

HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code 0001 0001 NAIC Company Code 12575 Employer's ID Number 20-2833904
(Current) (Prior)

Organized under the Laws of Tennessee State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number) (City or Town, State, Country and Zip Code)
615-807-7500
(Area Code) (Telephone Number)

Mail Address 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number) (City or Town, State, Country and Zip Code)
615-807-7500
(Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Wang 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSHealth.com 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President Barbara Noel Hennessy # (effective 2/11/25) Controller Xiaoqi Wang
Vice President and Secretary Edward Chung-I Lee

OTHER

Derek Scott Blunt, Senior Investment Officer Jeffrey James Drzazgowski, Appointed Actuary Nicole Rose Murowsky, President # (through 2/11/25)
Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Barbara Noel Hennessy # (effective 2/11/25) Russell Jay Lask # Edward Chung-I Lee #
Nicole Rose Murowsky # (through 2/11/25)

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Barbara Noel Hennessy
President

Edward Chung-I Lee
Vice President and Secretary

Xiaoqi Wang
Controller

State of..... Connecticut
County of..... Hartford

State of..... Connecticut
County of..... Hartford

State of..... Pennsylvania
County of..... Montgomery

Subscribed and sworn to before me this
19 day of February, 2025

Subscribed and sworn to before me this
___ day of _____, 2025

Subscribed and sworn to before me this
___ day of _____, 2025

E. J. Liu
NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
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County of..... Hartford

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State of..... Pennsylvania
County of..... Montgomery

Subscribed and sworn to before me this
____ day of _____, 2025

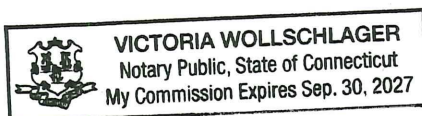
Subscribed and sworn to before me this
25 day of February, 2025

Subscribed and sworn to before me this
____ day of _____, 2025

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



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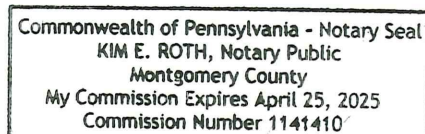
Subscribed and sworn to before me this
____ day of _____, 2025

Subscribed and sworn to before me this
13th day of February, 2025

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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)	4,168,644		4,168,644	4,105,157
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (213,673) , Schedule E - Part 1), cash equivalents (\$ 538,530,633 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	538,316,960		538,316,960	354,089,723
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			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)	542,485,604	0	542,485,604	358,194,880
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	54,336		54,336	334,142
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	48,274,573	16,836,697	31,437,876	26,800,982
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 (\$) and contracts subject to redetermination (\$ 462,305,648)	462,305,648	0	462,305,648	93,391,830
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies	121,495,726	0	121,495,726	144,334,019
16.3 Other amounts receivable under reinsurance contracts	18,455,906		18,455,906	0
17. Amounts receivable relating to uninsured plans	4,044,698,093	46,833	4,044,651,260	1,922,983,984
18.1 Current federal and foreign income tax recoverable and interest thereon	42,714,922	0	42,714,922	0
18.2 Net deferred tax asset	66,629,049	0	66,629,049	133,473,926
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	266,111	266,111	0	353,811,681
24. Health care (\$ 207,042,081) and other amounts receivable	190,140,004	16,933,004	173,207,000	536,799,518
25. Aggregate write-ins for other-than-invested assets	5,316,705	245,762	5,070,943	118,036
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,542,836,677	34,328,407	5,508,508,270	3,570,242,998
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	5,542,836,677	34,328,407	5,508,508,270	3,570,242,998
DETAILS OF WRITE-INS				
1101.				
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. Prepaid expenses	245,762	245,762	0	0
2502. Premium tax recoverable	104,979	0	104,979	118,036
2503. State income tax receivable	4,965,964	0	4,965,964	
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)	5,316,705	245,762	5,070,943	118,036

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 2,580,816 reinsurance ceded)	185,392,980	12,673,675	198,066,655	89,432,649
2. Accrued medical incentive pool and bonus amounts	91,676,576		91,676,576	13,320,014
3. Unpaid claims adjustment expenses.....	2,419,083		2,419,083	1,333,730
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	51,814,892		51,814,892	31,308,647
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....	0		0	0
8. Premiums received in advance.....	44,741,083		44,741,083	47,986,695
9. General expenses due or accrued.....	1,315,682		1,315,682	5,883,413
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	0		0	54,417,876
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable.....	0		0	43,956,766
12. Amounts withheld or retained for the account of others.....	200,783		200,783	18,945
13. Remittances and items not allocated.....	0		0	481,499
14. Borrowed money (including \$ 1,500,000,000 current) and interest thereon \$2,415,000 (including \$2,415,000 current).....	1,502,415,000		1,502,415,000	0
15. Amounts due to parent, subsidiaries and affiliates.....	246,217,798		246,217,798	32,041,694
16. Derivatives.....			0	0
17. Payable for securities.....	0		0	0
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$3,205,000 unauthorized reinsurers and \$0 certified reinsurers).....	3,204,887		3,204,887	1,850,565
20. Reinsurance in unauthorized and certified (\$) companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans.....	2,381,650,347		2,381,650,347	2,063,491,140
23. Aggregate write-ins for other liabilities (including \$ current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	4,511,049,111	12,673,675	4,523,722,786	2,385,523,633
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2,750,000	2,750,000
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	124,750,000	124,750,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	857,285,484	1,057,219,365
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	984,785,484	1,184,719,365
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,508,508,270	3,570,242,998
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
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).....	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	45,025,765	58,904,356
2. Net premium income (including \$ non-health premium income)	XXX	3,983,579,795	2,516,719,065
3. Change in unearned premium reserves and reserve for rate credits	XXX	317,523,307	10,602,115
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	(7,748)	(14,376)
7. Aggregate write-ins for other non-health revenues	XXX	685	0
8. Total revenues (Lines 2 to 7)	XXX	4,301,096,039	2,527,306,804
Hospital and Medical:			
9. Hospital/medical benefits	121,467,381	1,320,694,058	677,483,079
10. Other professional services	5,017,323	56,851,253	23,859,428
11. Outside referrals	0	47,415,164	
12. Emergency room and out-of-area	5,267,188	59,325,292	27,061,690
13. Prescription drugs		3,038,884,279	1,594,513,815
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		93,351,929	16,427,598
16. Subtotal (Lines 9 to 15)	131,751,892	4,616,521,975	2,339,345,610
Less:			
17. Net reinsurance recoveries		591,681,745	275,596,456
18. Total hospital and medical (Lines 16 minus 17)	131,751,892	4,024,840,230	2,063,749,154
19. Non-health claims (net)		0	
20. Claims adjustment expenses, including \$ 24,623,482 cost containment expenses		181,714,063	173,665,045
21. General administrative expenses		316,217,090	276,634,581
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22).....	131,751,892	4,522,771,383	2,514,048,780
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(221,675,344)	13,258,024
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		44,127,561	56,112,732
26. Net realized capital gains (losses) less capital gains tax of \$554		5,577	3,758
27. Net investment gains (losses) (Lines 25 plus 26)	0	44,133,138	56,116,490
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 664,984) (amount charged off \$ (4,451,003))]		(3,786,019)	(5,165,558)
29. Aggregate write-ins for other income or expenses	0	(2,329)	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(181,330,554)	64,208,956
31. Federal and foreign income taxes incurred	XXX	(44,293,434)	54,417,805
32. Net income (loss) (Lines 30 minus 31)	XXX	(137,037,120)	9,791,151
DETAILS OF WRITE-INS			
0601. Enhanced Medication Therapy Management (eMTM) revenue from CMS	XXX	(7,748)	(14,376)
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	(7,748)	(14,376)
0701. Non-health fee revenue	XXX	685	0
0702.	XXX		
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	685	0
1401.			0
1402.			0
1403.			0
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. State tax penalty		(2,329)	0
2902.			0
2903.			0
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	(2,329)	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	1,184,719,365	1,147,507,016
34. Net income or (loss) from Line 32	(137,037,120)	9,791,151
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(67,265,584)	44,762,986
39. Change in nonadmitted assets	4,368,823	(17,341,788)
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.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(199,933,881)	37,212,349
49. Capital and surplus end of reporting period (Line 33 plus 48)	984,785,484	1,184,719,365
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	3,945,540,098	2,487,623,728
2. Net investment income	46,835,020	57,464,897
3. Miscellaneous income	(7,063)	(14,376)
4. Total (Lines 1 through 3)	3,992,368,055	2,545,074,249
5. Benefit and loss related payments	3,478,125,956	2,199,697,087
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	1,777,104,935	269,152,298
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	52,839,918	14,750,166
10. Total (Lines 5 through 9)	5,308,070,809	2,483,599,551
11. Net cash from operations (Line 4 minus Line 10)	(1,315,702,754)	61,474,698
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	120,001	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	6,131	3,758
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	126,132	3,758
13. Cost of investments acquired (long-term only):		
13.1 Bonds	196,141	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	196,141	0
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)	(70,009)	3,758
Cash from Financing and Miscellaneous Sources		
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	1,500,000,000	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,500,000,000	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	184,227,237	61,478,456
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	354,089,723	292,611,267
19.2 End of year (Line 18 plus Line 19.1)	538,316,960	354,089,723

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company
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 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. Net premium income	3,983,579,795	0	0	281,447	0	0	0	1,814,054,881	0	0	0	0	2,169,243,467	0
2. Change in unearned premium reserves and reserve for rate credit	317,523,307	0	0	(736)	0	0	0	0	0	0	0	0	317,524,043	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	(7,748)	0	0	0	0	0	0	0	0	0	0	0	(7,748)	XXX
6. Aggregate write-ins for other non-health care related revenues	685	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685
7. Total revenues (Lines 1 to 6)	4,301,096,039	0	0	280,711	0	0	0	1,814,054,881	0	0	0	0	2,486,759,762	685
8. Hospital/medical benefits	1,320,694,058	0	0	0	0	0	0	1,320,694,058	0	0	0	0	0	XXX
9. Other professional services	56,851,253	0	0	340,227	0	0	0	56,511,026	0	0	0	0	0	XXX
10. Outside referrals	47,415,164	0	0	0	0	0	0	47,415,164	0	0	0	0	0	XXX
11. Emergency room and out-of-area	59,325,292	0	0	0	0	0	0	59,325,292	0	0	0	0	0	XXX
12. Prescription drugs	3,038,884,279	0	0	0	0	0	0	267,688,400	0	0	0	0	2,771,195,879	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	93,351,929	0	0	0	0	0	0	21,653,721	0	0	0	0	71,698,208	XXX
15. Subtotal (Lines 8 to 14)	4,616,521,975	0	0	340,227	0	0	0	1,773,287,661	0	0	0	0	2,842,894,087	XXX
16. Net reinsurance recoveries	591,681,745	0	0	0	0	0	0	29,297,578	0	0	0	0	562,384,167	XXX
17. Total medical and hospital (Lines 15 minus 16)	4,024,840,230	0	0	340,227	0	0	0	1,743,990,083	0	0	0	0	2,280,509,920	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 \$ 24,623,482 cost containment expenses	181,714,063	0	0	675	0	0	0	32,948,617	0	0	0	0	148,764,771	0
20. General administrative expenses	316,217,090	0	0	66	0	0	0	174,522,948	0	0	0	0	141,694,076	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	4,522,771,383	0	0	340,968	0	0	0	1,951,461,648	0	0	0	0	2,570,968,767	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(221,675,344)	0	0	(60,257)	0	0	0	(137,406,767)	0	0	0	0	(84,209,005)	685
DETAILS OF WRITE-INS														
0501. Enhanced Medication Therapy Management (eMTM) revenue from CMS	(7,748)												(7,748)	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)	(7,748)	0	0	0	0	0	0	0	0	0	0	0	(7,748)	XXX
0601. Other non-health revenue	685	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685
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)	685	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685
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

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	0	0	0	0
2. Comprehensive (hospital and medical) group		0	0	0
3. Medicare Supplement	281,447	0	0	281,447
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	1,845,205,750	0	31,150,869	1,814,054,881
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	2,711,312,862	0	542,069,395	2,169,243,467
13. Health subtotal (Lines 1 through 12)	4,556,800,059	0	573,220,264	3,983,579,795
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	4,556,800,059	0	573,220,264	3,983,579,795

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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	3,953,965,274			295,833				1,671,764,917					2,281,904,524	
1.2 Reinsurance assumed	0												0	
1.3 Reinsurance ceded	581,310,776							27,488,262					553,822,514	
1.4 Net	3,372,654,498	0	0	295,833	0	0	0	1,644,276,655	0	0	0	0	1,728,082,010	0
2. Paid medical incentive pools and bonuses	6,433,714							6,433,714					0	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	200,647,471	0	0	46,045	0	0	0	194,482,429	0	0	0	0	6,118,997	0
3.2 Reinsurance assumed	0												0	
3.3 Reinsurance ceded	2,580,816	0	0	0	0	0	0	2,580,816	0	0	0	0	0	0
3.4 Net	198,066,655	0	0	46,045	0	0	0	191,901,613	0	0	0	0	6,118,997	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	91,676,576							28,540,021					63,136,555	
6. Net health care receivables (a)	(458,761,450)							24,410,908					(483,172,358)	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	90,204,149	0	0	1,651	0	0	0	90,202,498	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	771,500	0	0	0	0	0	0	771,500	0	0	0	0	0	0
8.4 Net	89,432,649	0	0	1,651	0	0	0	89,430,998	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	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	13,320,014		0					13,320,014					0	
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	4,523,170,046	0	0	340,227	0	0	0	1,751,633,940	0	0	0	0	2,771,195,879	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	583,120,092	0	0	0	0	0	0	29,297,578	0	0	0	0	553,822,514	0
12.4 Net	3,940,049,954	0	0	340,227	0	0	0	1,722,336,362	0	0	0	0	2,217,373,365	0
13. Incurred medical incentive pools and bonuses	84,790,276	0	0	0	0	0	0	21,653,721	0	0	0	0	63,136,555	0

