



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
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

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 [X] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

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

Statutory Home Office 1 Allied Drive Suite 2520, Little Rock, AR, US 72202

Main Administrative Office 7700 Forsyth Blvd, Saint Louis, MO, US 63105, 314-725-4477

Mail Address 7700 Forsyth Blvd, Saint Louis, MO, US 63105

Primary Location of Books and Records 7700 Forsyth Blvd, Saint Louis, MO, US 63105, 314-725-4477

Internet Web Site Address www.qualchoice.com

Statutory Statement Contact Matthew Lueken, 309-573-1445, matthew.lueken@centene.com, 314-725-4658

OFFICERS

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

OTHER OFFICERS

Kendra Louise Archer # Secretary

DIRECTORS OR TRUSTEES

Mark David Sanders Chris Jay Perry John Patrick Ryan

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 [X] No [ ]
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

**ANNUAL STATEMENT FOR THE YEAR 2024 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).....	82,932,955		82,932,955	54,492,479
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 \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....8,840,003 , Schedule E-Part 1), cash equivalents (\$ .....32,210,133 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	41,050,136		41,050,136	121,484,712
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0	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) .....	123,983,091	0	123,983,091	175,977,191
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	720,532		720,532	699,377
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	560,509	0	560,509	232,957
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 (\$ .....8,008,915 ) and contracts subject to redetermination (\$ ..... ) .....	8,008,915		8,008,915	2,565,641
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	182,574		182,574	0
18.2 Net deferred tax asset.....	1,584,966	205,409	1,379,557	978,034
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 .....	1,001,490		1,001,490	12,317
24. Health care (\$ .....6,831,824 ) and other amounts receivable.....	8,284,154	1,452,330	6,831,824	3,338,428
25. Aggregate write-ins for other-than-invested assets .....	192,177	192,177	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	144,518,408	1,849,916	142,668,492	183,803,945
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	144,518,408	1,849,916	142,668,492	183,803,945
<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	0	0	0
2502. Accumulated Amortization - Intangibles.....	(2,340)	(2,340)	0	0
2503. Prepays.....	194,517	194,517	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)	192,177	192,177	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	27,527,025		27,527,025	29,146,627
2. Accrued medical incentive pool and bonus amounts	57,625		57,625	162,148
3. Unpaid claims adjustment expenses	259,083		259,083	260,928
4. Aggregate health policy reserves, including the liability of \$ .....15,193,763 for medical loss ratio rebate per the Public Health Service Act	20,346,329		20,346,329	25,046,391
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	3,626,211		3,626,211	4,603,303
9. General expenses due or accrued	2,517,524		2,517,524	1,840,950
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	4,532,701
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	11,996,878		11,996,878	9,614,086
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 \$ ..... current)	23,959,212	0	23,959,212	36,928,491
24. Total liabilities (Lines 1 to 23)	90,289,887	0	90,289,887	112,135,625
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	1,184,461	20,474,174
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	52,378,606	71,668,319
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	142,668,493	183,803,944
<b>DETAILS OF WRITE-INS</b>				
2301. State Assessment	26,000		26,000	26,722
2302. Cost Sharing Receivable Payable	23,899,687		23,899,687	36,659,315
2303. State Tax Payable	33,525		33,525	242,454
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)	23,959,212	0	23,959,212	36,928,491
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	444,796	529,995
2. Net premium income (including \$ .....269,548 non-health premium income).....	XXX	207,183,835	236,357,179
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	207,183,835	236,357,179
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		113,588,174	106,326,999
10. Other professional services .....		494,870	1,040,217
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		21,195,957	21,506,518
13. Prescription drugs .....		43,177,312	42,892,313
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		413,755	431,789
16. Subtotal (Lines 9 to 15) .....	0	178,870,068	172,197,836
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	178,870,068	172,197,836
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....133,637 cost containment expenses.....		2,227,289	2,377,473
21. General administrative expenses.....		26,970,698	28,882,247
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		3,596,185	182,192
23. Total underwriting deductions (Lines 18 through 22) .....	0	211,664,240	203,639,748
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(4,480,405)	32,717,431
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		6,231,872	5,752,547
26. Net realized capital gains (losses) less capital gains tax of \$ .....(3,438) .....		(12,933)	(14,411)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	6,218,939	5,738,136
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....(57,592) ) (amount charged off \$ ..... )] .....		(57,592)	(41,153)
29. Aggregate write-ins for other income or expenses .....	0	(299,386)	(358,423)
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	1,381,556	38,055,991
31. Federal and foreign income taxes incurred .....	XXX	969,838	7,925,547
32. Net income (loss) (Lines 30 minus 31) .....	XXX	411,718	30,130,444
<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		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	0	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. Sanctions.....		(299,386)	(358,423)
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	(299,386)	(358,423)

**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 .....	71,668,326	55,251,387
34. Net income or (loss) from Line 32 .....	411,718	30,130,444
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 \$ .....	1,444	(63,251)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	369,192	(445,829)
39. Change in nonadmitted assets .....	927,930	1,795,575
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 .....	(21,000,000)	(15,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	(5)	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(19,289,721)	16,416,939
49. Capital and surplus end of reporting year (Line 33 plus 48)	52,378,605	71,668,326
<b>DETAILS OF WRITE-INS</b>		
4701. Rounding.....	(5)	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)	(5)	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	195,735,855	241,160,926
2. Net investment income .....	6,549,400	5,818,592
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	202,285,255	246,979,518
5. Benefit and loss related payments .....	186,840,455	162,979,875
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	40,404,001	57,200,748
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	5,681,289	3,535,801
10. Total (Lines 5 through 9) .....	232,925,744	223,716,424
11. Net cash from operations (Line 4 minus Line 10) .....	(30,640,490)	23,263,093
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	4,131,366	2,169,771
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) .....	4,131,366	2,169,772
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	32,925,068	6,476,340
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 .....	385	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	32,925,453	6,476,340
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) .....	(28,794,087)	(4,306,569)
<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 .....	21,000,000	15,000,000
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) .....	(21,000,000)	(15,000,000)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(80,434,577)	3,956,525
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	121,484,712	117,528,187
19.2 End of year (Line 18 plus Line 19.1) .....	41,050,135	121,484,712

