deferred Taxes on Nonadmitted Assets	(755,042)	(158,559)	-0.69%	575,567	120,869	0.28%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
Other, Including Prior Year True-Up	0	8,027	0.03%	0	5,199	0.01%
Total	4,687,078	20.33%		8,341,784	19.39%	
Federal Income Taxes Incurred [Expense/(Benefit)]	4,797,431	20.81%		7,397,066	17.20%	
Tax on Capital Gains/(Losses)	0	0.00%		(3,591)	-0.01%	
Change in Net Deferred Income Tax [Charge/(Benefit)]	(110,353)	-0.48%		948,309	2.20%	
Total Statutory Income Taxes	4,687,078	20.33%		8,341,784	19.39%	

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

At December 31, 2022, the Company had net operating loss carryforwards expiring through the year 20XX of:  
\$0

At December 31, 2022, 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
2020	N/A	0	0
2021	7,388,968	0	7,388,968
2022	4,789,204	0	4,789,204
Total	12,178,172	0	12,178,172

Deposits admitted under IRC § 6603

**None**

F. The Company's federal income tax return is consolidated with Centene and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.

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. Corporate Alternative Minimum Tax (CAMT)

The Inflation Reduction Act was enacted on August 16, 2022, and includes a new corporate alternative minimum tax (CAMT). The Company has determined that they expect to be subject to the CAMT in 2023; however they do not expect to pay any CAMT pursuant to the tax sharing agreement.

**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 \$36,920,394 for such services during the period ended December 31, 2022.

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 \$0 for such services during the period ended December 31, 2022.

Centene Pharmacy Services, Inc., a wholly owned subsidiary Envolve Holdings, Inc., which is a wholly owned subsidiary of Centene Corporation, provides pharmacy benefits management services to the Company. Medical and administrative expenses included \$38,462,918 for such services during the period ended December 31, 2022.

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 \$1,196,323 for such services during the period ended December 31, 2022.

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, 2022.

Magellan Health Inc., which is a wholly owned subsidiary of Centene Corporation, provides radiology services to the Company. Medical and administrative expenses included \$ 30,118 for such services during the period ended December 31, 2022.

D. Included in the Company's balance sheet as of December 31, 2022, are the following receivables from and payables to parent, subsidiaries, and affiliates:

<b>Affiliated Entity</b>	<b>2022 Receivable</b>	<b>2022 Payable</b>
QCA Health Plan Inc.	2,131	-
Centene Management Company LLC	-	(34,995,346)
Centene Pharmacy Services, Inc.	911,260	-
Envolve Vision, Inc.	-	(118,664)
Nurtur Health Inc	-	(183,304)
Magellan Health Inc.	5,687	

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

F. Guarantees - None

G. Nature of the control relationship - None

H. Upstream Intermediate Entity – None

I. Investment in an SCA Entity – None

J. Investment in Impaired SCA Entity – None

K. Investment in Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company – None

M. All SCA Investments – None

N. Investment in an Insurance SCA Entity – None

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

## **11. Debt**

A. Capital Notes - None

B. As of December 31, 2022, 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, 2022. The Company also has 1,500 shares of \$1,000 per share par value preferred stock authorized and none outstanding at December 31, 2022.
- 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 8, 2022, the Company paid a \$25,000,000 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 2022. Annual fee under section 9010 was not applicable for the 2022 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, 2022 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	\$ 117,528,187	\$ -	\$ -	\$ -	\$ 117,528,187
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	\$ 117,528,187	\$ -	\$ -	\$ -	\$ 117,528,187
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level on 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
<b>a. Assets at fair value</b>					
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>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, 2022 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	\$ 117,528,187	\$ 117,528,187	\$ 117,528,187	—	—	—	—
Bonds	\$ 44,360,094	\$ 50,691,364	\$ 1,606,152	42,753,942	—	—	—

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	—	—	—

## 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, 2022, and December 31, 2021, 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, 2023 for the statutory statement issued on March 1st, 2023.