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT 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. Reported in Process of Adjustment:														
1.1 Direct	39,906,190			3,108				39,903,082					0	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	2,580,816			0				2,580,816					0	
1.4 Net	37,325,374	0	0	3,108	0	0	0	37,322,266	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	160,741,281			42,937				154,579,347					6,118,997	
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	0													
2.4 Net	160,741,281	0	0	42,937	0	0	0	154,579,347	0	0	0	0	6,118,997	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	200,647,471	0	0	46,045	0	0	0	194,482,429	0	0	0	0	6,118,997	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	2,580,816	0	0	0	0	0	0	2,580,816	0	0	0	0	0	0
4.4 Net	198,066,655	0	0	46,045	0	0	0	191,901,613	0	0	0	0	6,118,997	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement	12,652	283,181	3,550	42,495	16,202	1,651
4. Vision Only					0	0
5. Dental Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	77,660,788	1,566,615,867	1,597,056	190,304,557	79,257,844	89,430,998
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	(614,137,569)	2,441,257,323	6,118,997	0	(608,018,572)	0
13. Health subtotal (Lines 1 to 12)	(536,464,129)	4,008,156,371	7,719,603	190,347,052	(528,744,526)	89,432,649
14. Health care receivables (a)	16,933,004	173,207,000	0	0	16,933,004	549,863,710
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	5,398,727	1,034,987	37,675,261	54,001,315	43,073,988	13,320,014
17. Totals (Lines 13 - 14 + 15 + 16)	(547,998,406)	3,835,984,358	45,394,864	244,348,367	(502,603,542)	(447,111,047)

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

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	0	0	0	0	0
2. 2020	7	7	7	7	7
3. 2021	XXX	3	3	3	3
4. 2022	XXX	XXX	7	19	20
5. 2023	XXX	XXX	XXX	23	35
6. 2024	XXX	XXX	XXX	XXX	283

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	0	0	0	0	0
2. 2020	7	7	7	7	7
3. 2021	XXX	3	3	3	3
4. 2022	XXX	XXX	7	20	20
5. 2023	XXX	XXX	XXX	24	38
6. 2024	XXX	XXX	XXX	XXX	326

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 Payment	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	6	0		0.0	0	0.0			0	0.0
2. 2021	10	3		0.0	3	30.0			3	30.0
3. 2022	10	20		0.0	20	200.0			20	200.0
4. 2023	24	35		0.0	35	145.8	4		39	162.5
5. 2024	281	283	1	0.4	284	101.1	42		326	116.0

12.MS

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX	759,949	856,464
6. 2024	XXX	XXX	XXX	XXX	1,529,784

Section B - Incurred Health Claims - Title XVIII

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	0	0	0	0	
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX	862,700	866,846
6. 2024	XXX	XXX	XXX	XXX	1,739,843

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	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				0.0	0	0.0			0	0.0
2. 2021				0.0	0	0.0			0	0.0
3. 2022				0.0	0	0.0			0	0.0
4. 2023	954,329	856,464	27,435	3.2	883,899	92.6	10,382	0	894,281	93.7
5. 2024	1,814,055	1,529,784	27,921	1.8	1,557,705	85.9	210,059	2,419	1,770,183	97.6

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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	(21,083)	(2,712)	(10,856)	(24,723)	(73,952)
2. 2020	1,709,867	1,712,893	1,708,699	1,699,246	1,688,179
3. 2021	XXX	1,219,463	1,247,154	1,238,332	1,236,391
4. 2022	XXX	XXX	1,179,291	1,202,974	1,198,137
5. 2023	XXX	XXX	XXX	1,209,470	1,181,883
6. 2024	XXX	XXX	XXX	XXX	2,305,917

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	(21,083)	(2,712)	(10,856)	(24,723)	(73,952)
2. 2020	1,709,867	1,712,893	1,708,699	1,699,246	1,688,179
3. 2021	XXX	1,219,463	1,247,154	1,238,332	1,236,391
4. 2022	XXX	XXX	1,179,291	1,202,974	1,198,137
5. 2023	XXX	XXX	XXX	1,209,470	1,216,892
6. 2024	XXX	XXX	XXX	XXX	2,340,164

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 Payment	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	2,159,197	1,688,179	85,098	5.0	1,773,277	82.1	0	1,773,277	82.1	
2. 2021	1,650,325	1,236,391	160,567	13.0	1,396,958	84.6	0	1,396,958	84.6	
3. 2022	1,594,798	1,198,137	148,638	12.4	1,346,775	84.4	0	1,346,775	84.4	
4. 2023	1,572,968	1,181,883	147,356	12.5	1,329,239	84.5	35,009	1,364,248	86.7	
5. 2024	2,486,768	2,305,917	136,045	5.9	2,441,962	98.2	34,247	2,476,209	99.6	

12.01

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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	(21,083)	(2,712)	(10,856)	(24,723)	(73,952)
2.	2020	1,709,874	1,712,900	1,708,706	1,699,253	1,688,186
3.	2021	XXX	1,219,466	1,247,157	1,238,335	1,236,394
4.	2022	XXX	XXX	1,179,298	1,202,993	1,198,157
5.	2023	XXX	XXX	XXX	1,969,442	2,038,382
6.	2024	XXX	XXX	XXX	XXX	3,835,984

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	(21,083)	(2,712)	(10,856)	(24,723)	(73,952)
2.	2020	1,709,874	1,712,900	1,708,706	1,699,253	1,688,186
3.	2021	XXX	1,219,466	1,247,157	1,238,335	1,236,394
4.	2022	XXX	XXX	1,179,298	1,202,994	1,198,157
5.	2023	XXX	XXX	XXX	2,072,194	2,083,776
6.	2024	XXX	XXX	XXX	XXX	4,080,333

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 Payment	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	2,159,203	1,688,179	85,098	5.0	1,773,277	82.1	0	0	1,773,277	82.1
2. 2021	1,650,335	1,236,394	160,567	13.0	1,396,961	84.6	0	0	1,396,961	84.6
3. 2022	1,594,808	1,198,157	148,638	12.4	1,346,795	84.4	0	0	1,346,795	84.4
4. 2023	2,527,321	2,038,382	174,791	8.6	2,213,173	87.6	45,395	0	2,258,568	89.4
5. 2024	4,301,104	3,835,984	163,967	4.3	3,999,951	93.0	244,348	2,419	4,246,718	98.7

12.GT

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	1,033			1,033									
2. Additional policy reserves (a)	0												
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	51,813,859							16,180,428					35,633,431
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	51,814,892	0	0	1,033	0	0	0	16,180,428	0	0	0	0	35,633,431
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	51,814,892	0	0	1,033	0	0	0	16,180,428	0	0	0	0	35,633,431
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
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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)	23,736	30,888	(195,451)	14,613	(126,214)
2. Salary, wages and other benefits	17,500,599	207,627,847	130,408,504	706,916	356,243,866
3. Commissions (less \$ ceded plus \$ assumed)			138,123,125		138,123,125
4. Legal fees and expenses	416		742,516	4,825	747,757
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services ...	1,321,203		52,746,513	200,184	54,267,900
7. Traveling expenses	12,664		785,144	5,108	802,916
8. Marketing and advertising	9,178	697	13,197,263	306	13,207,444
9. Postage, express and telephone	387,098	22,180,640	4,099,219	533	26,667,490
10. Printing and office supplies	431,087	4,282,187	2,332,341	483	7,046,098
11. Occupancy, depreciation and amortization			3,494	2,447	5,941
12. Equipment	35,037	9,206,538	691,850	6	9,933,431
13. Cost or depreciation of EDP equipment and software	569,020	13,519,795	4,063,769	26,056	18,178,640
14. Outsourced services including EDP, claims, and other services	5,492,376	467,083	33,601,786	127,955	39,689,200
15. Boards, bureaus and association fees	676	13,499	82,615	632	97,422
16. Insurance, except on real estate	3,758	71,443	1,445,298	37	1,520,536
17. Collection and bank service charges			3,795,867	33,867	3,829,734
18. Group service and administration fees					0
19. Reimbursements by uninsured plans	(1,776,357)	(100,491,051)	(24,615,232)		(126,882,640)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	80		834,488		834,568
22. Real estate taxes			173,879		173,879
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(4,935,374)		(4,935,374)
23.2 State premium taxes			38,037		38,037
23.3 Regulatory authority licenses and fees			7,092,766		7,092,766
23.4 Payroll taxes	1,317,249	15,627,902	3,346,431		20,291,582
23.5 Other (excluding federal income and real estate taxes)			34,314		34,314
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	(704,338)	(15,446,887)	(51,676,072)	8	(67,827,289)
26. Total expenses incurred (Lines 1 to 25)	24,623,482	157,090,581	316,217,090	1,123,976	(a) 499,055,129
27. Less expenses unpaid December 31, current year	327,802	2,091,281	1,315,682		3,734,765
28. Add expenses unpaid December 31, prior year	153,685	1,180,045	5,883,413		7,217,143
29. Amounts receivable relating to uninsured plans, prior year	115,328	6,848,717	1,907,399		8,871,444
30. Amounts receivable relating to uninsured plans, current year	139,345	7,882,949	1,930,924		9,953,218
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	24,473,382	157,213,577	320,808,346	1,123,976	503,619,281
DETAILS OF WRITE-INS					
2501. Miscellaneous	27,222	1,584,605	1,416,826		3,028,653
2502. Management fee allocation				8	8
2503. Loss Adjustment Expense		1,085,354			1,085,354
2598. Summary of remaining write-ins for Line 25 from overflow page	(731,560)	(18,116,846)	(53,092,898)	0	(71,941,304)
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	(704,338)	(15,446,887)	(51,676,072)	8	(67,827,289)

(a) Includes management fees of \$ 686,034,167 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 5,702	8,637
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 42,648	42,648
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 47,897,993	47,615,252
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	47,946,343	47,666,537
11. Investment expenses		(g) 1,123,976
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 2,415,000
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)		3,538,976
17. Net investment income (Line 10 minus Line 16)		44,127,561
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 9,310 accrual of discount less \$ 21,963 amortization of premium and less \$ 1,723 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 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 \$ accrual of discount less \$ 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 \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans			0		
4. Real estate			0		
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	3,441	2,690	6,131		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	3,441	2,690	6,131	0	0
DETAILS OF WRITE-INS					
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

EXHIBIT OF NON-ADMITTED 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
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			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
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	16,836,697	21,349,790	4,513,093
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0		0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies	0		0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans	46,833	2,671,517	2,624,684
18.1 Current federal and foreign income tax recoverable and interest thereon	0		0
18.2 Net deferred tax asset	0	420,707	420,707
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates	266,111	266,111	0
24. Health care and other amounts receivable	16,933,004	13,064,192	(3,868,812)
25. Aggregate write-ins for other-than-invested assets	245,762	924,913	679,151
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	34,328,407	38,697,230	4,368,823
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	34,328,407	38,697,230	4,368,823
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid expenses	245,762	924,913	679,151
2502.			
2503.			
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)	245,762	924,913	679,151

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						
2. Provider Service Organizations						
3. Preferred Provider Organizations	84,868	129,330	137,598	143,663	144,791	1,641,223
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	4,815,356	3,726,891	3,590,361	3,580,931	3,561,969	43,384,542
7. Total	4,900,224	3,856,221	3,727,959	3,724,594	3,706,760	45,025,765
DETAILS OF WRITE-INS						
0601. Medicare Part D	4,815,298	3,726,742	3,590,194	3,580,728	3,561,693	43,382,331
0602. Medicare Supplement	58	149	167	203	276	2,211
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)	4,815,356	3,726,891	3,590,361	3,580,931	3,561,969	43,384,542

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of SilverScript Insurance Company (the "Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance ("Tennessee Department") ("Tennessee Accounting Practices"). The Tennessee Department recognizes statutory accounting practices prescribed or permitted by the State of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Tennessee for the years ending December 31, 2024 and 2023 is as follows:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) SilverScript Insurance Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (137,037,120)	\$ 9,791,151
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (137,037,120)	\$ 9,791,151
SURPLUS					
(5) SilverScript Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 984,785,484	\$ 1,184,719,365
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 984,785,484	\$ 1,184,719,365

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of these financial statements in conformity with Tennessee Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal

NOTES TO FINANCIAL STATEMENTS

analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2024 or 2023. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) Common Stocks

The Company did not own any common stock at December 31, 2024 or 2023.

(4) Preferred Stocks

The Company did not own any preferred stock at December 31, 2024 or 2023.

(5) Mortgage Loans

The Company did not have any mortgage loans at December 31, 2024 or 2023.

(6) Loan-Backed and Structured Securities

The Company did not have any loan-backed and structured securities at December 31, 2024 or 2023.

(7) Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2024 and 2023.

(8) Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2024 or 2023.

(9) Derivatives

The Company did not have any derivatives at December 31, 2024 or 2023.

(10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. PDR is more fully discussed in Note 30.

For Medicare plans, the Company's annual contract with Centers for Medicare & Medicaid Services ("CMS") provides a risk-sharing arrangement to limit exposure to unexpected expenses. The risk-sharing arrangement provides a risk corridor whereby the amount the Company received in premiums from members and CMS based on its annual bid is compared to actual drug costs incurred during the contract year. Based on the risk corridor provision and Part D activity-to-date, estimated risk-sharing payables of \$51,814,892 and \$31,308,647 were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2024 and 2023, respectively.

NOTES TO FINANCIAL STATEMENTS

(11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) Capitalization Policy

The Company has not modified its capitalization policy from the prior period.

(13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports fully insured pharmaceutical rebate receivables and uninsured pharmaceutical rebate receivables to be remitted to the uninsured plan as health care receivables. Fully insured pharmacy rebate receivables and uninsured pharmacy rebate receivables not in accordance with SSAP No. 84 - *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. Pharmaceutical rebates receivable of uninsured plans that are in excess of the amounts to be remitted to the uninsured plan is reported as amounts receivable relating to uninsured plans. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Notes 10 and 28.