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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. Net premium income	207,183,835	150,439,702	50,545,366	5,366,697	0	0	0	0	0	0	0	0	562,522	269,548
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	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	207,183,835	150,439,702	50,545,366	5,366,697	0	0	0	0	0	0	0	0	562,522	269,548
8. Hospital/medical benefits	113,588,175	70,797,871	36,633,819	5,429,279									727,206	XXX
9. Other professional services	494,870	494,870												XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	21,195,957	19,420,936	1,630,686	144,335										XXX
12. Prescription drugs	43,177,312	31,706,825	11,470,487											XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	413,755	413,755												XXX
15. Subtotal (Lines 8 to 14)	178,870,069	122,834,257	49,734,992	5,573,614	0	0	0	0	0	0	0	0	727,206	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	178,870,069	122,834,257	49,734,992	5,573,614	0	0	0	0	0	0	0	0	727,206	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 133,637 cost containment expenses	2,227,290	1,673,475	488,831	64,984										
20. General administrative expenses	26,970,696	17,196,846	8,147,228	1,626,622										
21. Increase in reserves for accident and health contracts	3,596,185		3,022,330	573,855										XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	211,664,240	141,704,578	61,393,381	7,839,075	0	0	0	0	0	0	0	0	727,206	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,480,405)	8,735,124	(10,848,015)	(2,472,378)	0	0	0	0	0	0	0	0	(164,684)	269,548
<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	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	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	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	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 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 .....	150,439,702			150,439,702
2. Comprehensive (hospital and medical) group .....	50,545,366			50,545,366
3. Medicare Supplement .....	5,366,697			5,366,697
4. Vision only .....				.0
5. Dental only .....				.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
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....	673,130		110,608	562,522
13. Health subtotal (Lines 1 through 12) .....	207,024,895	.0	110,608	206,914,287
14. Life .....	725,251		455,703	269,548
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	207,750,146	0	566,311	207,183,835

**ANNUAL STATEMENT FOR THE YEAR 2024 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 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	187,656,325	125,605,930	56,096,298	5,356,233									597,864	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	187,656,325	125,605,930	56,096,298	5,356,233	0	0	0	0	0	0	0	0	597,864	0
2. Paid medical incentive pools and bonuses	518,279	518,279												
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	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	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	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	57,625	57,625												
6. Net healthcare receivables (a)	7,580,409	1,296,463	6,283,946											
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	29,146,628	22,345,299	6,134,289	586,215	0	0	0	0	0	0	0	0	80,825	0
8.2 Reinsurance assumed	0	0	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	0	0
8.4 Net	29,146,628	22,345,299	6,134,289	586,215	0	0	0	0	0	0	0	0	80,825	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	0	0
9.2 Reinsurance assumed	0	0	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	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	162,148	162,148	0	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	0	0
12. Incurred benefits:														
12.1 Direct	178,456,312	122,420,501	49,734,992	5,573,614	0	0	0	0	0	0	0	0	727,205	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	178,456,312	122,420,501	49,734,992	5,573,614	0	0	0	0	0	0	0	0	727,205	0
13. Incurred medical incentive pools and bonuses	413,756	413,756	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 2024 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 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	2,636,222	1,870,976	668,160	76,959									20,127	
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	2,636,222	1,870,976	668,160	76,959	0	0	0	0	0	0	0	0	20,127	0
2. Incurred but Unreported:														
2.1. Direct .....	24,890,802	18,585,357	5,388,769	726,637									190,039	
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	24,890,802	18,585,357	5,388,769	726,637	0	0	0	0	0	0	0	0	190,039	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 .....	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	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 .....	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	0

**ANNUAL STATEMENT FOR THE YEAR 2024 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 .....	19,600,760	106,005,170	1,657,938	18,798,395	21,258,698	22,345,299
2. Comprehensive (hospital and medical) group .....	6,296,888	49,799,409	1,573	6,055,356	6,298,461	6,134,290
3. Medicare Supplement .....	583,187	4,773,046	549	803,047	583,736	586,214
4. Vision Only .....					0	0
5. Dental 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 .....					0	0
12. Other health .....	(29,407)	627,271		210,167	(29,407)	80,825
13. Health subtotal (Lines 1 to 12) .....	26,451,428	161,204,896	1,660,060	25,866,965	28,111,488	29,146,628
14. Healthcare receivables (a) .....		7,580,410			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	162,148	356,130	23,173	34,452	185,321	162,148
17. Totals (Lines 13-14+15+16)	26,613,576	153,980,616	1,683,233	25,901,417	28,296,809	29,308,776

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

**ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	197,818	209,683	209,683	209,683	12,165
2. 2020 .....	96,600	141,159	141,159	141,159	141,159
3. 2021 .....	XXX	172,608	179,074	179,074	179,074
4. 2022 .....	XXX	XXX	175,279	183,195	183,195
5. 2023 .....	XXX	XXX	XXX	148,622	174,682
6. 2024 .....	XXX	XXX	XXX	XXX	148,224

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	200,283	199,476	199,476	199,476	1,958
2. 2020 .....	153,828	140,858	140,858	140,858	140,858
3. 2021 .....	XXX	190,367	179,372	179,372	179,372
4. 2022 .....	XXX	XXX	192,987	185,468	185,468
5. 2023 .....	XXX	XXX	XXX	174,511	176,365
6. 2024 .....	XXX	XXX	XXX	XXX	170,715

**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. 2020.....	214,687	141,159	2,712	1.9	143,871	67.0			143,871	67.0
2. 2021.....	258,133	179,074	2,162	1.2	181,236	70.2			181,236	70.2
3. 2022.....	246,719	183,195	1,940	1.1	185,135	75.0			185,135	75.0
4. 2023.....	189,567	174,682	1,805	1.0	176,487	93.1	1,683	16	178,186	94.0
5. 2024.....	150,440	148,224	1,607	1.1	149,831	99.6	24,888	243	174,962	116.3

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**ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	9,307	9,799	9,799	9,799	492
2. 2020 .....	4,088	4,632	4,632	4,632	4,632
3. 2021 .....	XXX	3,788	4,242	4,242	4,242
4. 2022 .....	XXX	XXX	3,672	4,185	4,185
5. 2023 .....	XXX	XXX	XXX	4,077	4,660
6. 2024 .....	XXX	XXX	XXX	XXX	4,773