Type I – Recognizable Subsequent Events - None

Type II – Non-recognizable Subsequent Events

**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, 2022 which are subject to retrospective rating features was \$253M, which represents 100% of the total net premiums written.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act –

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 13,283,415	\$ -	\$ -	\$ -	\$ 13,283,415
(2) Medical loss ratio rebates paid	\$ 7,628,091	\$ -	\$ -	\$ -	\$ 7,628,091
(3) Medical loss ratio rebates unpaid	\$ 8,478,986	\$ -	\$ -	\$ -	\$ 8,478,986
(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	\$ 31,554,996	\$ -	\$ -	\$ -	\$ 31,554,996
(8) Medical loss ratio rebates paid	\$ 16,101,111	\$ -	\$ -	\$ -	\$ 16,101,111
(9) Medical loss ratio rebates unpaid	\$ 23,932,871	\$ -	\$ -	\$ -	\$ 23,932,871
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

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

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
<b>2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year</b>	
<b>a) Permanent ACA Risk Adjustment Program</b>	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment (including HCRP)	1,290,535
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	135,223
3) Premium adjustments payable due to ACA Risk Adjustment	2,032,961
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	6,299,685
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	135,654
<b>b) Transitional ACA Reinsurance Program</b>	
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	-
<b>c) Temporary ACA Risk Corridors Program</b>	
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	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	\$ 7,389,280	\$ -	\$ 14,431,167	\$ -	(7,041,887)	\$ -	\$ 7,041,887	\$ -	B	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ 7,389,280	\$ -	\$ 14,431,167	\$ -	(7,041,887)	\$ -	\$ 7,041,887	\$ -		\$ -	\$ -
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	\$ 7,389,280	\$ -	\$ 14,431,167	\$ -	(7,041,887)	\$ -	\$ 7,041,887	\$ -		\$ -	\$ -

## B – Adjustment to final CMS announcement issued June 30, 2022.

**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	5	6	7	8		9	10
	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
	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)
<b>Risk Corridors Program Year</b>						
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, 2021, was \$25.4M. As of December 31, 2022, \$18.2M has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years is now \$0.8M 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 \$6.5 million of favorable prior year development since December 31, 2021. 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 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, 2022, the Company admitted healthcare receivables of \$4,035,606 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
12/31/2022	4,035,605.71	4,035,605.71	-	-	-
9/30/2022	4,292,272.64	4,292,272.64	-	-	1,049,233.99
6/30/2022	3,736,444.02	3,736,444.02	-	-	3,074,180.48
3/31/2022	3,385,511.59	3,385,511.59	-	-	3,350,325.25
12/31/2021	3,658,243.43	3,658,243.43	-	-	3,573,142.72
9/30/2021	3,690,653.51	3,690,653.51	-	-	3,666,338.40
6/30/2021	3,787,403.30	3,787,403.30	-	-	3,851,847.04
3/31/2021	3,319,335.87	3,319,335.87	-	-	3,308,227.84
12/31/2020	3,130,882.50	3,130,882.50	-	-	3,112,926.54
9/30/2020	2,327,510.98	2,327,510.98	-	-	2,327,510.97
6/30/2020	1,872,425.47	1,872,425.47	-	-	1,872,425.47
3/31/2020	1,714,711.31	1,714,711.31	-	-	1,714,726.88

- B. Risk Sharing Receivables - None

## 29. Participating Policies

None

## 30. Premium Deficiency Reserves

As of December 31, 2022:

- The liability for the premium deficiency reserves \$0
- Date of most recent evaluation of this liability December 31, 2022
- 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, 2022 and 2021, 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.

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**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. ....12/31/2022
- 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. ....12/31/2017
- 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). ....06/17/2019
- 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
.....	.....
.....	.....
.....	.....

- 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
- 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
- 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 depository institution holding company? Yes  No
- 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  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
- 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 Yes  No

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?
- 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  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?  
Umar Gilani, FSA, Senior Director Reserve Review Team, Centene Corporation 8735 Henderson Road, Tampa, FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 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
- 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?  
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  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Amendment to CNC's, parent company, Business Ethics and Code of Conduct Policy as of 10/12/22.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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
- 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  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  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  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
- 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
- 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
- 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
- 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
- 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)

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

<sup>1</sup> Name of Third-Party	<sup>2</sup> 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 [ ]
- 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 \$.....1,646,195
- 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 [ X ]
- 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.....

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 [ ] No [ X ]
- 29.04 If yes, give full and complete information relating thereto:

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

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	2
Name of Firm or Individual	Affiliation
Allspring Global Investments LLC.....	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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104973.....	Allspring Global Investments LLC.....	549300B3H21002L85190.....	NIC.....	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	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL		0

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

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

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	2	3
Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	50,691,364	44,360,094
31.2 Preferred Stocks.....	0	(6,331,270)
31.3 Totals	50,691,364	0
	44,360,094	(6,331,270)

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 [ X ] 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 [ X ] 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 [ X ] 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 [ X ]

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 [ X ]

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 [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

38.1 Does the reporting entity directly hold cryptocurrencies? Yes  No

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes  No

- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
- 39.21 Held directly Yes  No
  - 39.22 Immediately converted to U.S. dollars Yes  No

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

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

40.2 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
.....	\$.....
.....	\$.....
.....	\$.....