(14) Premiums and Amounts Due and Unpaid

Prepaid premium revenue for health care products is recognized as income in the month in which enrollees are entitled to health care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

Through the Company's Medicare Part D and Medicare Advantage annual contracts with CMS, the Company receives monthly premium payments from CMS and members, as determined by the Company's annual bid process. The Company recognizes the revenue related to the CMS contract ratably over the term of its annual contract.

The CMS payment is subject to risk sharing provisions through the CMS risk corridor provision, which is accounted for as a retrospectively rated contract in accordance with SSAP No. 66 - *Retrospectively Rated Contracts*. Receivables related to the CMS risk corridor provision are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

The Company's CMS payment is also subject to the CMS risk adjustment process for each member, which is accounted for as a contract subject to redetermination in accordance with SSAP No. 54. Receivables related to the CMS risk

NOTES TO FINANCIAL STATEMENTS

adjustment process are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(15) Investment Income Due and Accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2024 and 2023, the Company did not have any nonadmitted investment income due and accrued.

(16) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(17) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

(18) Federal and State Income and Premium Taxes

The Company is included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and

NOTES TO FINANCIAL STATEMENTS

DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as “Change in net unrealized capital gains (losses)”, also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in various states. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2024 and 2023, , the Company incurred state income tax expenses/(benefit) of \$(4,935,374) and \$4,465,582, respectively.

The Company had \$4,965,964 of state income tax receivables at December 31, 2024. This balance was included as aggregate write-ins for other than invested assets in the Statutory Statements of Assets.

The Company had \$4,465,583 of state income tax payables at December 31, 2023. This balance was included in general expenses due or accrued in the Statutory Statements of Liabilities, Capital and Surplus.

The Company is subject to premium taxes in various states. These tax expenses were recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. The expenses for these taxes were \$38,037 and \$(78,023) for the years ended December 31, 2024 and 2023, respectively.

D. Going Concern

As of February 28, 2025, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

In 2023, the Company modified its methodology for allocating fixed expenses within the calculation of PDR under SSAP No. 54R. This change in methodology, which impacts the PDR reported in 2023, is permitted under SSAP No. 54R and the NAIC *Health Reserves Guidance Manual*. The impact of the change to net income, surplus and liabilities in the financial statement is as follows. For the year 2023, the Company recognized an increase of \$62,889,294 to net income and surplus and a decrease of \$62,889,294 to liabilities.

3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2024 and 2023.

4. Discontinued Operations

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2024 and 2023.

5. Investments

- A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2024 or 2023.
- B. The Company did not have any debt restructuring in the years ending December 31, 2024 or 2023.
- C. The Company did not have any reverse mortgages at December 31, 2024 or 2023.
- D. The Company did not have any loan-backed securities at December 31, 2024 or 2023.
- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2024.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2024.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2024.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2024.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2024.
- J. The Company did not have any real estate at December 31, 2024.
- K. The Company did not have any low-income housing tax credits at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged):

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 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	\$ 4,109,539	\$ 4,105,157	\$ 4,382		\$ 4,109,539	0.075	0.075
k. On deposit with other regulatory bodies						—	—
l. Pledged 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 (Sum of a through n)	\$ 4,109,539	\$ 4,105,157	\$ 4,382	\$ —	\$ 4,109,539	0.075	0.075

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2024 or 2023.

(3) The Company did not have any other restricted assets at December 31, 2024 or 2023.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2024.

M. The Company did not have any working capital finance investments at December 31, 2024.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2024.

O. The Company did not have any 5GI securities at December 31, 2024 or 2023.

P. The Company did not have any short sales at December 31, 2024.

Q. The Company did not have any prepayment penalty and acceleration fees at December 31, 2024.

R. Reporting Entity's Share of Cash Pool by Asset type.

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$533,879,403 as of December 31, 2024. The Company did not have an investment in a qualified cash pool at December 31, 2023. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2024:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	100 %
(3) Short-Term Investments	— %
(4) Total	100 %

S. The Company did not have Aggregate Collateral Loans By Qualifying Investment as of December 31, 2024 or 2023

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships, and Limited Liability Companies

- A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2024 or 2023.
- B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2024 or 2023.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.

- B. There was no amount excluded at December 31, 2024 or 2023.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued at December 31, 2024.

Interest Income Due and Accrued	Amount
1. Gross	\$ 54,336
2. Nonadmitted	
3. Admitted	\$ 54,336

- D. There were no amounts for aggregate deferred interest at December 31, 2024.
- E. There were no cumulative amounts for paid-in-kind interest included in the current principal balance at December 31, 2024.

8. Derivative Instruments

The Company did not have any derivative instruments at December 31, 2024 or 2023.

9. Income Taxes

- A.

- (1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

	12/31/2024			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 131,007,259	\$ 41,442	\$ 131,048,701	\$ 133,894,576	\$ 41,442	\$ 133,936,018	\$ (2,887,317)	\$ —	\$ (2,887,317)
(b) Statutory Valuation Allowance Adjustment	64,377,280	35,848	64,413,128	—	35,641	35,641	64,377,280	207	64,377,487
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	66,629,979	5,594	66,635,573	133,894,576	5,801	133,900,377	(67,264,597)	(207)	(67,264,804)
(d) Deferred Tax Assets Nonadmitted	—	—	—	420,707	—	420,707	(420,707)	—	(420,707)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	66,629,979	5,594	66,635,573	133,473,869	5,801	133,479,670	(66,843,890)	(207)	(66,844,097)
(f) Deferred Tax Liabilities	930	5,594	6,524	1,860	3,884	5,744	(930)	1,710	780
(g) Net Admitted Deferred Tax Asset (Net Deferred Tax Liability) (1e - 1f)	\$ 66,629,049	\$ —	\$ 66,629,049	\$ 133,472,009	\$ 1,917	\$ 133,473,926	\$(66,842,960)	\$ (1,917)	\$ (66,844,877)

NOTES TO FINANCIAL STATEMENTS

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

	12/31/2024			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Reinsurance Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 52,839,149	\$ —	\$ 52,839,149	\$ 69,167,188	\$ 1,917	\$ 69,169,105	\$ (16,328,039)	\$ (1,917)	\$ (16,329,956)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	13,789,900	—	13,789,900	64,304,821	—	64,304,821	(50,514,921)	—	(50,514,921)
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	13,789,900	—	13,789,900	64,304,821	—	64,304,821	(50,514,921)	—	(50,514,921)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XX	XX	137,723,465	XX	XX	157,686,816	XX	XX	(19,963,351)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	930	5,594	6,524	1,860	3,884	5,744	(930)	1,710	780
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 66,629,979	\$ 5,594	\$ 66,635,573	\$ 133,473,869	\$ 5,801	\$ 133,479,670	\$ (66,843,890)	\$ (207)	\$ (66,844,097)

(3)

	2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	636 %	799 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 918,156,435	\$ 1,051,245,439

(4) The impact of tax planning strategies is as follows:

	12/31/2024		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$66,629,979	\$ 5,594	\$133,894,576	\$ 5,801	\$ (67,264,597)	\$ (207)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	66,629,979	5,594	133,473,869	5,801	(66,843,890)	(207)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning	— %	— %	— %	— %	— %	— %

(b) Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. There are no DTLs that were not recognized at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ (44,293,434)	\$ 54,417,036	\$ (98,710,470)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	(44,293,434)	54,417,036	(98,710,470)
(d) Federal income tax on net capital gains	554	769	(215)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	(44,292,880)	54,417,805	(98,710,685)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	2,818,174	1,289,689	1,528,485
(2) Unearned premium reserve	1,879,169	2,015,454	(136,285)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	7,208,965	8,038,070	(829,105)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	119,100,951	122,551,363	(3,450,412)
(99) Subtotal (sum of 2a1 through 2a13)	131,007,259	133,894,576	(2,887,317)
(b) Statutory valuation allowance adjustment	64,377,280	—	64,377,280
(c) Nonadmitted	—	420,707	(420,707)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	66,629,979	133,473,869	(66,843,890)
(e) Capital:			
(1) Investments	5,821	5,821	—
(2) Net capital loss carry-forward	35,621	35,621	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	41,442	41,442	—
(f) Statutory valuation allowance adjustment	35,848	35,641	207
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	5,594	5,801	(207)
(i) Admitted deferred tax assets (2d + 2h)	66,635,573	133,479,670	(66,844,097)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	930	1,860	(930)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	930	1,860	(930)
(b) Capital:			
(1) Investments	5,594	3,884	1,710
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	5,594	3,884	1,710
(c) Deferred tax liabilities (3a99 + 3b99)	6,524	5,744	780
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 66,629,049	\$ 133,473,926	\$ (66,844,877)

The change in net deferred income taxes is comprised of the following:

	12/31/2024	12/31/2023	Change
Total Deferred Tax Assets	\$ 66,635,573	\$ 133,900,377	\$ (67,264,804)
Total Deferred Tax Liabilities	(6,524)	(5,744)	(780)
Net Deferred Tax Assets/(Liabilities)	66,629,049	133,894,633	(67,265,584)
Tax Effect of Unrealized Gains/(Losses)			—
Change in Net Deferred Income Tax			\$ (67,265,584)

NOTES TO FINANCIAL STATEMENTS

The valuation allowance adjustment to gross DTAs was \$64,413,128 for December 31, 2024. The valuation allowance adjustment to gross DTAs was \$35,641 for December 31, 2023.

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

	12/31/2024	Effective Tax Rate	12/31/2023	Effective Tax Rate
Provision computed at statutory rate	\$ (38,079,300)	21.0 %	\$ 13,483,881	21.0 %
Transfer Pricing Adjustment	(2,702,795)	1.5 %	—	0.0 %
Tax-Exempt Interest	(1,360)	0.0 %	(1,413)	0.0 %
Change in Nonadmitted Assets	829,105	(0.5)%	(3,863,720)	(6.0)%
Prior Year True-Up	(1,450,486)	0.8 %	—	0.0 %
Change in Valuation Allowance Adjustment	64,377,487	(35.5)%	35,641	0.0 %
Other	53	0.0 %	430	0.0 %
Total	<u>\$ 22,972,704</u>	<u>(12.7)%</u>	<u>\$ 9,654,819</u>	<u>15.0 %</u>
Federal and foreign income taxes incurred	\$ (44,292,880)	24.4 %	\$ 54,417,805	84.7 %
Change in net deferred income taxes	67,265,584	(37.1)%	(44,762,986)	(69.7)%
Total statutory income taxes	<u>\$ 22,972,704</u>	<u>(12.7)%</u>	<u>\$ 9,654,819</u>	<u>15.0 %</u>

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

E.

- (1) At December 31, 2024, and 2023 the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2024	\$ —	\$ 554	\$ 554
2023	52,839,149	769	52,839,918
2022	NA	—	—
Total	<u>\$ 52,839,149</u>	<u>\$ 1,323</u>	<u>\$ 52,840,472</u>

- (3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2024 and 2023.

F.

- (1) At December 31, 2024, the Company's Federal Income Tax Return was consolidated with the following entities:

@ Credentials Inc.	Florida Health Plan Administrators, LLC
ACCENDO INSURANCE COMPANY	Gemini Health Holding, LLC
ACS ACQCO CORP.	Griffin Myers Medical P.C.
Active Health Management, Inc.	Halo Holdco I, Inc.
Adminco, Inc.	Halo Holdco II, Inc.
Administrative Enterprises, Inc.	HDMS Services LLC
ADVANCED CARE SCRIPTS, INC	Health and Human Resource Center, Inc.
Aetna Better Health Inc. (Georgia)	Health Data & Managment Solutions, Inc.
Aetna Better Health Inc. (NJ)	Health Re, Inc.
Aetna Better Health Inc. (NY)	Hella Group LLC
Aetna Better Health Inc. (OH)	HOLIDAY CVS, L.L.C.
Aetna Better Health of California, Inc.	IHS Acquisition XXX, Inc
Aetna Better Health of Florida, Inc. (F/K/A Coventry Health Care of Florida, Inc.)	In Person, Virtual Medical Services PLLC
Aetna Better Health of Illinois, Inc. (F/K/A IlliniCare Health Plan, Inc.)	IOWA CVS PHARMACY, L.L.C.
Aetna Better Health of Indiana Inc.	Jessica Huang M.D. P.C. dba Rubicon Physicians
Aetna Better Health of Kansas Inc.	KENTUCKY CVS PHARMACY, L.L.C.
Aetna Better Health of Kentucky Insurance Co.	Managed Care Coordinators, Inc.
Aetna Better Health of Michigan, Inc.	MARYLAND CVS PHARMACY, L.L.C.
Aetna Better Health of Missouri LLC	MASSACHUSETTS CVS PHARMACY, INC.
Aetna Better Health of Nevada Inc.	MC Diagnostic of Connecticut, P.C.
Aetna Better Health of North Carolina, Inc.	MC Medical Group of D.C., P.C.