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	9,764	9,799	9,799	9,799	492
2. 2020 .....	4,558	4,632	4,632	4,632	4,632
3. 2021 .....	XXX	4,288	4,244	4,242	4,242
4. 2022 .....	XXX	XXX	4,126	4,126	4,185
5. 2023 .....	XXX	XXX	XXX	4,722	4,602
6. 2024 .....	XXX	XXX	XXX	XXX	5,635

**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. 2020.....	5,151	4,632		0.0	4,632	89.9			4,632	89.9
2. 2021.....	4,987	4,242		0.0	4,242	85.1			4,242	85.1
3. 2022.....	4,876	4,185		0.0	4,185	85.8			4,185	85.8
4. 2023.....	4,941	4,660		0.0	4,660	94.3	1		4,661	94.3
5. 2024 .....	5,367	4,773		0.0	4,773	88.9	803		5,576	103.9

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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 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	2,304	2,859	2,859	2,859	419
2. 2020 .....	656	669	669	669	669
3. 2021 .....	XXX	178	405	405	405
4. 2022 .....	XXX	XXX	531	727	727
5. 2023 .....	XXX	XXX	XXX	420	391
6. 2024 .....	XXX	XXX	XXX	XXX	627

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	2,653	2,828	2,828	2,828	524
2. 2020 .....	756	669	669	669	669
3. 2021 .....	XXX	503	405	405	405
4. 2022 .....	XXX	XXX	742	727	727
5. 2023 .....	XXX	XXX	XXX	501	391
6. 2024 .....	XXX	XXX	XXX	XXX	837

**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. 2020.....	1,045	669		0.0	669	64.0			669	64.0
2. 2021.....	1,066	405		0.0	405	38.0			405	38.0
3. 2022.....	1,071	727		0.0	727	67.9			727	67.9
4. 2023.....	789	391		0.0	391	49.6			391	49.6
5. 2024.....	673	627		0.0	627	93.2	210		837	124.4

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**ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	209,429	222,341	222,341	222,341	13,076
2. 2020 .....	101,344	146,460	146,460	146,460	146,460
3. 2021 .....	XXX	176,574	183,721	183,721	183,721
4. 2022 .....	XXX	XXX	179,482	188,107	188,107
5. 2023 .....	XXX	XXX	XXX	153,119	179,733
6. 2024 .....	XXX	XXX	XXX	XXX	153,624

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	212,700	212,103	212,103	212,103	2,974
2. 2020 .....	159,142	146,159	146,159	146,159	146,159
3. 2021 .....	XXX	195,158	184,021	184,019	184,019
4. 2022 .....	XXX	XXX	197,855	190,321	190,380
5. 2023 .....	XXX	XXX	XXX	179,734	181,358
6. 2024 .....	XXX	XXX	XXX	XXX	177,187

**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. 2020 .....	220,883	146,460	2,712	1.9	149,172	67.5	0	0	149,172	67.5
2. 2021 .....	264,186	183,721	2,162	1.2	185,883	70.4	0	0	185,883	70.4
3. 2022 .....	252,666	188,107	1,940	1.0	190,047	75.2	0	0	190,047	75.2
4. 2023 .....	195,297	179,733	1,805	1.0	181,538	93.0	1,684	16	183,238	93.8
5. 2024 .....	156,480	153,624	1,607	1.0	155,231	99.2	25,901	243	181,375	115.9

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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 2024 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 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	3,778,377		3,204,522	573,855									
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	16,567,953	15,193,763	1,374,190										
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	20,346,330	15,193,763	4,578,712	573,855	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	20,346,330	15,193,763	4,578,712	573,855	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 \$ .....3,778,377 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) .....	1,282	20,092	163,162		184,536
2. Salaries, wages and other benefits .....	73,814	1,156,422	9,861,325		11,091,561
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			3,193,140		3,193,140
4. Legal fees and expenses .....	238	3,725	(243,072)		(239,109)
5. Certifications and accreditation fees .....	82	1,286	10,440		11,808
6. Auditing, actuarial and other consulting services .....	9,343	146,377	1,744,879		1,900,599
7. Traveling expenses .....	700	10,961	89,013		100,674
8. Marketing and advertising .....	2,862	44,840	364,130		411,832
9. Postage, express and telephone .....	1,822	28,548	235,105		265,475
10. Printing and office supplies .....	2,001	31,344	248,807		282,152
11. Occupancy, depreciation and amortization .....	6,755	105,836	859,452		972,043
12. Equipment .....	173	2,717	22,060		24,950
13. Cost or depreciation of EDP equipment and software .....	9,262	145,104	1,217,529		1,371,895
14. Outsourced services including EDP, claims, and other services .....	19,380	303,614	3,549,192		3,872,186
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....	258	4,039	32,800		37,097
17. Collection and bank service charges .....	614	9,625	97,417		107,656
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....	291	4,565	37,070		41,926
22. Real estate taxes .....	173	2,705	21,964		24,842
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			31,288		31,288
23.2 State premium taxes .....			4,468,462		4,468,462
23.3 Regulatory authority licenses and fees .....	154	2,410	402,620		405,184
23.4 Payroll taxes .....	4,344	68,055	552,648		625,047
23.5 Other (excluding federal income and real estate taxes) .....	89	1,387	11,267		12,743
24. Investment expenses not included elsewhere .....				37,769	37,769
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	133,637	2,093,652	26,970,698	37,769 (a)	29,235,756
27. Less expenses unpaid December 31, current year .....		259,083	2,517,524		2,776,607
28. Add expenses unpaid December 31, prior year .....	0	260,928	1,840,950	0	2,101,878
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)	133,637	2,095,497	26,294,124	37,769	28,561,027
<b>DETAILS OF WRITE-INS</b>					
2501. Advisors Fees .....					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 \$ .....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) 44,819	73,196
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 1,819,233	2,148,010
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)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 3,537,904	3,201,904
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	846,530
10. Total gross investment income	5,401,956	6,269,641
11. Investment expenses		(g) 37,769
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)		37,769
17. Net investment income (Line 10 minus Line 16)		6,231,872
<b>DETAILS OF WRITE-INS</b>		
0901. Interest Income		846,534
0902. Sun Life Commissions		(4)
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	846,530
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 \$ 103,096 accrual of discount less \$ 441,779 amortization of premium and less \$ 66,130 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 202,273 accrual of discount less \$ 0 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)	(16,371)		(16,371)	1,829	
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		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			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)	(16,371)	0	(16,371)	1,829	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	205,409	238,126	32,717
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.....	1,452,330	2,295,649	843,319
25. Aggregate write-ins for other-than-invested assets .....	192,177	244,071	51,894
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,849,916	2,777,846	927,930
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	1,849,916	2,777,846	927,930
<b>DETAILS OF WRITE-INS</b>			
1101. ....		.0	.0
1102. ....		.0	.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.....	(2,340)	(2,340)	.0
2502. Goodwill.....	194,517	246,411	51,894
2503. Prepaids.....		.0	.0
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)	192,177	244,071	51,894