41.1 Amount of payments for legal expenses, if any? \$ .....219,607

41.2 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
.....	\$.....
.....	\$.....
.....	\$.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....0

42.2 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. \$ .....4,877,342
- 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 \$ .....0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....4,083,158
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....516,298
- 1.62 Total incurred claims \$ .....347,739
- 1.63 Number of covered lives .....3,470
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....4,361,044
- 1.65 Total incurred claims \$ .....3,735,420
- 1.66 Number of covered lives .....21,224
- 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	\$	.....185,583,929	\$	.....175,311,904
2.2 Premium Denominator	\$	.....252,790,262	\$	.....264,263,283
2.3 Premium Ratio (2.1/2.2)		.....0.734		.....0.663
2.4 Reserve Numerator	\$	.....45,001,671	\$	.....46,952,732
2.5 Reserve Denominator	\$	.....53,275,167	\$	.....36,328,034
2.6 Reserve Ratio (2.4/2.5)		.....0.845		.....1.292

- 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 \$ .....6,000,000
- 5.32 Medical Only \$ .....0
- 5.33 Medicare Supplement \$ .....0
- 5.34 Dental and Vision \$ .....0
- 5.35 Other Limited Benefit Plan \$ .....0
- 5.36 Other \$ .....0
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 .....33,870
- 8.2 Number of providers at end of reporting year .....32,104
- 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 [ X ] No [ ]
- 10.2 If yes:
- |   |    |         |
|---|----|---------|
| 10.21 Maximum amount payable bonuses          | \$ | 185,074 |
| 10.22 Amount actually paid for year bonuses   | \$ | 0       |
| 10.23 Maximum amount payable withholds        | \$ | 0       |
| 10.24 Amount actually paid for year withholds | \$ | 0       |
- 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  | \$ | 0 |
| 15.2 Total Incurred Claims   | \$ | 0 |
| 15.3 Number of Covered Lives |    | 0 |

*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 2022	2 2021	3 2020	4 2019	5 2018
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	180,118,659	118,111,201	144,704,388	71,829,184	74,808,044
2. Total liabilities (Page 3, Line 24)	124,867,292	55,502,177	109,539,866	50,167,813	23,899,545
3. Statutory minimum capital and surplus requirement	750,000	750,000	1,600,000	1,600,000	1,600,000
4. Total capital and surplus (Page 3, Line 33)	55,251,366	62,609,021	35,164,521	21,661,371	50,908,495
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	252,808,144	264,263,283	221,825,520	142,433,305	126,691,121
6. Total medical and hospital expenses (Line 18)	186,718,816	182,174,369	158,544,657	123,516,585	82,996,222
7. Claims adjustment expenses (Line 20)	2,800,311	2,777,837	2,632,533	3,825,194	4,430,870
8. Total administrative expenses (Line 21)	42,366,810	44,341,443	52,697,710	26,494,887	15,884,109
9. Net underwriting gain (loss) (Line 24)	22,222,545	41,998,769	15,493,126	(27,275,341)	23,379,920
10. Net investment gain (loss) (Line 27)	1,981,519	1,030,463	415,995	642,683	817,134
11. Total other income (Lines 28 plus 29)	(1,152,303)	(11,791)	(9,096)	(1,298,836)	0
12. Net income or (loss) (Line 32)	18,254,332	35,620,376	14,183,451	(26,235,129)	23,142,858
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	113,473,808	(22,072,161)	57,959,850	(7,643,412)	22,653,616
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	55,251,366	62,609,021	35,164,521	21,661,371	50,908,495
15. Authorized control level risk-based capital	1,870,171	4,463,349	6,433,682	5,716,298	3,735,151
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	52,218	51,584	55,043	36,483	27,756
17. Total members months (Column 6, Line 7)	611,686	614,178	536,731	392,319	346,338
<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)	73.9	68.9	71.5	86.7	65.5
20. Cost containment expenses	0.1	0.1	0.1	1.8	2.2
21. Other claims adjustment expenses	1.0	1.0	1.1	0.9	1.3
22. Total underwriting deductions (Line 23)	91.2	84.1	93.0	119.2	81.6
23. Total underwriting gain (loss) (Line 24)	8.8	15.9	7.0	(19.2)	18.5
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	12,534,607	45,566,571	13,322,675	13,194,617	5,775,003
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	19,034,771	58,550,075	13,935,370	13,848,820	11,081,020
<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	252,666,393					839,391		253,505,784	.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	252,666,393	.0	.0	.0	.0	839,391	.0	253,505,784	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	252,666,393	0	0	0	0	839,391	0	253,505,784	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