NOTES TO FINANCIAL STATEMENTS

Aetna Better Health of Oklahoma Inc.	MC Medical Group of Nevada, P.C.
Aetna Better Health of Tennessee Inc. (F/K/A Aetna Better Health Inc. (TN))	Medical Group of New York, P.C.
Aetna Better Health of Texas, Inc.	MELVILLE REALTY CO., INC.
Aetna Better Health of Washington, Inc.	Mental Health Associates, Inc.
Aetna Better Health Premier Plan MMAI Inc. (f/n/a Aetna Better Health Inc. (IL))	Mental Health Network of New York IPA, Inc.
Aetna Better Health, Inc. (Connecticut)	Meritain Health, Inc.
Aetna Better Health, Inc. (LA)	Minute Clinic Diagnostic of North Carolina, P.C.
Aetna Better Health, Inc. (PA)	MinuteClinic Diagnostic Medical Group of California, Inc.
Aetna Corporate Services LLC	MinuteClinic Diagnostic Medical Group of Orange County, Inc.
Aetna Dental Inc. (New Jersey)	MinuteClinic Diagnostic Medical Group of San Diego, Inc.
Aetna Dental Inc. (Texas)	MINUTECLINIC DIAGNOSTIC OF ILLINOIS, P.L.L.C.
Aetna Dental of California, Inc.	MinuteClinic Diagnostic of Illinois, PLLC
Aetna Florida, Inc.	MinuteClinic Diagnostic of Kansas, P.A.
Aetna Health and Life Insurance Company	MinuteClinic Diagnostic of Minnesota, P.A.
Aetna Health Inc. (Connecticut)	MinuteClinic Diagnostic of New Jersey, LLC
Aetna Health Inc. (Florida)	MinuteClinic Diagnostic of Tennessee, P.C.
Aetna Health Inc. (Georgia)	MinuteClinic Diagnostic of Washington, PLLC
Aetna Health Inc. (LA)	MinuteClinic Diagnostics of Indiana, LLC
Aetna Health Inc. (Maine)	MinuteClinic Diagnostics of Michigan, P.C.
Aetna Health Inc. (New Jersey)	MinuteClinic Primary Care-California
Aetna Health Inc. (NY)	MinuteClinic Primary Care-Connecticut, PLLC
Aetna Health Inc. (Pennsylvania)	MinuteClinic Primary Care-DC, PLLC
Aetna Health Inc. (Texas)	MinuteClinic Primary Care-Kansas, LLC
Aetna Health Insurance Co	MinuteClinic Primary Care-North Carolina, PLLC
Aetna Health Insurance Company of New York	MinuteClinic Primary Care-Wisconsin, LLC
Aetna Health of California Inc.	MinuteClinic Telehealth Services of Texas Association
Aetna Health of Iowa, Inc	MinuteClinic Video Virtual Care North, LLC
Aetna Health of Michigan Inc. (F/K/A Aetna Health Inc. (Michigan))	MinuteClinic Video Virtual Care of Wisconsin, S.C.
Aetna Health of Ohio, Inc. (F/K/A Aetna Better Health of Iowa, Inc.)	MinuteClinic Video Virtual Care, PLLC
Aetna Health of Utah, Inc.	New York Physician Telemedicine PLLC
Aetna HealthAssurance Pennsylvania, Inc.	Niagara Re, Inc.
Aetna Inc.	Noah HoldCo I, Inc.
Aetna Ireland Inc.	Noah HoldCo II, Inc.
Aetna Risk Assurance Company of Connecticut	NORTH 53, LLC
Aetna Student Health Agency, Inc.	NORTH CAROLINA CVS PHARMACY, L.L.C.
ALABAMA CVS PHARMACY, L.L.C.	Nova New Jersey Physician Group LLC
American Health Holding, Inc.	Nova Physician Group PLLC
APRIA FINANCE HOLDINGS, INC.	Oak Street Health Inc.
APS Enterprises Holding Company, Inc	Oak Street Health MSO LLC
Attain Insurance Services Inc.	Oak Street Health of Georgia P.C.
AUSHC Holdings, Inc. (CT)	Oak Street Health of Texas PLLC
Brookview Medical Associates, PLLC	Oak Street Health Physician Group of Delaware LLC
BRUIN ACQUISITION CO., INC.	Oak Street Health Physicians Group of Alabama LLC
CAREMARK ULYSSES HOLDING CORP.	Oak Street Health Physicians Group of Arizona PLLC
Claims Administration Corporation	Oak Street Health Physicians Group of Arkansas PLLC
Cofinity, Inc.	Oak Street Health Physicians Group of Colorado PLLC
CONNECTICUT CVS PHARMACY, L.L.C.	Oak Street Health Physicians Group of Iowa LLC
CORAM ALTERNATE SITE SERVICES, INC.	Oak Street Health Physicians Group of Kansas LLC
CORAM HEALTHCARE CORPORATION OF ALABAMA	Oak Street Health Physicians Group of Kentucky PLLC
CORAM HEALTHCARE CORPORATION OF FLORIDA	Oak Street Health Physicians Group of Louisiana LLC
CORAM HEALTHCARE CORPORATION OF GREATER D.C.	Oak Street Health Physicians Group of Mississippi LLC
CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK	Oak Street Health Physicians Group of Missouri LLC
CORAM HEALTHCARE CORPORATION OF INDIANA	Oak Street Health Physicians Group of New Mexico LLC
CORAM HEALTHCARE CORPORATION OF MASSACHUSETTS	Oak Street Health Physicians Group of Oklahoma LLC
CORAM HEALTHCARE CORPORATION OF MISSISSIPPI	OAK STREET HEALTH PHYSICIANS GROUP OF SOUTH CAROLINA, P.C.
CORAM HEALTHCARE CORPORATION OF NEVADA	Oak Street Health Physicians Group, P.C.
CORAM HEALTHCARE CORPORATION OF NORTH TEXAS	OKLAHOMA CVS PHARMACY, L.L.C.
CORAM HEALTHCARE CORPORATION OF NORTHERN CALIFORNIA	OSH-IL Physicians Group, LLC
CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA	OSH-IN PHYSICIANS GROUP, PC
CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA	OSH-MI Physicians Group, PC
CORAM HEALTHCARE CORPORATION OF UTAH	OSH-NJ PHYSICIANS GROUP, PC
Coventry Consumer Advantage, Inc.	OSH-OH PHYSICIANS GROUP, LLC
Coventry Health and Life Insurance Company	OSH-RI Physicians Group, P.C.
Coventry Health Care National Accounts, Inc.	OSH-VA Physicians Group, PLLC
Coventry Health Care National Network, Inc.	Performax, Inc.
Coventry Health Care of Illinois, Inc.	Pharm Plus Acquisition, Inc
Coventry Health Care of Kansas, Inc.	Precision Benefit Services, Inc.
Coventry Health Care of Missouri, Inc.	PrimeNet, Inc.
Coventry Health Care of Nebraska, Inc.	Prodigy Health Group, Inc.

NOTES TO FINANCIAL STATEMENTS

Coventry Health Care of Virginia, Inc.	Professional Risk Management, Inc.
Coventry Health Care of West Virginia, Inc.	Resources for Living, LLC
Coventry Health Plan of Florida, Inc.	RETRAC, INC.
Coventry HealthCare Management Corporation	RICHMOND HEIGHTS ACQUISITION CORP.
Coventry Prescription Management Services, Inc.	Rubicon MD Inc
CVS Accountable Care Organization Inc.	RubiconMD Florida Physicians PLLC
CVS AOC Corporation	RubiconMD Holdings Inc.
CVS ARCLIGHT, INC.	RUBICONMD NEW JERSEY PHYSICIANS, P.C.
CVS CAREMARK INDEMNITY LTD.	Schaller Anderson Medical Administrators Inc
CVS FOREIGN, INC.	Signify Health Medical Associates of California, P.C.
CVS Healthcare Practices LLC	Signify Health Medical Associates of Kansas, LLC
CVS Healthcare Practices of California	Signify Health Medical Associates of New Jersey, LLC
CVS Healthcare Practices of New Jersey LLC	Signify Health Medical Associates, PLLC
CVS Healthcare Practices PLLC	Signify Health, Inc.
CVS INTERNATIONAL, INC.	Signify NewCo, Inc.
CVS PHARMACY, INC.	SILVERSCRIPT INSURANCE COMPANY
CVS PR CENTER, INC.	SKY ACQUISITION LLC
CVS RX SERVICES, INC.	T2 MEDICAL, INC.
CVS Safr Sourceing LLC	TENNESSEE CVS PHARMACY, L.L.C.
CVS WWRE, INC.	The Vasquez Group, Inc.
DELAWARE CVS PHARMACY, L.L.C.	U.S. Health Care Properties, Inc.
Delaware Physicians Care, Inc.	UAC HOLDING, INC.
E.T.B., INC.	US Bioservices Corporation
Echo Merger Sub, Inc	VIRGINIA CVS PHARMACY, L.L.C.
ECKERD CORPORATION OF FLORIDA, INC.	Work & Family Benefits, Inc.
First Health Group Corp.	Zinc Health Ventures, LLC
First Health Life and Health Insurance Company	

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

- G. 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. The Company was not subject to the Repatriation Transition Tax at December 31, 2024 and 2023.
- I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2024 and 2023.

The CVS Health consolidated U.S. Federal income tax return filing group, of which the Company is a member, meets the average "adjusted financial statement income" threshold and is required to perform Corporate Alternative Minimum Tax ("CAMT") calculations. The amount of CAMT payable (expense) or CAMT credit DTA is recognized in accordance with a tax sharing agreement between CVS Health and the Company, which is consistent with SSAP No. 101. As of December 31, 2024 and 2023, the Company has determined that it does not expect to be liable for CAMT and did not recognize and CAMT credit DTA.

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

A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company's total admitted assets and cost allocation transactions follow:

December 31, 2024

Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Assets received by insurer		Assets transferred by insurer	
				Statement value	Statement description	Statement value	Statement description
6/27/2024	Returned Performance Network Rebate Prepayment	SilverScript Insurance Company	Part D Services			\$600,000,000	Cash
12/20/2024	Advance from commercial revolving promissory note	SilverScript Insurance Company	CVS Health Corporation	\$1,500,000,000	Cash		

NOTES TO FINANCIAL STATEMENTS

December 31, 2023

Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Assets received by insurer		Assets transferred by insurer	
				Statement value	Statement description	Statement value	Statement description
6/28/2023	Returned Performance Network Rebate Prepayment	SilverScript Insurance Company	Part D Services			\$500,000,000	Cash
12/26/2023	Performance Network Rebate Prepayment	SilverScript Insurance Company	Part D Services	\$600,000,000	Cash		

- C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2024.
- D. At December 31, 2024 and 2023, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	December 31	
	2024	2023
Amounts due to affiliates		
Aetna Health Management, LLC	\$ 222,276,782	\$ 32,041,694
CVS Caremark Part D Services, L.L.C.	23,941,016	—
Total due to affiliates	<u>\$ 246,217,798</u>	<u>\$ 32,041,694</u>

	December 31	
	2024	2023
Amounts due from affiliates		
CVS Caremark Part D Services, L.L.C.	\$ —	\$ 353,811,681
Total due from affiliates	<u>\$ —</u>	<u>\$ 353,811,681</u>

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

- E. As of and for the years ended December 31, 2024 and 2023, the Company had the following significant transactions with affiliates:

In general, the Company relies on its Parent Company and other affiliates under common control of the Ultimate Parent for all support and operations functions. For specific owner/affiliate relationships, please refer to the Organizational Chart contained in Schedule Y.

For the Company's Medicare Part D business, except for amounts due to other prescription drug plans (PDPs), all claims paid and incurred are based on amounts billed by the Parent Company and its affiliates for pharmacy claims filled by pharmacies in the Parent Company's pharmacy network or claims submitted to the Parent Company and affiliates for pharmacy claims paid by state agencies. Additionally, all pharmaceutical rebates are received or are recorded as a receivable from CVS Caremark Part D Services, L.L.C. (Part D Services), which contracts with pharmaceutical manufacturers for such rebates.

Aetna Health Management, L.L.C. ("AHM"), an affiliate, provides the services or arranges services from third parties to manage and support the Company's Medicare Supplement business and certain Medicare Part D functions. Effective January 1, 2023, AHM also started to manage the Company's new business: Medicare Advantage.

The following is a summary of the financial statement presentation of amounts due from and to the Company's Parent and affiliates:

Assets, Liabilities, Capital and Surplus	December 31, 2024	December 31, 2023
Unpaid claims (Page 3, line 1)	\$ 198,066,655	\$ 89,432,649
Taxes payable (Page 3, lines 9 & 10.1) / (Taxes receivable) (Page 2, line 18.1 & Page 2, line 2503)	(47,680,886)	58,883,459
Ceded Reinsurance Premiums payable (Page 3, line 11) / (receivable) (Page 2, line 16.3)	(18,455,906)	43,956,766
Amounts due to parent, subsidiaries and affiliates (Page 2, Line 23)	(266,111)	(354,077,792)
Amounts due from parent, subsidiaries and affiliates (Page 3, Line 15)	246,217,798	32,041,694
Total	<u>\$ 377,881,550</u>	<u>\$ (129,763,224)</u>

As of December 31, 2024 and December 31, 2023, the Company reported a net payable of \$377,881,550 and net receivable of \$129,763,224 due from the Parent Company and its affiliates, respectively.

For the Company's Medicare Advantage business, the Company and AHM are parties to an administrative services agreement, under which AHM provides certain administrative services, which include but are not limited to, accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15th of the following contract year (which is January 1 to December 31 annually). The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged \$205,330,815 and \$124,370,596 in 2024 and 2023, respectively by AHM.

NOTES TO FINANCIAL STATEMENTS

For the Company's Medicare Part D business, the Company, Part D Services and AHM are parties to an administrative services agreements, under which Part D Services and AHM provide certain administrative services, which include but are not limited to, accounting and processing of premiums and claims. Under this agreement, management fee is either assessed on a per claim basis, or actual expenses incurred. Management agreements have been filed with the Department. The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged \$145,811,293 and \$165,381,266 in December 31, 2024 and 2023, respectively by AHM, and charged \$334,892,059 and \$322,618,402 in 2024 and 2023, respectively by Part D Services.

The agreements with AHM and Part D Services also enables the Company to receive manufacturers' pharmacy rebates from Caremark-PCS Health, LLC, an affiliate, to deliver pharmacy benefit management services to the Company via AHM and Part D Services. The Company's earned pharmaceutical rebates of \$3,526,194,635 and \$2,963,872,413, which were recorded as a reduction of medical costs, in 2024 and 2023, respectively.