**ANNUAL STATEMENT FOR THE YEAR 2024 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.....	36,287	36,554	34,566	33,804	34,029	413,603
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	2,807	2,587	2,567	2,610	2,559	31,193
7. Total	39,094	39,141	37,133	36,414	36,588	444,796
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	2,166	2,148	2,171	2,211	2,241	26,222
0602. Stop Loss.....	641	439	396	399	318	4,971
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)	2,807	2,587	2,567	2,610	2,559	31,193

## 1. Summary of Significant Accounting Policies

### A) Accounting Practices

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

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

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2024</u>	<u>2023</u>
(1) QualChoice Life & Health Insurance Company, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	<u>Arkansas</u>	\$ 411,718	\$ 30,130,442
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				<u>Arkansas</u>	\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				<u>Arkansas</u>	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>Arkansas</u>	\$ 411,718	\$ 30,130,442
<u>SURPLUS</u>						
(5) QualChoice Life & Health Insurance Company, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	<u>Arkansas</u>	\$ 52,378,606	\$ 71,668,319
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				<u>Arkansas</u>	\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				<u>Arkansas</u>	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>Arkansas</u>	\$ 52,378,606	\$ 71,668,319

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

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

### C) Accounting Policy

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

9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the Statement of Revenue and Expenses. The Company has a \$3,778,376 premium deficiency reserve recorded as of December 31, 2024.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. 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**

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	50,670
12 Months or Longer	157,665
<b>Fair Value</b>	
Less than 12 Months	2,952,068
12 Months or Longer	3,071,258

- 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	7
	Total (Admitted & Nonadmitted) Gross Restricted from Current Year	Total (Admitted & Nonadmitted) Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	1,660,293	1,666,317	(6,024)	11,708	1,648,586	1.1%	1.2%
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	1,660,293	1,666,317	(6,024)	11,708	1,648,586	1.1%	1.2%

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
- S. Aggregate Collateral Loans by Qualifying Investment Collateral – Not applicable

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

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.
- B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships and LLC’s during the statement periods

**7. Investment Income**

- A. All investment income due and accrued with amounts that are over 90 days past due was excluded from surplus.
- B. The total amount excluded was \$0.
- C. Gross, nonadmitted and admitted amounts for interest income due and accrued:

Interest Income Due and Accrued	Amount
1. Gross	\$ 720,532
2. Nonadmitted	\$ -
3. Admitted	\$ 720,532

- D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
	\$ -

- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts PIK interest included in the current principal balance	Amount
	\$ -

**8. Derivative Instruments**

None

**9. Income Taxes**

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

(1) DTA/DTL Components	Description	2024			2023			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	1,568,538	16,430	1,584,968	1,199,346	16,814	1,216,160	369,192	(384)	368,808
(b)	Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c)	Adjusted gross deferred tax assets	1,568,538	16,430	1,584,968	1,199,346	16,814	1,216,160	369,192	(384)	368,808
(d)	Deferred tax assets nonadmitted	205,409	0	205,409	237,693	433	238,126	(32,284)	(433)	(32,717)
(e)	Net admitted deferred tax assets	1,363,129	16,430	1,379,559	961,653	16,381	978,034	401,476	49	401,525
(f)	Deferred tax liabilities	2	0	2	0	0	0	2	0	2
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	1,363,127	16,430	1,379,557	961,653	16,381	978,034	401,474	49	401,523

(2) Admission calculation components:	Description	2024			2023			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.										
(a)	FIT recoverable by loss carryback [¶11.a.]	1,330,410	0	1,330,410	928,936	0	928,936	401,474	0	401,474
(b)	Expected to be realized [¶11.b.] (lesser of 1. or 2.)	32,717	16,430	49,147	32,717	16,381	49,098	0	49	49
(c)	1. Expected to be realized [¶11.b.i.]	XXX	XXX	7,735,935	XXX	XXX	10,603,543	XXX	XXX	(2,867,608)
(c)	2. Surplus limitation [¶11.b.ii.]	0	0	0	0	0	0	0	0	0
(d)	DTL offset [¶11.c.]	0	0	0	0	0	0	0	0	0
(d)	Total admitted under ¶11.a.-11.c.	1,363,127	16,430	1,379,557	961,653	16,381	978,034	401,474	49	401,523

(3) Information used in expected to be realized calculation [¶11.b.]	2024	2023
	(a) ExDTA ACL RBC or other ratio	>300%
(b) Adjusted capital and surplus	51,572,903	70,690,285

(4) Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:	Description	2024			2023			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Adjusted gross DTAs - Amount (Memo Entry)	1,568,538	16,430	1,584,968	1,199,346	16,814	1,216,160	369,192	(384)	368,808
(a)	Adjusted gross DTAs - Percentage	1%	1%	2%	1%	1%	2%	0%	0%	0%
	Net admitted DTAs - Amount (Memo Entry)	1,363,129	16,430	1,379,559	961,653	16,381	978,034	401,476	49	401,525
(b)	Net admitted DTAs - Percentage	1%	1%	2%	1%	2%	3%	0%	-1%	-1%
(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	2024	2023
(a)	Current federal income tax expense	959,263	7,916,057
(b)	Foreign taxes	0	0
(c)	Subtotal	959,263	7,916,057
(d)	Tax on capital gains/(losses)	(3,438)	(3,831)
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	10,575	9,490
(g)	Federal and foreign income taxes incurred	966,400	7,921,716