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	2	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	55
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

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

N/A



**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	FL	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	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	
	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	
	Centene Company of Texas, LP (99%)									74-2810404	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 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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

	Centene Pharmacy Services, Inc.									77-0578529	DE	
	MeridianRx, LLC									27-1339224	MI	
	Specialty Therapeutic Care Holdings, LLC									27-3617766	DE	
	Specialty Therapeutic Care, LP (99.99%)									73-1698808	TX	
	Specialty Therapeutic Care, GP, LLC									73-1698807	TX	
	Specialty Therapeutic Care, LP (0.01%)									73-1698808	TX	
	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	
	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	
	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	

40.2

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

	Salus IPA, LLC									82-0802846	NY	
	WellCare of Connecticut, Inc.									06-1405640	CT	95310
	Community Medical Holdings Corp									47-4179393	DE	
	Access Medical Acquisition, LLC									46-3485489	DE	
	Access Medical Group of North Miami Beach, LLC									45-3191569	FL	
	Access Medical Group of Miami, LLC									45-3191719	FL	
	Access Medical Group of Hialeah, LLC									45-3192283	FL	
	Access Medical Group of Westchester, LLC									45-3199819	FL	
	Access Medical Group of Opa-Locka, LLC									45-3505196	FL	
	Access Medical Group of Perrine, LLC									45-3192955	FL	
	Access Medical Group of Florida City, LLC									45-3192366	FL	
	Access Medical Group of Tampa, LLC									82-1737078	FL	
	Access Medical Group of Tampa II, LLC									82-1750978	FL	
	Access Medical Group of Tampa III, LLC									82-1773315	FL	
	Access Medical Group of Lakeland, LLC									84-2750188	FL	
	Access Medical Group of Pembroke Pines, LLC									88-2251274	FL	
	Access Medical Group of Margate, LLC									88-2263310	FL	
	Access Medical Group of Riverview, LLC									88-2284518	FL	
	Access Medical Group of Kendall, LLC									92-0235557	FL	
	Access Medical Group of Lauderdale Lakes, LLC									92-0261029	FL	
	Interpreta Holdings, Inc. (80.1%)									82-4883921	DE	
	Interpreta, Inc.									46-5517858	DE	
	Next Door Neighbors, LLC (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
	Centene Venture Company Florida									83-2434596	FL	16499
	Centene Venture Company Indiana, Inc.									84-3679376	IN	16773
	Centene Venture Company Tennessee									84-3724374	TN	16770
	Centene Venture Insurance Company Texas									86-1543217	TX	16990
	Centene Venture Company Michigan									83-2446307	MI	16613
	Comprehensive Health Management, LLC									59-3547616	FL	
	WellCare Health Plans, Inc.									83-4405939	DE	
	WCG Health Management, Inc.									04-3669698	DE	
	The WellCare Management Group, Inc.									14-1647239	NY	
	WellCare of Mississippi, Inc.									81-5442932	MS	16329
	WellCare of Virginia, Inc.									82-0664467	VA	16763
	WellCare of Oklahoma, Inc.									81-3299281	OK	16117

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**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