The following is a summary of the financial statement presentation of management fees incurred, including both Medicare Part D and Medicare Advantage business, and reinsurance expenses ceded to the CVS Caremark Indemnity, Ltd. and Accendo:

Statement of Revenue and Expenses	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Management fee		
<i>Claims adjustment expenses (line 20)</i>	\$ 269,932,350	\$ 253,565,542
<i>General and administrative expenses (line 21)</i>	416,101,817	358,804,722
Total management fee	<u>\$ 686,034,167</u>	<u>\$ 612,370,264</u>
Reinsurance expenses ceded		
<i>Claims adjustment expenses (line 20)</i>	18,900,171	17,099,452
<i>General and administrative expenses (line 21)</i>	57,797,722	61,784,648
Total reinsurance expenses ceded	<u>\$ 76,697,893</u>	<u>\$ 78,884,100</u>

Payment terms require the Company to settle with Part D Services and all invoiced amounts for claims and service fees thirty days in arrears after the Company receives an invoice. The settlement of pharmaceutical rebates happens within ninety days of the beginning of the calendar quarter following receipt of such rebates by Part D Services

As explained in Note 1, the Company participates in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

- F. The Company does not have any guarantees or undertakings, written or otherwise, at December 31, 2024.
 - G. All outstanding shares of the Company are owned by the Part D Holding Company, L.L.C. (the "Parent").
 - H. At December 31, 2024, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.
 - I. At December 31, 2024, , the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.
 - J. At December 31, 2024, the Company did not hold any investments in any impaired SCA entity.
 - K. At December 31, 2024, the Company did not hold any investments in any foreign insurance subsidiaries.
 - L. At December 31, 2024, the Company did not hold any investments in a downstream noninsurance holding company.
 - M. At December 31, 2024, the Company did not have any SCA investments.
 - N. At December 31, 2024, the Company did not have any investments in an insurance SCA for which the audited statutory equity reflects a departure from the NAIC statutory accounting practices and procedures.
 - O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.
11. Debt
- A. As of December 31, 2024, the Company has an outstanding liability for borrowed money and accrued interests in the amount of \$1,502,415,000 due to CVS Health. The borrowed money was related to the Company's commercial revolving promissory note with CVS Health. The principal amount, together with interest upon, is due December 19, 2025. At the option of the Company, early repayment may be made. Interest at the rate of 1/2 of 1% plus the Federal Funds Rate on the day of initiation for such day is required to be paid annually. The Company is not required to maintain a collateral security deposit with the lender.
 - B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2024.

NOTES TO FINANCIAL STATEMENTS

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

A.- I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2024 or 2023.

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

A. The Company had 10,000,000 shares of common capital stock with a par value of \$1 per share authorized, with 2,750,000 shares issued and outstanding at December 31, 2024 and 2023.

B. The Company had no shares of preferred stock authorized, issued and outstanding at December 31, 2024 and 2023.

C. Dividend Restrictions

The portion of the Company's profits that may be paid as ordinary dividends is limited by the laws of Tennessee. Tennessee law states that ordinary dividends must follow Tennessee Code Ann. § 56-11-105(e) and Tennessee Code Ann. § 56-11-106(b) for extraordinary dividends. Ordinary dividends are limited to the greater of ten percent of surplus or the net gain from operations for previous twelve months.

D. The Company did not pay any dividends in 2024 or 2023.

E. Within the limitations of (C) above, there are no other restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. The Company had no advances to surplus not repaid.

H. The Company did not hold any stock for any special purposes at December 31, 2024 or 2023.

I. There were no changes in the balances of special surplus funds from the prior year.

J. At December 31, 2024, there were no unassigned funds that were represented or reduced by unrealized gains and losses.

K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2024 or 2023.

L. The Company did not participate in any quasi-reorganizations during the statement year.

M. The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, Contingencies and Assessments

A. The Company did not have any contingent commitments at December 31, 2024 or 2023.

B. Assessments

Guaranty Fund Assessments

(1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2024 or 2023.

C. The Company did not have any gain contingencies at December 31, 2024 or 2023.

D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2024 or 2023.

E. The Company did not have any joint and several liability arrangements at December 31, 2024 or 2023.

F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

NOTES TO FINANCIAL STATEMENTS

15. Leases

The Company did not have any material lease obligations at December 31, 2024 or 2023.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2024 or 2023.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2024 or 2023.

B. Transfer and Servicing of Financial Assets

(1) The Company did not have any loaned securities at December 31, 2024 or 2023.

(2) and (3):

The Company did not have any servicing assets or liabilities at December 31, 2024 or 2023.

(4) The Company did not have any securitized financial assets at December 31, 2024 or 2023.

(5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2024 or 2023.

(6) The Company did not have any transfers of receivables with recourse at December 31, 2024 or 2023.

(7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2024 or 2023.

C. Wash Sales

(1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.

(2) The Company had no securities sold during the year for the year ended December 31, 2024 and reacquired within 30 days of the sale date.

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

A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2024.

B. ASC Plans: The Company has several Administrative Services Contracts ("ASC") with Self-Funded Employer Group Waiver Plans ("SF EGWPs").

The gain from operations from ASC uninsured plans was as follows:

December 31, 2024

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 5,777,687,315	\$ —	\$ 5,777,687,315
b. Gross administrative fees accrued	126,882,640	—	126,882,640
c. Other income or expense	—	—	—
d. Gross expenses incurred (claims and administrative)	(5,900,909,400)	—	(5,900,909,400)
e. Net of Operations	<u>\$ 3,660,555</u>	<u>\$ —</u>	<u>\$ 3,660,555</u>

December 31, 2023

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 5,387,927,078	\$ —	\$ 5,387,927,078
b. Gross administrative fees accrued	111,626,376	—	111,626,376
c. Other income or expense	—	—	—
d. Gross expenses incurred (claims and administrative)	(5,495,759,264)	—	(5,495,759,264)
e. Net of Operations	<u>\$ 3,794,190</u>	<u>\$ —</u>	<u>\$ 3,794,190</u>

NOTES TO FINANCIAL STATEMENTS

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

- (1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2024 was \$4,300,814,643.
- (2) As of December 31, 2024 and 2023,, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Med D CMS settlement-2022	\$ —	\$ 381,505,224
Med D CMS settlement-2024	2,453,821,033	—
Med D Coverage gap	968,689,524	948,591,981
Med D Unbilled group AR & Others	369,502,127	363,999,425
MAPD & Part D Insulin/Vaccine Receivable	216,811,250	221,463,904
MAPD Coverage gap receivable	10,708,532	2,881,100
MAPD CMS settlements-2023	—	4,542,350
MAPD CMS settlements-2024	25,118,794	—
Total amounts receivable related to uninsured plans	\$ 4,044,651,260	\$ 1,922,983,984

These CMS settlements are related to LICs, drugs covered by the catastrophic reinsurance feature and unsettled coverage discount payments from CMS. Settlement amounts due to or from CMS for a plan year for LICs and drugs covered by the catastrophic reinsurance feature are typically settled in the fourth quarter of the following year. As of December 31, 2024, the Company recorded a CMS settlement receivable for Medicare Part D of \$2,453,821,033 for the plan year 2024. As of December 31, 2024 and 2023, the Company did not record a CMS settlement receivable for Medicare Part D for the plan year 2023. The CMS settlement for plan year 2022 wasn't settled until January 2023 in accordance with the CMS settlement calendar.

Coverage gap discount receivable represents amounts invoiced or to be invoiced by CMS to pharmaceutical manufacturers on the Company's behalf. Fluctuations in this balance are due to the timing of when CMS invoices the pharmaceutical manufacturers and when collections are received by the Company.

Unbilled group receivables primarily represent the last week of claims for the month that are billed to the respective SF EGWPs the first week of the following month.

Amounts payable relating to uninsured plans include the following:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Med D CMS settlement-2023	\$ 203,416,948	\$ 16,772,893
Med D Reopener payables	135,053,061	99,482,998
Med D SF EGWP payables	2,042,929,376	1,947,235,196
MAPD CMS settlement-2023 & others	250,962	53
Total amounts payable related to uninsured plans	\$ 2,381,650,347	\$ 2,063,491,140

Reopener payables represent accruals for prior plan years that are due back to CMS and are the results of retroactivities that happen after the initial settlement with CMS. Reopeners are settled with CMS according to CMS timetable which is approximately 5 years after the initial settlement with CMS.

SF EGWP client payables represent the amounts due back to SF EGWP clients for LICs and reinsurance subsidies the Company will collect from CMS on their behalf. The Company expects to collect the LICs and reinsurance subsidies in the fourth quarter of the following plan year and the Company will settle the payable to SF EGWPs at that time. The balance also includes the rebates collected from pharmaceutical manufacturers on the client's behalf.

- (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowance and reserves for adjustment of recorded revenues as and if applicable.
- (4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.

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

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2024 and 2023.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2024 or 2023.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at December 31, 2024 or 2023.

B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- **Level 1** - Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** - Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- **Level 3** - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2024 and 2023 were as follows:

December 31, 2024

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$542,508,515	\$542,699,277	\$ 8,099,351	\$534,409,164	\$ —	\$ —	\$ —

December 31, 2023

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$365,626,497	\$365,909,911	\$ 32,451,895	\$333,174,602	\$ —	\$ —	\$ —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2024 and 2023.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

C. Other Disclosures

Minimum Capital and Surplus

Pursuant to the laws of the states in which the Company is licensed to do business, the Company is required to maintain a minimum surplus and capital stock as defined by the statutes and regulations of those states. At both December 31, 2024 and 2023, the Company was in compliance with the minimum surplus and capital stock requirements of the states in which it is licensed to do business.

The NAIC utilizes risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2024 and 2023, the Company had capital and surplus that exceeded the level that would require regulatory action.

COVID-19

While the public health emergency related to Coronavirus Disease 2019 ("COVID-19") expired in May 2023, COVID-19 still exists and it may, like many other respiratory viruses, wax and wane depending on geography and seasonality. The future impact COVID-19 will have on the Company and its ability to accurately forecast health care and other benefit costs is uncertain, and will depend on geographies impacted, whether new variants emerge and their severity, the availability and costs of testing, vaccination and treatment, and legal and regulatory actions. COVID-19 may also impact provider behavior, utilization trends, membership, and overall economic conditions. These impacts could be adverse and material.

Medicare

The Company's Medicare Advantage products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the ACA requirements that Medicare Advantage plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. Payments the Company receives from CMS for its Medicare Advantage business also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice, the Office of Inspector General of the HHS (the "OIG") and CMS itself. Substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could materially affect the amount of the Company's Medicare reimbursement, require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries, and potentially limit the Company's (and the industry's) participation in the Medicare program.

The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company's Medicare or Medicare-Medicaid demonstration (historically known as "dual eligible") plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements.

A portion of each Medicare Advantage plan's reimbursement is tied to the plan's "star ratings." The star rating system considers a variety of measures adopted by CMS, including quality of preventative services, chronic illness management, compliance and overall customer satisfaction. Only Medicare Advantage plans with an overall star rating of 4 or more stars (out of 5 stars) are eligible for a quality bonus in their basic premium rates. The Company's Medicare contract star rating for 2025 achieved 4 or more stars, and this increase in the star rating will mean that the Company will be eligible for CMS' quality bonus payments in 2026. CMS also gives Prescription Drug Plan ("PDP") star ratings that affect each PDP's enrollment. Medicare Advantage and PDP plans that are rated less than 3 stars for three consecutive years are subject to contract termination by CMS. CMS continues to revise its star ratings system to make it harder to achieve 4 or more stars. There can be no assurances that the Company will be successful in maintaining or improving its star ratings in future years. Accordingly, the Company's Medicare Advantage plans may not continue to be or become eligible for full level quality bonuses, which could adversely affect the benefits such plans can offer, reduce membership and/or reduce profit margins.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2024 or 2023.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2024 or 2023.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2024 or 2023.
- G. The Company did not have any retained assets at December 31, 2024 or 2023.
- H. The Company did not have any insurance-linked securities contracts at December 31, 2024 or 2023.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

Type I - Recognized Subsequent Events

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

The Company had no known reportable recognized subsequent events.

Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

The Company had no known reportable nonrecognized subsequent events.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) 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)

If yes, give full details. N/A

- (2) 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) that 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)

If yes, give full details. N/A

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than nonpayment of premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A.

- (2) Does the reporting entity 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 that, 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)

If yes, give full details. N/A

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

NOTES TO FINANCIAL STATEMENTS

Yes () No (X)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? N/A.

The Company has a quota share reinsurance agreement with an affiliate of the Parent Company, CVS Caremark Indemnity, Ltd., a Bermuda domiciled insurer. Under the terms of this agreement, the Company cedes a percentage of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses of Medicare Part D business. This agreement was amended in 2017. The percentage risk ceded decreased from 20% to 15%, effective January 1, 2018. The original agreement was approved by the Department on August 15, 2011 and was retroactive to January 1, 2011.

The Company also has a quota share reinsurance agreement with another affiliate of the Parent Company, Accendo Insurance Company, a Utah domiciled insurer. Under the terms of this agreement, the Company cedes 5% of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses of Medicare Part D business. This agreement was effective January 1, 2018.

The Company has a quota share reinsurance agreement with Fresenius Medical Care Reinsurance Company (Cayman) Ltd. to cover its Medicare Advantage End Stage Renal Disease (ESRD) business, effective January 1, 2023.