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, 2024	December 31, 2023	Change
(a)	<b>Ordinary</b>			
(1)	Discounting of unpaid losses and LAE	83,574	88,754	(5,180)
(2)	Unearned premiums	152,301	193,339	(41,038)
(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	11,239	9,807	1,432
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	345,838	533,341	(187,503)
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13.1)	Goodwill & Intangible Amortization	302,636	335,844	(33,208)
(13.2)	Premium deficiency reserve	672,950	38,260	634,690
(13.3)	Other (separately disclose items >5%)	0	1	(1)
(99)	Gross ordinary DTAs	1,568,538	1,199,346	369,192
(b)	Statutory valuation adjustment adjustment - ordinary	0	0	0
(c)	Nonadmitted ordinary DTAs	205,409	237,693	(32,284)
(d)	Admitted ordinary DTAs	1,363,129	961,653	401,476
(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	16,430	16,814	(384)
(4.2)	Other (separately disclose items >5%)	0	0	0
(99)	Gross capital DTAs	16,430	16,814	(384)
(f)	Statutory valuation adjustment adjustment - capital	0	0	0
(g)	Nonadmitted capital DTAs	0	433	(433)
(h)	Admitted capital DTAs	16,430	16,381	49
(i)	<b>Admitted DTAs</b>	<b>1,379,559</b>	<b>978,034</b>	<b>401,525</b>
(3)	<b>DTLs Resulting From Book/Tax Differences In</b>	<b>December 31, 2024</b>	<b>December 31, 2023</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%)	2	0	2
(99)	Ordinary DTLs	2	0	2
(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>2</b>	<b>0</b>	<b>2</b>
(4)	<b>Net deferred tax assets/liabilities</b>	<b>1,379,557</b>	<b>978,034</b>	<b>401,523</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, 2024	December 31, 2023	Change
Total deferred tax assets	1,584,968	1,216,160	368,808
Total deferred tax liabilities	(2)	0	(2)
Net deferred tax assets/liabilities	1,584,966	1,216,160	368,806
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	1,584,966	1,216,160	368,806
Tax effect of unrealized gains/(losses)	(16,430)	(16,814)	384
Change in net deferred income tax [(charge)/benefit]	1,568,536	1,199,346	369,190

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	2024			2023		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	1,951,976	409,915	21.00%	38,052,158	7,990,951	21.00%
Tax-Exempt Interest	(71,588)	(15,033)	-0.77%	(20,236)	(4,250)	-0.01%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	17,897	3,758	0.19%	5,059	1,062	0.00%
ETR Placeholder		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%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	895,213	187,995	9.63%	1,763,291	370,291	0.97%
Change in Enacted Tax Rates		0	0.00%	0	0	0.00%
ETR Placeholder #1			0.00%	0	0	0.00%
ETR Placeholder #2			0.00%	0	0	0.00%
ETR Placeholder #3			0.00%	0	0	0.00%
Other, Including Prior Year True-Up		10,575	0.54%	0	9,491	0.02%
Total		597,210	30.60%		8,367,545	21.99%
Federal Income Taxes Incurred [Expense/(Benefit)]		969,838	49.68%		7,925,547	20.83%
Tax on Capital Gains/(Losses)		(3,438)	-0.18%		(3,831)	-0.01%
Change in Net Deferred Income Tax [Charge/(Benefit)]		(369,190)	-18.91%		445,829	1.17%
Total Statutory Income Taxes		597,210	30.60%		8,367,545	21.99%

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

At December 31, 2024, the Company had net operating loss carryforwards expiring through the year 20XX of:  
\$0

At December 31, 2024, 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
2022	N/A	0	0
2023	7,912,226	0	7,912,226
2024	955,825	0	955,825
Total	8,868,051	0	8,868,051

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; 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. Administrative expenses included \$24,143,935 for such services during the period ended December 31, 2024.

Centene Pharmacy Services, Inc., a wholly owned subsidiary Envolve Holdings, Inc., which is a wholly owned subsidiary of Centene Corporation, provides pharmacy support services to the Company. Administrative expenses included \$501,768 for such services during the period ended December 31, 2024.

Envolve Vision, Inc., which is ultimately a wholly owned subsidiary of Centene Corporation, provides managed vision services to the Company. Medical and administrative expenses included \$494,870 for such services during the period ended December 31, 2024.

D. Included in the Company's balance sheet as of December 31, 2024, are the following receivables from and payables to parent, subsidiaries, and affiliates:

Affiliated Entity	2024 Receivable	2024 Payable
QCA Health Plan Inc.	-	(278,108)
Centene Management Company LLC	-	(11,682,448)
Centene Pharmacy Services, Inc.	1,001,490	-

E. Not Applicable.

F. Not Applicable

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

N. Not Applicable.

O. Not Applicable.

#### **11. Debt**

A. Capital Notes - None

B. As of December 31, 2024, 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 outstanding 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, 2024. The Company also has 1,500 shares of \$1,000 per share par value preferred stock authorized and outstanding at December 31, 2024.

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 17, 2024, the Company paid a \$21,000,000 ordinary dividend to its parent company, Centene Corporation.

E. N/A

F. The Company had no restrictions on its unassigned surplus.

- G. The Company does not have any advances to surplus.
- H. N/A
- I. Special surplus funds experienced no change in 2024. Annual fee under section 9010 was not applicable for the 2024 year.
- J. N/A
- 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:

<u>Level input</u>	<u>Input definition</u>
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, 2024 for assets and liabilities measured at fair value on a recurring basis.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, Short Term Investments and Cash Equivalents	\$ 41,050,136	\$ -	\$ -	\$ -	\$ 41,050,136
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	\$ 41,050,136	\$ -	\$ -	\$ -	\$ 41,050,136
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, Short Term Investments and Cash Equivalents	\$ 121,484,712	\$ -	\$ -	\$ -	\$ 121,484,712
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	\$ 121,484,712	\$ -	\$ -	\$ -	\$ 121,484,712
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

## B. Fair Value Disclosures Under Other Pronouncements

None

## N. Aggregate Fair Value for All Financial Statements

The following table summarizes fair value measurements by level on December 31, 2024 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	\$ 41,050,136	\$ 41,050,136	\$ 41,050,136	—	—	—	—
Bonds	\$ 79,967,273	\$ 82,932,955	\$ 1,648,586	78,318,687	—	—	—

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	\$121,484,712	\$ 121,484,712	\$ 121,484,712	—	—	—	—
Bonds	\$ 50,353,452	\$ 54,492,479	\$ 1,599,588	48,753,864	—	—	—

O. Not Practicable to Estimate Fair Value

None

P. 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, 2024, and December 31, 2023, 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 February 28th, 2025 for the statutory statement issued on February 28th, 2025.