			WellCare Health Insurance Company of Nevada, Inc.				84-3721013	NV	
			WellCare Health Insurance of Southwest, Inc.				84-3739752	AZ	16692
			WellCare of Georgia, Inc.				20-2103320	GA	10760
			WellCare of Texas, Inc.				20-8058761	TX	12964
			WellCare of South Carolina, Inc.				32-0062883	SC	11775
			WellCare Health Plans of New Jersey, Inc.				20-8017319	NJ	13020
			WellCare of Pennsylvania, Inc.				81-1631920	PA	
			WellCare Health Plans of Massachusetts, Inc				84-3547689	MA	16970
			WellCare Health Insurance Company of Oklahoma, Inc.				84-4449030	OK	16752
			WellCare Health Plans of Missouri, Inc.				84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.				20-2383134	AZ	10155
			WellCare Health Insurance of Hawaii, Inc.				84-4664883	HI	17002
			WellCare Health Plans of Rhode Island, Inc.				84-4627844	RI	16766
			WellCare of Illinois, Inc.				84-4649985	IL	16765
			Rhythm Health Tennessee, Inc.				45-5154364	TN	16533
			WellCare Health Insurance of New York, Inc				11-3197523	NY	10884
			Ohana Health Plan, Inc.				27-0386122	HI	
			WellCare of Indiana, Inc.				83-2840051	IN	
			America's 1st Choice California Holdings, LLC				45-3236788	FL	
			WellCare of California, Inc.				20-5327501	CA	
			WellCare Health Insurance of Tennessee, Inc.				83-2276159	TN	16532
			WellCare of New Hampshire, Inc.				83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.				83-2255514	VT	16514
			WellCare Health Insurance of Connecticut, Inc.				83-2126269	CT	16513
			WellCare of Washington, Inc.				83-2069308	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
			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
			WellCare Health Plans of Wisconsin, Inc.				83-3351254	WI	16569
			Care 1st Health Plan of Arizona, Inc.				57-1165217	AZ	
			Care1st Health Plan Administrative Services, Inc.				46-2680154	AZ	

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE QualChoice Life and Health Insurance Company, Inc.**

	One Care by Care1st Health Plans of Arizona, Inc.		06-1742685	AZ	
	WellCare Health Insurance Company of Washington, Inc.		83-3166908	WA	16570
	WellCare Health Insurance Company of Wisconsin, Inc.		83-3310218	WI	16568
	WellCare of North Carolina, Inc.		82-5488080	NC	16547
	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
	WellCare of Michigan Holding Company		26-4004578	MI	
	Meridian Health Plan of Michigan, Inc.		38-3253977	MI	52563
	Meridian Health Plan of Illinois, Inc.		20-3209671	IL	13189
	Sunshine State Health Plan, Inc (50%)		20-8937577	FL	13148
	Universal American Corp.		27-4683816	DE	
	Universal American Holdings, LLC		45-1352914	DE	
	Universal American Financial Services, Inc.		95-3800329	DE	
	American Progressive Life and Health Insurance Company of New York		13-1851754	NY	80624
	Heritage Health Systems, Inc.		62-1517194	TX	
	SelectCare of Texas, Inc.		62-1819658	TX	10096
	Heritage Health Systems of Texas, Inc.		76-0459857	TX	
	Golden Triangle Physician Alliance		62-1694548	TX	
	Heritage Physician Networks		76-0560730	TX	
	QCA Healthplan, Inc.		71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company		71-0386640	AR	70998
	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	
	District Community Care Inc.		84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC		86-2318658	OK	
	RI Health & Wellness, Inc.		86-2694770	RI	
	Delaware First Health, Inc.		88-3410060	DE	
	Delaware First Health Complete, Inc.		88-4145615	DE	
	Magellan Health, Inc		58-1076937	DE	
	Magellan Pharmacy Services, Inc.		47-5588795	DE	

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		Magellan Behavioral Health of New Jersey, LLC							52-2310906	NJ	12632
		Magellan Health Services of California, Inc. - Employer Services							95-2868243	CA	
		Magellan Healthcare, Inc.							52-2135463	DE	
		Human Affairs International of California							93-0999350	CA	
		Magellan Complete Care of Louisiana, Inc.							46-4188169	LA	15550
		Magellan Behavioral Health of Florida, Inc.							20-1919978	FL	
		Magellan Health Services of Arizona, Inc.							20-1728452	AZ	
		Magellan Health Services of New Mexico, Inc.							85-0420095	NM	
		Magellan of Idaho, LLC							85-4065417	ID	
		Magellan Complete Care of Pennsylvania, Inc.							46-4457706	PA	15924
		National Imaging Associates, Inc.							22-3428367	DE	
		NIA IPA of New York, Inc.							14-1866878	NY	
		Magellan Life Insurance Company							57-0724249	DE	97292
		Magellan of Ohio, Inc.							85-3808038	OH	
		Merit Behavioral Care Corporation							22-3236927	DE	
		Magellan Behavioral Care of Iowa, Inc.							22-3341850	IA	
		Magellan Providers of Texas, Inc.							76-0513383	TX	
		Magellan Behavioral Health of Pennsylvania, Inc.							23-2759528	PA	47019
		Magellan Behavioral of Michigan, Inc.							52-1946167	MI	
		Magellan of Maryland, LLC							92-0642038	MD	
		Magnolia Joint Venture Holding Company, Inc.							92-0679069	DE	