The following is a financial summary of the ceded amounts and related expenses under these agreements:

	<u>Year ending</u> <u>December 31, 2024</u>	<u>Year ending</u> <u>December 31, 2023</u>
Statement of Revenue and Expense:		
Premiums and other revenue	\$ 655,784,512	\$ 401,686,852
Benefits	(591,681,745)	(275,596,456)
Commission expenses	(76,016,773)	(80,553,459)
Interest expense	(681,453)	1,669,359
Total revenue and expense ceded	<u>\$ (12,595,459)</u>	<u>\$ 47,206,296</u>
Balance Sheet:		
Claims Unpaid	\$ 2,580,816	\$ 771,500
Accrued retrospective premiums	(97,214,246)	(14,649,998)
Premiums received in advance	8,728,798	9,867,011
Miscellaneous	—	4,622
Premiums receivable	(7,736,850)	(6,678,207)
Accrued Incentive	8,561,653	—
Healthcare Receivable	(33,835,081)	(132,872,825)
Total ceded balance sheet Items	<u>\$ (118,914,910)</u>	<u>\$ (143,557,897)</u>
Unsettled Prior Year Balance	\$ (5,236,376)	\$ (2,175,087)
Funds held by or deposited with reinsured companies	\$ 663,831,857	\$ 413,223,222
Funds held under reinsurance treaties with unauthorized reinsurers	(772,632,620)	(505,048,862)
Funds withheld under reinsurance treaties	(27,945,982)	(6,701,048)
Amount Due from Accendo, CVS Caremark Indemnity, and Fresenius	<u>\$ (136,746,745)</u>	<u>\$ (98,526,688)</u>

NOTES TO FINANCIAL STATEMENTS

The following is a financial summary of the ceded amounts by assumed companies:

	<u>Year ending</u> <u>December 31, 2024</u>	<u>Year ending</u> <u>December 31, 2023</u>
Funds held by or deposited with reinsured companies (Line 16.2 of Page 2)		
Accendo Insurance Company	\$ (30,373,931)	\$ (36,083,505)
CVS Caremark Indemnity, Ltd.	(91,121,795)	(108,250,514)
	\$ (121,495,726)	\$ (144,334,019)
Ceded reinsurance premiums Receivable (Line 16.3 of Page 2)		
Accendo Insurance Company	\$ (4,613,977)	10,989,192
CVS Caremark Indemnity, Ltd.	(13,841,929)	32,967,574
	\$ (18,455,906)	43,956,766
Funds withheld under reinsurance treaties (Line 19 of Page 3)		
Fresenius Medical Care Reinsurance Company Ltd	\$ 3,204,887	\$ 1,850,565
	\$ 3,204,887	\$ 1,850,565
Amount Due from Accendo, CVS Caremark & Fresenius		
	\$ (136,746,745)	\$ (98,526,688)

- B. The Company did not have uncollectible reinsurance at December 31, 2024 or 2023.
- C. The Company did not have any commutation of ceded reinsurance at December 31, 2024 or 2023.
- D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2024 or 2023.
- E. The Company had no reinsurance contracts to which the reinsurance credit disclosure applies at December 31, 2024.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Through annual contracts with CMS, the Company's Medicare Advantage revenues ultimately received for each member are based on that member's health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company's Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

The Company's Medicare contracts with CMS contain a risk corridor feature. Due to the risk corridor feature, the Company's business is accounted for as a retrospectively rated contract. The Company estimates retrospective premium adjustments using a mathematical approach based on the Company's underwriting experience.

- B. Accrued retrospective premiums are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target.

C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$4,069,899,763 that were subject to retrospective rating features for the year ending December 31, 2024 representing 90.6% of total net premiums written.

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

The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act in 2024 or 2023.

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]

(2) through (3): Not applicable.

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense, incentive payable and aggregate health claim reserves for the years ended December 31, 2024 and 2023:

	2024	2023
Balances as of January 1:		
Claims unpaid	\$ 89,432,649	\$ —
Health care receivables	(549,863,710)	(311,163,114)
Unpaid claims adjustment expense	1,333,730	—
Accrued medical incentive pool amount	13,320,014	—
	(445,777,317)	(311,163,114)
Incurred related to:		
Current year	4,262,046,790	2,245,859,127
Prior years	(55,492,497)	(8,444,928)
	4,206,554,293	2,237,414,199
Paid (received) related to:		
Current year	4,188,486,338	2,686,883,326
Prior years	(529,731,672)	(314,854,924)
	3,658,754,666	2,372,028,402
Balances as of December 31:		
Claims unpaid	198,066,655	89,432,649
Health care receivables	(190,140,004)	(549,863,710)
Unpaid claims adjustment expense	2,419,083	1,333,730
Accrued medical incentive pool amounts	91,676,576	13,320,014
	\$ 102,022,310	\$ (445,777,317)

A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$55,492,495 in 2024 and decreased by \$8,444,928 in 2023. Changes in prior periods' estimates represents the effect of favorable development of prior period health care cost estimates on current year net income, at each financial statement date. The favorable development of these reserves is primarily a result of the actual claim submission times for health care claims being shorter or longer than the Company had anticipated, as well as lower or higher than expected health care cost trends in determining claims unpaid at prior financial statement date for 2024 and 2023. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$55,492,495 of favorable prior year claim development on retrospectively rated policies. However the business to which it relates is subject to premium adjustments.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2024 or 2023.

27. Structured Settlements

The Company did not have any structured settlements at December 31, 2024 or 2023.

28. Health Care Receivables

The following is a summary of the Company's Health Care and Other Amounts Receivable as of December 31, 2024 and December 31, 2023, respectively. The amounts are presented gross of non-admitted receivable, but net of reinsurance ceded:

	<u>12/31/2024</u>	<u>12/31/2023</u>
Pharmaceutical Rebates Receivable	\$ 157,593,272	\$ 173,491,543
Performance Network Rebate Receivable	16,933,004	368,571,715
Other Health Care Receivables	15,613,728	7,800,452
Total Health Care and Other Amounts Receivable	\$ 190,140,004	\$ 549,863,710

A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates through an agreement with Part D Services and AHM. Part D Services and AHM has contractual agreements with CVS Caremark for rebates, which cover the Company's membership as well as the

NOTES TO FINANCIAL STATEMENTS

membership of other affiliates. The Company receives those rebates from Part D Services and AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2024 and 2023, the Company had pharmaceutical rebate receivables of \$157,593,272 and \$173,491,543, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The pharmaceutical rebates receivables reported below are gross of reinsurance ceded.

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

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	\$ 2,148,789,117	\$ 2,148,789,117	\$ 1,959,161,586	\$ —	\$ —
9/30/2024	2,179,871,356	2,183,991,362	2,183,147,429	—	—
6/30/2024	1,983,973,856	1,990,455,697	1,989,937,772	—	—
3/31/2024	1,867,636,844	1,868,259,472	1,867,927,493	—	—
12/31/2023	2,420,634,707	2,443,538,923	2,443,508,163	—	—
9/30/2023	2,372,788,450	2,395,438,889	2,395,410,295	—	—
6/30/2023	2,350,854,369	2,359,271,950	2,359,247,588	—	—
3/31/2023	2,234,540,537	2,293,485,551	2,293,462,284	—	—
12/31/2022	2,048,205,514	2,027,965,475	2,027,965,475	—	—
9/30/2022	2,038,824,375	2,043,072,996	2,043,072,996	—	—
6/30/2022	2,001,661,886	2,023,073,990	2,023,073,990	—	—
3/31/2022	1,959,646,213	1,987,928,852	1,987,928,852	—	—

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2024 or 2023.

29. Participating Policies

The Company did not have any participating policies at December 31, 2024 or 2023.

30. Premium Deficiency Reserves

December 31, 2024

- | | |
|---|---|
| 1. Liability carried for premium deficiency reserves | \$— |
| 2. Date of the most recent evaluation of this liability | 12/31/2024 |
| 3. Was anticipated investment income utilized in the calculation? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2024 or 2023 as the Company records salvage and subrogation on a paid basis when cash is received.

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 [X] 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 [X] No [] N/A []
- 1.3 State Regulating? Tennessee
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] 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. 0000064803
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2020
- 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. 12/31/2020
- 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). 06/28/2022
- 3.4 By what department or departments?
Tennessee Department of Commerce and Insurance
- 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 [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]
4.12 renewals? Yes [] No [X]
- 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 [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
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 [X]

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 [X]

7.2 If yes,
7.21 State the percentage of foreign control %
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
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below 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 [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP; One Manhattan West; New York, NY 10001
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Jeffrey J.Drzazgowski, F.S.A., M.A.A.A.; CVS; 151 Farmington Ave., RE52; Hartford, CT 06156; Appointed Actuary
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 - 12.11 Name of real estate holding company ...
 - 12.12 Number of parcels involved
 - 12.13 Total book/adjusted carrying value \$ 0
- 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?
N/A
- 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 [X] No []
 - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
In the fourth quarter of 2024, the Code of Conduct was amended. The amendment included improved language, branding, and formatting throughout the document, relocated sections, updated the name of a section, added a new policy for colleagues to reference for more information, updated the name of a company policy, added language to clarify who the Code applies to, updated language to further emphasize our commitment to quality and safety, added language regarding the training colleagues receive to perform their roles, updated examples, updated language to align with policies, added language to clarify that colleagues must conduct their work in accordance with state health care program requirements, inserted and linked the Colleague Relations Inquiry Form, and other minor updates throughout. In the first quarter of 2024, the Code of Conduct was amended. Added "Responsible Use of Technology" as a new section and made minor updates to the "Non-discrimination, harassment, retaliation" section.
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

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

INVESTMENT

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

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A
- 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 [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [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 [] N/A [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 21.1 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 \$0
- 26.22 Subject to reverse repurchase agreements \$0
- 26.23 Subject to dollar repurchase agreements \$0
- 26.24 Subject to reverse dollar repurchase agreements \$0
- 26.25 Placed under option agreements \$0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$0
- 26.27 FHLB Capital Stock \$0
- 26.28 On deposit with states \$4,109,539
- 26.29 On deposit with other regulatory bodies \$0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$0
- 26.32 Other \$0

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. \$0
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
State Street Bank and Trust Company	State Street Financial Center; Corporate Headquarters; One Congress Street; Boston, MA 02114-2016

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

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

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

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

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

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
Derek S. Blunt as Senior Investment Officer	A.....

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 [] No [X]

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 [] No [X]

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
	Derek S. Blunt	N/A	Not registered	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	4,168,644	3,977,881	(190,763)
31.2 Preferred stocks	0		0
31.3 Totals	4,168,644	3,977,881	(190,763)

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

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.

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

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

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

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [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 a 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]

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 nonaffiliate, 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 [] N/A []

GENERAL INTERROGATORIES

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? \$0

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

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any? \$519,037

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
	0

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

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

1 Name	2 Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. \$ 280,711

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. \$ 340,227

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 270,335

1.62 Total incurred claims \$ 335,011

1.63 Number of covered lives 271

All years prior to most current three years:

1.64 Total premium earned \$ 10,375

1.65 Total incurred claims \$ 5,216

1.66 Number of covered lives 5

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	4,301,103,102	2,527,321,180	
2.2	Premium Denominator	4,301,103,102	2,527,321,180	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	341,558,123	134,061,310	
2.5	Reserve Denominator	341,558,123	134,061,310	
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000	

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

3.2 If yes, give particulars:
.....

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

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

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

5.2 If no, explain:
The Company does not have any stop loss agreements.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 9,999,999

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 9,999,999

5.34 Dental & 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:
The Company is a member of the state guaranty associations that provide a level of protection to consumers against insolvency.

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

7.2 If no, give details
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 68,000

8.2 Number of providers at end of reporting year 68,000

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$..... 0

9.22 Business with rate guarantees over 36 months \$..... 0

GENERAL 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.....\$ 91,676,576
 - 10.22 Amount actually paid for year bonuses.....\$ 6,433,714
 - 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. Wisconsin
- 11.4 If yes, show the amount required. \$ 466,397,241
- 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
 2,169,243,467 total Med D premiums) x .07= 151,847,043 x 110% = 167,031,747 Med D Surplus Requirement and 1,814,336,328 (total Medicare & Med Supp premiums) x .15= 272,150,449 x 110% = 299,365,494 Medicare and Med Supp Surplus Requirement. Total Security Surplus Requirement: 167,031,747(Med D) + 299,365,494 (Medicare & Med Supp) = 466,397,241

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
All states listed in Schedule T

- 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. \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$ 0
 - 15.2 Total Incurred Claims \$ 0
 - 15.3 Number of Covered Lives 0

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

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 []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	5,508,508,270	3,570,242,998	3,203,177,089	3,323,580,528	2,862,292,203
2. Total liabilities (Page 3, Line 24)	4,523,722,786	2,385,523,633	2,055,670,073	2,279,571,265	1,855,572,700
3. Statutory minimum capital and surplus requirement	466,397,241	277,770,472	120,000,026	126,029,841	163,862,523
4. Total capital and surplus (Page 3, Line 33)	984,785,484	1,184,719,365	1,147,507,016	1,044,009,263	1,006,719,503
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,301,096,039	2,527,306,804	1,594,746,270	1,666,592,431	2,183,334,759
6. Total medical and hospital expenses (Line 18)	4,024,840,230	2,063,749,154	1,194,651,108	1,240,863,814	1,688,789,572
7. Claims adjustment expenses (Line 20)	181,714,063	173,665,045	148,326,472	158,478,536	76,484,826
8. Total administrative expenses (Line 21)	316,217,090	276,634,581	180,199,999	167,392,628	280,641,765
9. Net underwriting gain (loss) (Line 24)	(221,675,344)	13,258,024	71,568,691	99,857,453	137,418,596
10. Net investment gain (loss) (Line 27)	44,133,138	56,116,490	4,259,647	96,895	2,527,481
11. Total other income (Lines 28 plus 29)	(3,788,348)	(5,165,558)	(4,595,455)	(38,706,085)	(2,655,932)
12. Net income or (loss) (Line 32)	(137,037,120)	9,791,151	56,482,728	44,950,651	74,731,516
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,315,702,754)	61,474,698	(11,872,537)	88,166,065	34,019,798
Risk-Based Capital Analysis					
14. Total adjusted capital	984,785,484	1,184,719,365	1,147,507,016	1,044,009,263	1,006,719,503
15. Authorized control level risk-based capital	144,369,639	131,567,385	68,559,386	52,504,614	81,840,223
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,706,760	4,900,224	4,854,260	4,481,262	4,147,425
17. Total members months (Column 6, Line 7)	45,025,765	58,904,356	57,527,166	53,237,344	50,816,547
Operating Percentage (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)	93.6	81.7	74.9	75.2	78.2
20. Cost containment expenses	0.6	0.8	0.6	1.4	1.0
21. Other claims adjustment expenses	3.7	6.1	8.7	8.2	2.5
22. Total underwriting deductions (Line 23)	105.2	99.5	95.5	94.9	94.8
23. Total underwriting gain (loss) (Line 24)	(5.2)	0.5	4.5	6.1	6.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	(502,603,542)	(319,608,042)	(241,836,947)	(536,422,868)	(402,501,811)
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	(447,111,047)	(311,163,114)	(257,190,008)	(557,821,227)	(381,417,768)
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
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 Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
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.					