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 – No Reinsurance contracts 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, 2024 which are subject to retrospective rating features was \$207.2M, which represents 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act –

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 30,760,424	\$ -	\$ -	\$ -	\$ 30,760,424
(2) Medical loss ratio rebates paid	\$ 30,770,236	\$ -	\$ -	\$ -	\$ 30,770,236
(3) Medical loss ratio rebates unpaid	\$ 23,923,060	\$ -	\$ -	\$ -	\$ 23,923,060
(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	\$ 17,419,665	\$ -	\$ -	\$ -	\$ 17,419,665
(8) Medical loss ratio rebates paid	\$ 26,148,962	\$ -	\$ -	\$ -	\$ 26,148,962
(9) Medical loss ratio rebates unpaid	\$ 15,193,763	\$ -	\$ -	\$ -	\$ 15,193,763
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

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

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a) Permanent ACA Risk Adjustment Program	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment (including HCRP)	8,008,915
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	73,616
3) Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense)	1,374,190
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	9,715,617
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	74,371

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

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year				Differences				Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)		Prior Year Accrued Less Payments (Col 2-4)		To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					1	2	3	4	5	6	7	8
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program												
1) Premium adjustments receivable	\$ 2,565,640.73	\$ (941,139)	\$ -	\$ 4,705,393	2,565,641	\$ (5,646,532)	\$ (2,565,641)	\$ 5,643,648	A		\$ -	\$ (2,884)
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	B		\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ 2,565,641	\$ (941,139)	\$ -	\$ 4,705,393	2,565,641	\$ (5,646,532)	\$ (2,565,641)	\$ 5,643,648			\$ -	\$ (2,884)
d. Total for ACA Risk Sharing Provisions	\$ 2,565,641	\$ (941,139)	\$ -	\$ 4,705,393	2,565,641	\$ (5,646,532)	\$ (2,565,641)	\$ 5,643,648			\$ -	\$ (2,884)

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

A. Reserves for incurred claims as of December 31, 2023, was \$29.1M. As of December 31, 2024, \$26.5M has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years is now \$1.6M 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 \$1.0M of favorable prior year development since December 31, 2023. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

## 26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangement.

A. – G. N/A

## 27. Structured Settlements

None

## 28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2024, were \$7,580,410, of which \$748,585 is aged ninety days or older and is nonadmitted.

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
12/31/2024	4,808,200.34	4,808,200.34	-	-	-
9/30/2024	4,843,047.90	4,843,047.90	-	-	2,756,501.52
6/30/2024	4,494,518.68	4,494,518.68	-	-	4,193,329.57
3/31/2024	3,717,353.07	3,717,353.07	-	-	3,681,296.43
12/31/2023	4,426,367.97	4,426,367.97	-	-	4,180,122.01
9/30/2023	4,173,304.72	4,173,304.72	-	-	4,083,942.08
6/30/2023	4,453,058.97	4,453,058.97	-	-	4,270,870.55
3/31/2023	4,326,939.32	4,326,939.32	-	-	4,559,241.76
12/31/2022	3,798,867.36	3,882,425.02	-	-	3,796,205.64
9/30/2022	4,045,932.57	3,912,885.30	-	-	4,040,133.94
6/30/2022	3,770,385.12	3,869,196.00	-	-	3,759,682.59
3/31/2022	3,373,784.57	3,766,054.35	-	-	3,371,575.92
12/31/2021	3,717,576.42	3,658,243.43	-	-	3,719,037.08
9/30/2021	3,757,702.29	3,656,684.58	-	-	3,756,506.20
6/30/2021	3,928,401.59	3,688,497.47	-	-	3,906,135.22
3/31/2021	3,415,261.50	3,372,317.07	-	-	3,395,712.34
12/31/2020	3,207,506.87	3,207,506.87	-	-	3,207,506.86
9/30/2020	2,363,744.21	2,363,744.21	-	-	2,363,744.20
6/30/2020	1,911,752.75	1,911,752.75	-	-	1,911,752.75
3/31/2020	1,944,271.99	1,944,271.99	-	-	1,944,272.00

## 29. Participating Policies

None

## 30. Premium Deficiency Reserves

As of December 31, 2024:

- |   |                   |
|---|-------------------|
| 1. The liability for the premium deficiency reserves              | \$3,778,376       |
| 2. Date of most recent evaluation of this liability               | December 31, 2024 |
| 3. Was anticipated investment income utilized in the calculation? | Yes               |

## 31. Anticipated Salvage and Subrogation

None

**ANNUAL STATEMENT FOR THE YEAR 2024 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. .....12/31/2022
- 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). .....06/28/2024
- 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 2024 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?

Brandon Rogers, FSA, MAAA, 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 .....

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? Yes  No

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

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).

On December 6, 2024, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Code of Conduct which is applicable to and adopted by the Company.....

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 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ X ] No [ ]
- 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 \$.....1,648,586
- 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 [ ]  
If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....
29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

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

- 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 2024 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Old Custodian	2 New Custodian	3 Date of Change	4 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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Allspring Global Investments LLC.....	U.....
.....	.....
.....	.....

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

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

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

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	92,889,579	82,932,955	(9,956,624)
31.2 Preferred Stocks.....	0		0
31.3 Totals	92,889,579	82,932,955	(9,956,624)

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

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 its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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 ]

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 [ X ] No [ ] NA [ ]

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

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 [ X ]

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? \$ .....

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? \$ .....8,038

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? \$ .....