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:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	38,178,434	40,130						38,218,564	
2. Alaska	AK	2,481,651	0						2,481,651	
3. Arizona	AZ	40,517,961	5,312						40,523,273	
4. Arkansas	AR	49,639,497	1,737						49,641,234	
5. California	CA	176,051,321	13,633						176,064,954	
6. Colorado	CO	23,051,493	1,540						23,053,033	
7. Connecticut	CT	23,229,555	0						23,229,555	
8. Delaware	DE	11,376,398	0						11,376,398	
9. District of Columbia	DC	6,910,389	0						6,910,389	
10. Florida	FL	207,626,238	40,033						207,666,271	
11. Georgia	GA	84,526,694	1,236,668,585						1,321,195,279	
12. Hawaii	HI	4,128,474	0						4,128,474	
13. Idaho	ID	16,301,146	0						16,301,146	
14. Illinois	IL	79,829,497	19,086						79,848,583	
15. Indiana	IN	93,547,909	2,984						93,550,893	
16. Iowa	IA	40,781,815	3,897						40,785,712	
17. Kansas	KS	51,979,282	0						51,979,282	
18. Kentucky	KY	63,034,157	5,929						63,040,086	
19. Louisiana	LA	36,277,321	1,212						36,278,533	
20. Maine	ME	8,954,903	2,981						8,957,884	
21. Maryland	MD	82,451,611	1,275						82,452,886	
22. Massachusetts	MA	78,052,653	4,822						78,057,475	
23. Michigan	MI	47,920,091	4,495						47,924,586	
24. Minnesota	MN	55,369,474	0						55,369,474	
25. Mississippi	MS	47,388,531	2,478						47,391,009	
26. Missouri	MO	65,272,561	0						65,272,561	
27. Montana	MT	17,032,977	0						17,032,977	
28. Nebraska	NE	21,379,468	1,019						21,380,487	
29. Nevada	NV	12,585,917	1,415						12,587,332	
30. New Hampshire	NH	14,957,944	0						14,957,944	
31. New Jersey	NJ	74,884,720	8,605						74,893,325	
32. New Mexico	NM	20,225,170	0						20,225,170	
33. New York	NY	191,982,833	18,236						192,001,069	
34. North Carolina	NC	79,689,181	11,010						79,700,191	
35. North Dakota	ND	14,075,899	0						14,075,899	
36. Ohio	OH	94,251,487	6,620						94,258,107	
37. Oklahoma	OK	66,325,743	10,320						66,336,063	
38. Oregon	OR	20,881,122	0						20,881,122	
39. Pennsylvania	PA	144,807,701	6,458						144,814,159	
40. Rhode Island	RI	6,057,861	0						6,057,861	
41. South Carolina	SC	54,942,133	29,202						54,971,335	
42. South Dakota	SD	14,269,465	0						14,269,465	
43. Tennessee	TN	59,218,751	45,395						59,264,146	
44. Texas	TX	162,071,448	608,229,243						770,300,691	
45. Utah	UT	15,788,577	0						15,788,577	
46. Vermont	VT	8,384,584	0						8,384,584	
47. Virginia	VA	64,697,319	18,098						64,715,417	
48. Washington	WA	36,704,778	0						36,704,778	
49. West Virginia	WV	19,060,683	0						19,060,683	
50. Wisconsin	WI	52,601,563	0						52,601,563	
51. Wyoming	WY	9,508,977	0						9,508,977	
52. American Samoa	AS	0	0						0	
53. Guam	GU	14,178	0						14,178	
54. Puerto Rico	PR	273,490	0						273,490	
55. U.S. Virgin Islands	VI	38,615	0						38,615	
56. Northern Mariana Islands	MP	2,669	0						2,669	
57. Canada	CAN	0	0						0	
58. Aggregate Other Aliens	OT	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	2,711,594,309	1,845,205,750	0	0	0	0	0	4,556,800,059	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	2,711,594,309	1,845,205,750	0	0	0	0	0	4,556,800,059	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

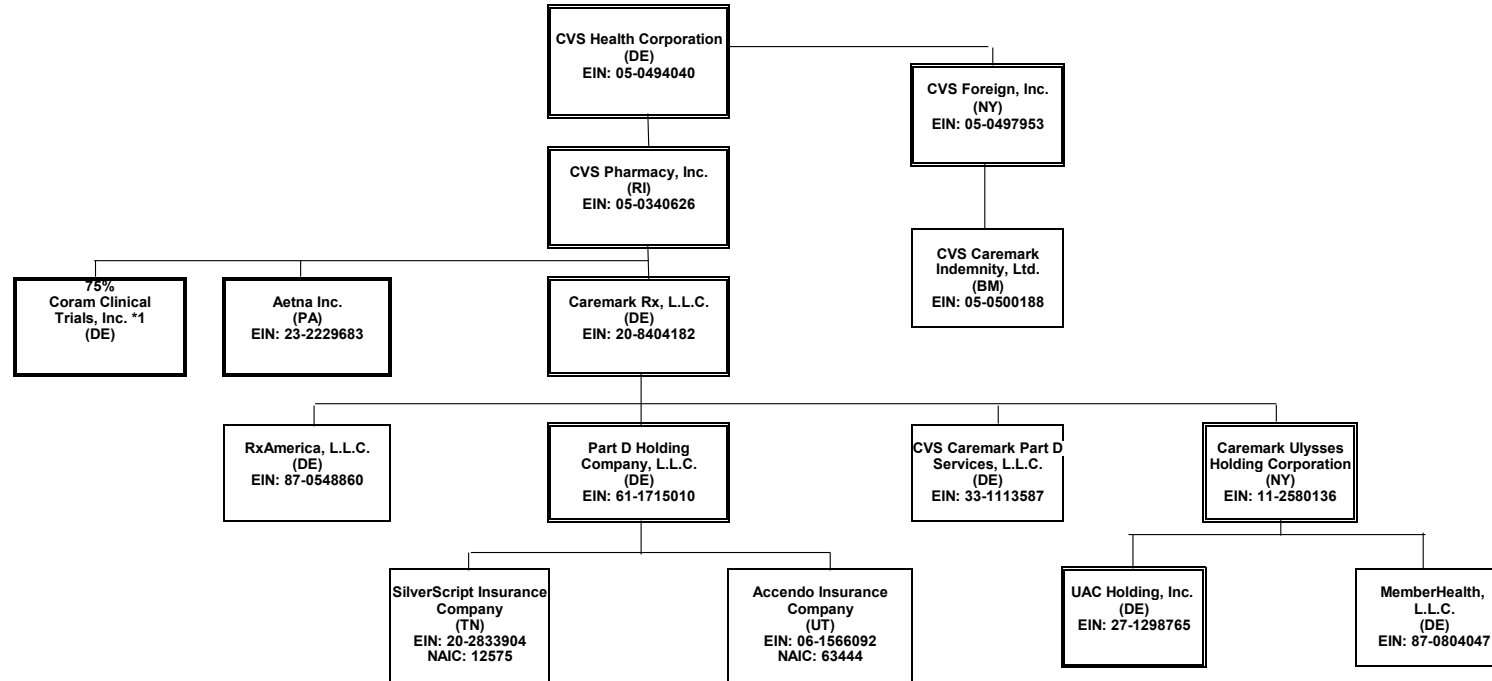
(b) Explanation of basis of allocation by states, premiums by state, etc.

The basis of the allocation by state is the residency of the member.

The basis of the allocation by state is the residency of the member.

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

PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 6 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

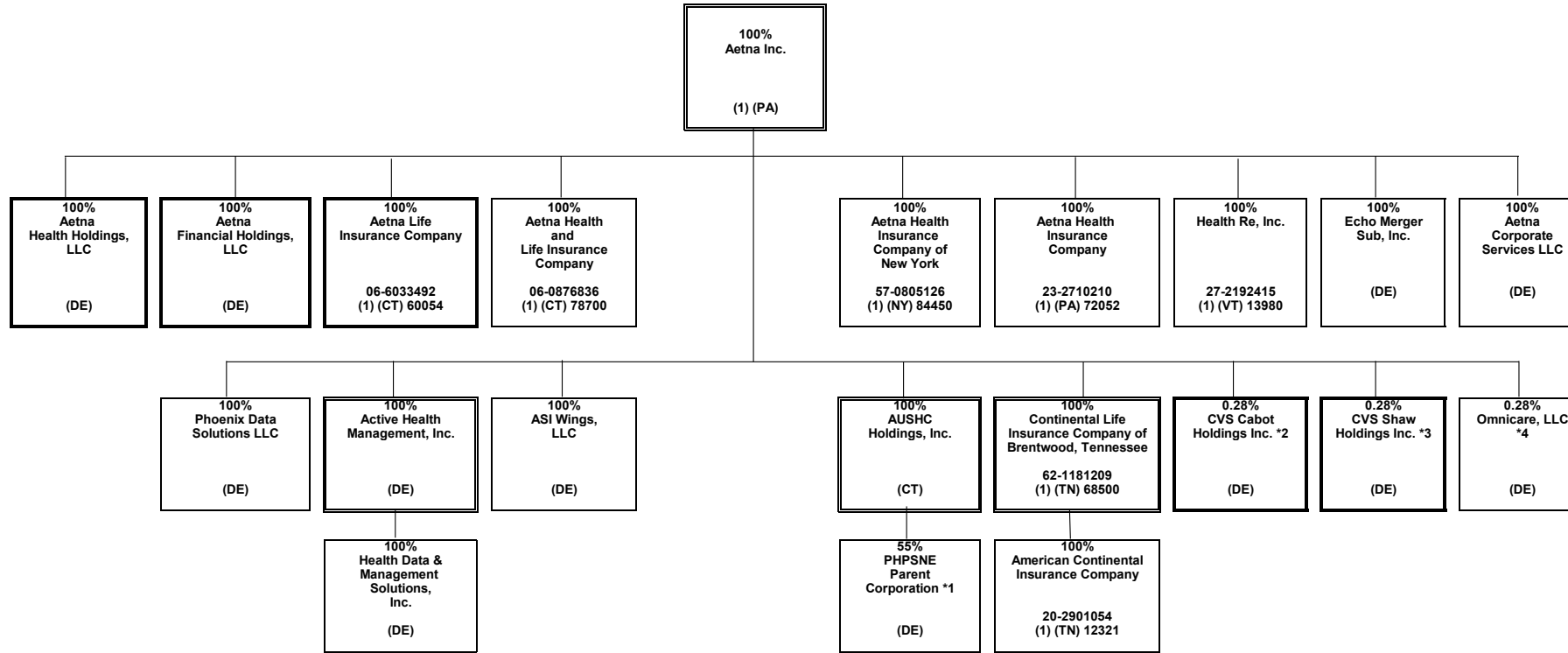
Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

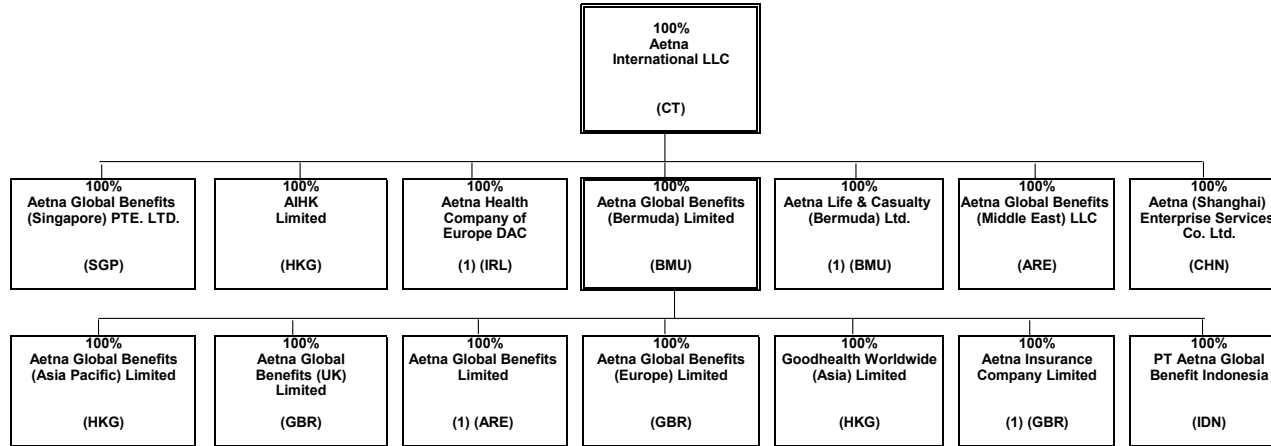
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