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 [  ] No [  ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ .....5,361,754
- 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. \$ .....5,573,615
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....1,051,549
- 1.62 Total incurred claims \$ .....1,071,259
- 1.63 Number of covered lives .....697
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....4,310,204
- 1.65 Total incurred claims \$ .....4,502,356
- 1.66 Number of covered lives .....1,535
- 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	\$ .....182,026,035	\$	.....172,522,678
2.2	Premium Denominator	\$ .....207,183,835	\$	.....236,357,179
2.3	Premium Ratio (2.1/2.2)	.....0.879		.....0.730
2.4	Reserve Numerator	\$ .....27,374,483	\$	.....31,117,072
2.5	Reserve Denominator	\$ .....47,930,979	\$	.....54,355,166
2.6	Reserve Ratio (2.4/2.5)	.....0.571		.....0.572

- 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 [  ]
- 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 [  ] 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 [  ] No [  ]
- 5.2 If no, explain:  
 QCLH has a stop-loss arrangement for level-funded business on its sister affiliate QCA Health Plan.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....0
- 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 [  ] 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 .....33,928
- 8.2 Number of providers at end of reporting year .....36,959
- 9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [  ] No [  ]
- 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          | \$ | 390,582 |
| 10.22 Amount actually paid for year bonuses   | \$ | 356,130 |
| 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  | \$ | ..... |
| 15.2 Total Incurred Claims   | \$ | ..... |
| 15.3 Number of Covered Lives |    | ..... |

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

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

**FIVE - YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	142,668,492	183,803,945	180,118,659	118,111,201	144,704,388
2. Total liabilities (Page 3, Line 24)	90,289,887	112,135,625	124,867,292	55,502,177	109,539,866
3. Statutory minimum capital and surplus requirement	750,000	750,000	750,000	750,000	1,600,000
4. Total capital and surplus (Page 3, Line 33)	52,378,606	71,668,319	55,251,366	62,609,021	35,164,521
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	207,183,835	236,357,179	252,808,144	264,263,283	221,825,520
6. Total medical and hospital expenses (Line 18)	178,870,068	172,197,836	186,718,816	182,174,369	158,544,657
7. Claims adjustment expenses (Line 20)	2,227,289	2,377,473	2,800,311	2,777,837	2,632,533
8. Total administrative expenses (Line 21)	26,970,698	28,882,247	42,366,810	44,341,443	52,697,710
9. Net underwriting gain (loss) (Line 24)	(4,480,405)	32,717,431	22,222,545	41,998,769	15,493,126
10. Net investment gain (loss) (Line 27)	6,218,939	5,738,136	1,981,519	1,030,463	415,995
11. Total other income (Lines 28 plus 29)	(356,978)	(399,576)	(1,152,303)	(11,791)	(9,096)
12. Net income or (loss) (Line 32)	411,718	30,130,444	18,254,332	35,620,376	14,183,451
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(30,640,490)	23,263,093	113,473,808	(22,072,161)	57,959,850
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	52,378,606	71,668,319	55,251,366	62,609,021	35,164,521
15. Authorized control level risk-based capital	2,921,781	1,571,618	1,870,171	4,463,349	6,433,682
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	36,588	39,094	52,218	51,584	55,043
17. Total members months (Column 6, Line 7)	444,796	529,995	611,686	614,178	536,731
<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)	86.3	72.9	73.9	68.9	71.5
20. Cost containment expenses	0.1	0.1	0.1	0.1	0.1
21. Other claims adjustment expenses	1.0	0.9	1.0	1.0	1.1
22. Total underwriting deductions (Line 23)	102.2	86.2	91.2	84.1	93.0
23. Total underwriting gain (loss) (Line 24)	(2.2)	13.8	8.8	15.9	7.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	28,296,809	10,897,789	12,534,607	45,566,571	13,322,675
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	29,308,776	19,125,007	19,034,771	58,550,075	13,935,370
<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	207,024,896					725,251		207,750,147	.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	207,024,896	.0	.0	.0	.0	725,251	.0	207,750,147	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	207,024,896	0	0	0	0	725,251	0	207,750,147	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.

The company only has business in the State of Arkansas.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.

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

### PART 1 - ORGANIZATIONAL CHART

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

	California Health and Wellness Plan									46-0907261	CA	
	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona Inc.									20-4980818	AZ	16310
	Celtic Group, Inc									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc									92-3523808	LA	17514
	Novasys Health, Inc									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	Illinois Health Practice Alliance, LLC (50%)									82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	Envolve Holdings, LLC									22-3889471	DE	
	Cenpatico Behavioral Health, LLC									68-0461584	CA	
	Envolve, Inc.									37-1788565	DE	
	Envolve Benefits Options, Inc.									61-1846191	DE	
	Envolve Vision Benefits, Inc.									20-4730341	DE	
	Envolve Vision of Texas, Inc.									75-2592153	TX	95302
	Envolve Vision, Inc									20-4773088	DE	
	Envolve Vision of Florida, Inc									65-0094759	FL	

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

			Envolve Total Vision, Inc.						20-4861241	DE	
			Envolve Dental, Inc.						46-2783884	DE	
			Envolve Dental of Florida, Inc.						81-2969330	FL	
			Envolve Dental of Texas, Inc.						81-2796896	TX	16106
			Centene Pharmacy Services, Inc.						77-0578529	DE	
			MeridianRx, LLC						27-1339224	MI	
			Specialty Therapeutic Care Holdings, LLC						27-3617766	DE	
			Presonyx, Inc.						80-0856383	DE	
			AcariaHealth, Inc.						45-2780334	DE	
			AcariaHealth Pharmacy #14, Inc						27-1599047	CA	
			AcariaHealth Pharmacy #11, Inc						20-8192615	TX	
			AcariaHealth Pharmacy #12, Inc						27-2765424	NY	
			AcariaHealth Pharmacy #13, Inc						26-0226900	CA	
			AcariaHealth Pharmacy, Inc						13-4262384	CA	
			HomeScripts.com, LLC						27-3707698	MI	
			Foundation Care LLC (80%)						20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.						20-8420512	DE	
			Health Net, LLC						47-5208076	DE	
			Health Net of California, Inc.						95-4402957	CA	
			Health Net Life Insurance Company						73-0654885	CA	66141
			Health Net Life Reinsurance Company						98-0409907	CJ	
			MEB Ventures II, LLC						83-1570018	DE	
			BLR Properties, LLC (80%)						83-1576137	DE	
			Managed Health Network, LLC						95-4117722	DE	
			Managed Health Network						95-3817988	CA	
			MHN Services, LLC						95-4146179	CA	
			Health Net Federal Services, LLC						68-0214809	DE	
			Network Providers, LLC						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
			Centene Health Plan Holdings, Inc.						82-1172163	DE	

40.2

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE QualChoice Life and Health Insurance Company, Inc.**

		Ambetter of North Carolina, Inc.							82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)							82-2699483	DE	
		Carolina Complete Health, Inc.							82-2699332	NC	16526
		New York Quality Healthcare Corporation							82-3380290	NY	16352
		WellCare of Connecticut, Inc.							06-1405640	CT	95310
		Community Medical Holdings Corp							47-4179393	DE	
		Access Medical Acquisition, LLC							46-3485489	DE	
		Access Medical Group of North Miami Beach, LLC							45-3191569	FL	
		Access Medical Group of Miami, LLC							45-3191719	FL	
		Access Medical Group of Hialeah, LLC							45-3192283	FL	
		Access Medical Group of Westchester, LLC							45-3199819	FL	
		Access Medical Group of Opa-Locka, LLC							45-3505196	FL	
		Access Medical Group of Perrine, LLC							45-3192955	FL	
		Access Medical Group of Florida City, LLC							45-3192366	FL	
		Access Medical Group of Tampa, LLC							82-1737078	FL	
		Access Medical Group of Tampa II, LLC							82-1750978	FL	
		Access Medical Group of Tampa III, LLC							82-1773315	FL	
		Access Medical Group of Lakeland, LLC							84-2750188	FL	
		Access Medical Group of Pembroke Pines, LLC							88-2251274	FL	
		Access Medical Group of Margate, LLC							88-2263310	FL	
		Access Medical Group of Riverview, LLC							88-2284518	FL	
		Access Medical Group of Kendall, LLC							92-0235557	FL	
		Access Medical Group of Lauderdale Lakes, LLC							92-0261029	FL	
		Interpreta Holdings, Inc. (80.1%)							82-4883921	DE	
		Interpreta, Inc.							46-5517858	DE	
		Next Door Neighbors, LLC							32-2434596	DE	
		Next Door Neighbors, Inc.							83-2381790	DE	
		Centene Venture Company Alabama Health Plan, Inc.							84-3707689	AL	16771
		Centene Venture Company Illinois							83-2425735	IL	16505
		Centene Venture Company Kansas							83-2409040	KS	16528
		Centene Venture Company Florida							83-2434596	FL	16499
		Centene Venture Company Indiana, Inc.							84-3679376	IN	16773
		Centene Venture Company Tennessee							84-3724374	TN	16770

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			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	
			WellCare of Oklahoma, Inc.					81-3299281	OK	16117
			WellCare Health Insurance Company of Nevada, Inc.					84-3731013	NV	
			WellCare Health Insurance of the Southwest, Inc.					84-3739752	AZ	16692
			WellCare of Georgia, Inc.					20-2103320	GA	10760
			WellCare of Texas, Inc.					20-8058761	TX	12964
			WellCare of South Carolina, Inc.					32-0062883	SC	11775
			WellCare Health Plans of New Jersey, Inc.					20-8017319	NJ	13020
			WellCare of Pennsylvania, Inc.					81-1631920	PA	
			WellCare Health Plans of Massachusetts, Inc					84-3547689	MA	16970
			WellCare Health Insurance Company of Oklahoma, Inc.					84-4449030	OK	16752
			WellCare Health Plans of Missouri, Inc.					84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.					20-2383134	AZ	10155
			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

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			WellCare of Washington, Inc.					83-2069308	W A	16571
			WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
			WellCare of Alabama, Inc.					82-1301128	AL	16239
			WellCare of Maine, Inc.					82-3114517	ME	16344
			Harmony Health Systems Inc.					22-3391045	NJ	
			Harmony Health Plan, Inc.					36-4050495	IL	11229
			WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
			WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
			One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.					83-3166908	W A	16570
			WellCare of North Carolina, Inc.					82-5488080	NC	16547
			WellCare Health Insurance Company of America					82-4247084	AR	16343
			WellCare National Health Insurance Company					82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
			WellCare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
			WellCare of Michigan Holding Company					26-4004578	MI	
			Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
			Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
			Sunshine State Health Plan, Inc (50%)					20-8937577	FL	13148
			Universal American Corp.					27-4683816	DE	
			Universal American Holdings, LLC					45-1352914	DE	
			American Progressive Life and Health Insurance Company of New York					13-1851754	NY	80624
			Heritage Health Systems, Inc.					62-1517194	TX	
			SelectCare of Texas, Inc.					62-1819658	TX	10096
			Heritage Health Systems of Texas, Inc.					76-0459857	TX	
			QCA Healthplan, Inc.					71-0794605	AR	95448
			Qualchoice Life and Health Insurance Company					71-0386640	AR	70998
			District Community Care Inc.					84-4119570	DC	16814
			Oklahoma Complete Health Holding Company, LLC					86-2318658	OK	

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	Oklahoma Complete Health Inc.									81-3121527	OK	16904
	RI Health & Wellness, Inc.									86-2694770	RI	
	Delaware First Health, Inc.									88-3410060	DE	
	Delaware First Health Complete, Inc.									88-4145615	DE	
	Magellan Health, Inc									58-1076937	DE	
	Magellan Pharmacy Services, Inc.									47-5588795	DE	
	Magellan Behavioral Health of New Jersey, LLC									52-2310906	NJ	12632
	Magellan Health Services of California, Inc. - Employer Services									95-2868243	CA	
	Magellan Healthcare, Inc.									52-2135463	DE	
	Human Affairs International of California									93-0999350	CA	
	Magellan Complete Care of Louisiana, Inc.									46-4188169	LA	15550
	Magellan Behavioral Health of Florida, Inc.									20-1919978	FL	
	Magellan Health Services of Arizona, Inc.									20-1728452	AZ	
	Magellan Health Services of New Mexico, Inc.									85-0420095	NM	
	Magellan of Idaho, LLC									85-4065417	ID	
	Magellan Complete Care of Pennsylvania, Inc.									46-4457706	PA	15924
	Magellan Life Insurance Company									57-0724249	DE	97292
	Merit Behavioral Care Corporation									22-3236927	DE	
	Magellan Providers of Texas, Inc.									76-0513383	TX	
	Magellan Behavioral Health of Pennsylvania, Inc.									23-2759528	PA	47019
	Magellan Behavioral of Michigan, Inc.									52-1946167	MI	
	Magellan of Maryland, LLC									92-0642038	MD	
	Magnolia Joint Venture Holding Company, Inc.									92-0679069	DE	
	Ambetter Health of Texas, Inc.									33-1995487	TX	
	Ambetter Health of Florida, Inc.									33-2010592	FL	