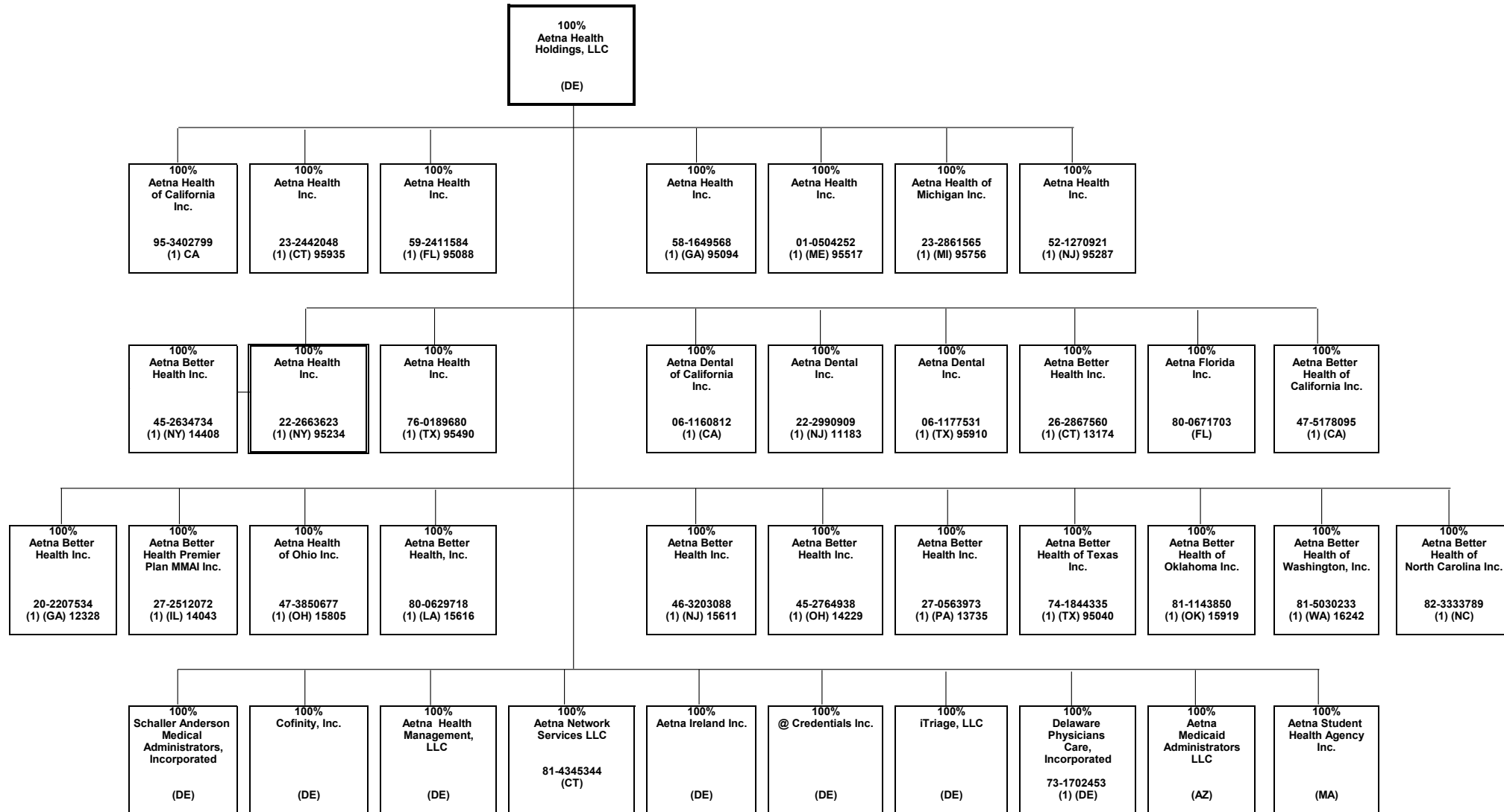
*1 PPSNE Parent Corporation is also 45% owned by third parties.
 *2 CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *3 CVS Shaw Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

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



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

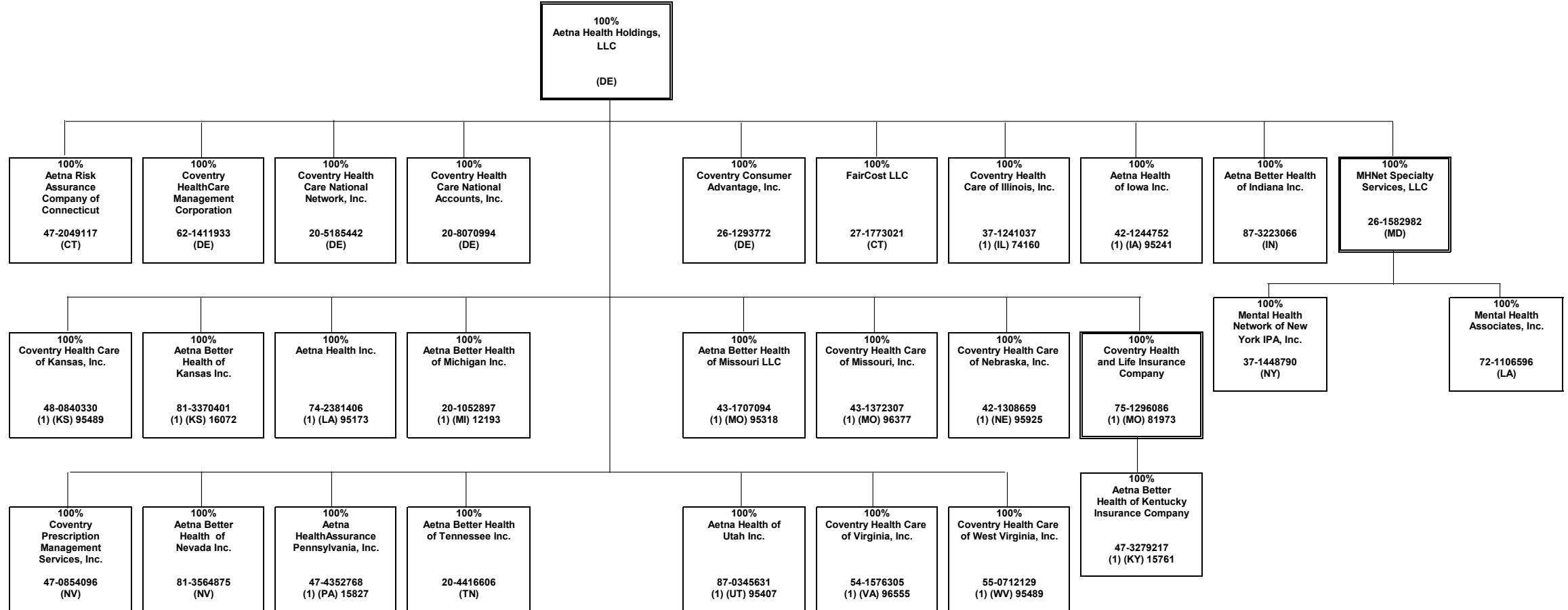
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

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

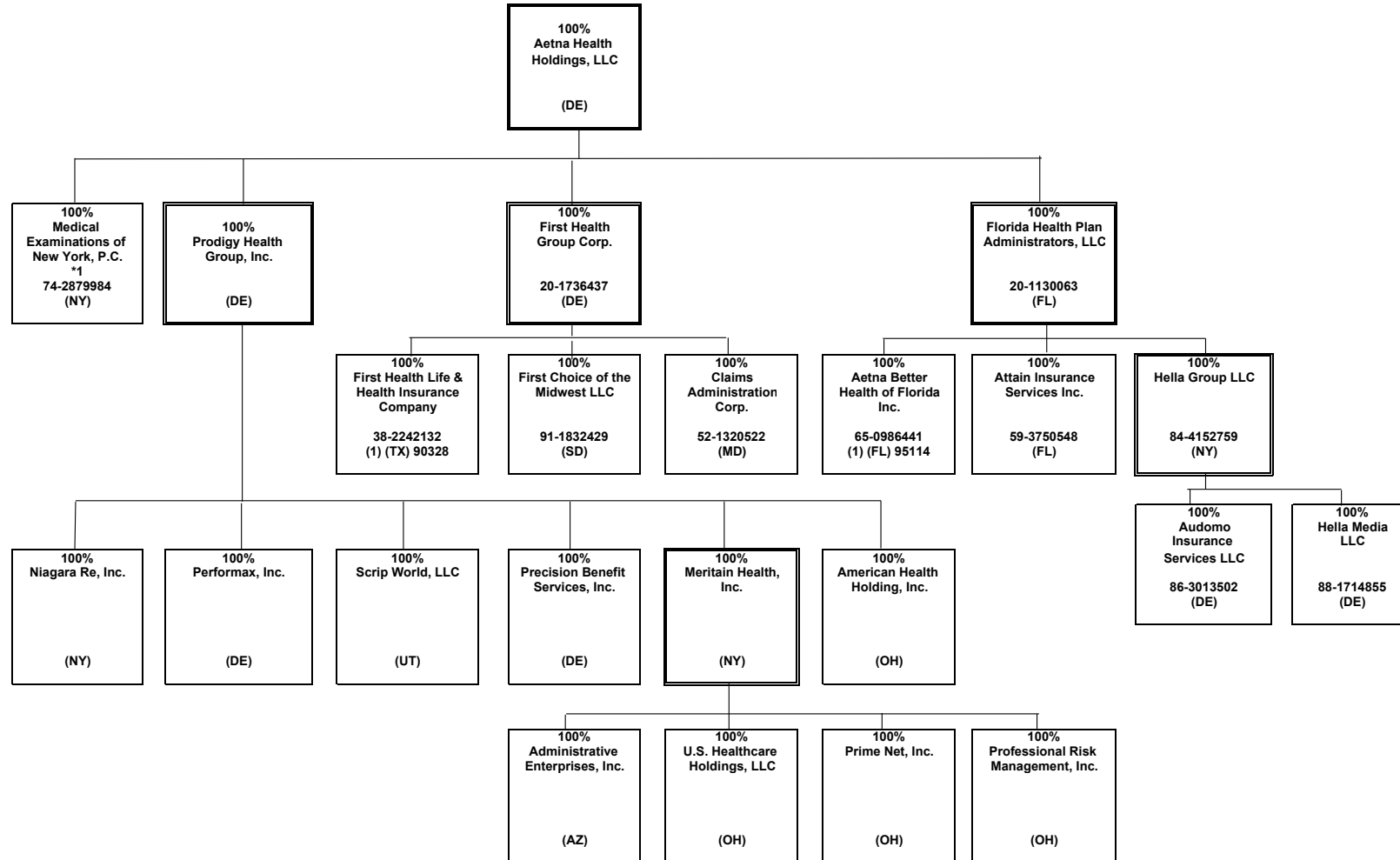
PART 1 - ORGANIZATIONAL CHART



40.4

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

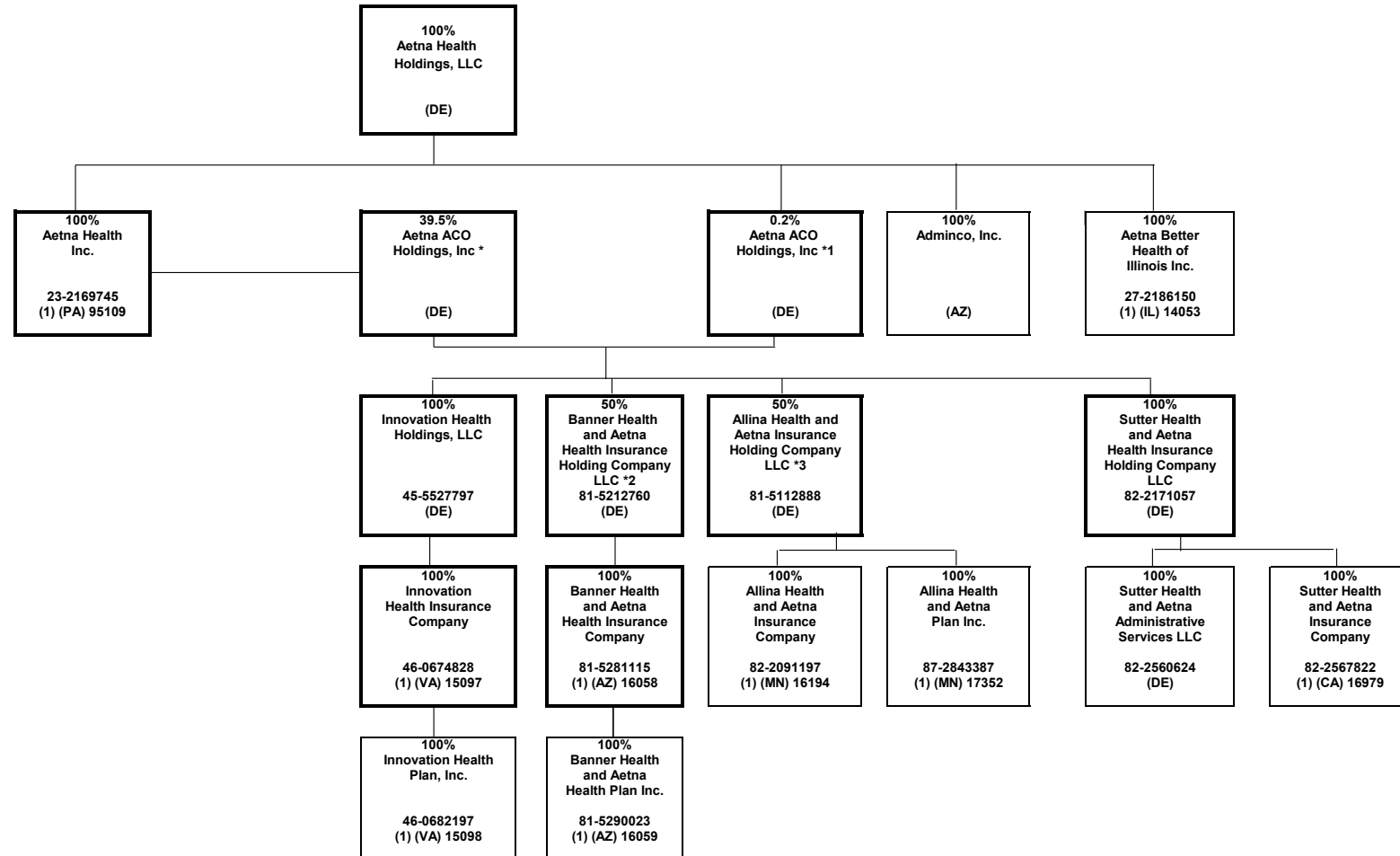
PART 1 - ORGANIZATIONAL CHART



*1 Owned via a nominee

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

PART 1 - ORGANIZATIONAL CHART



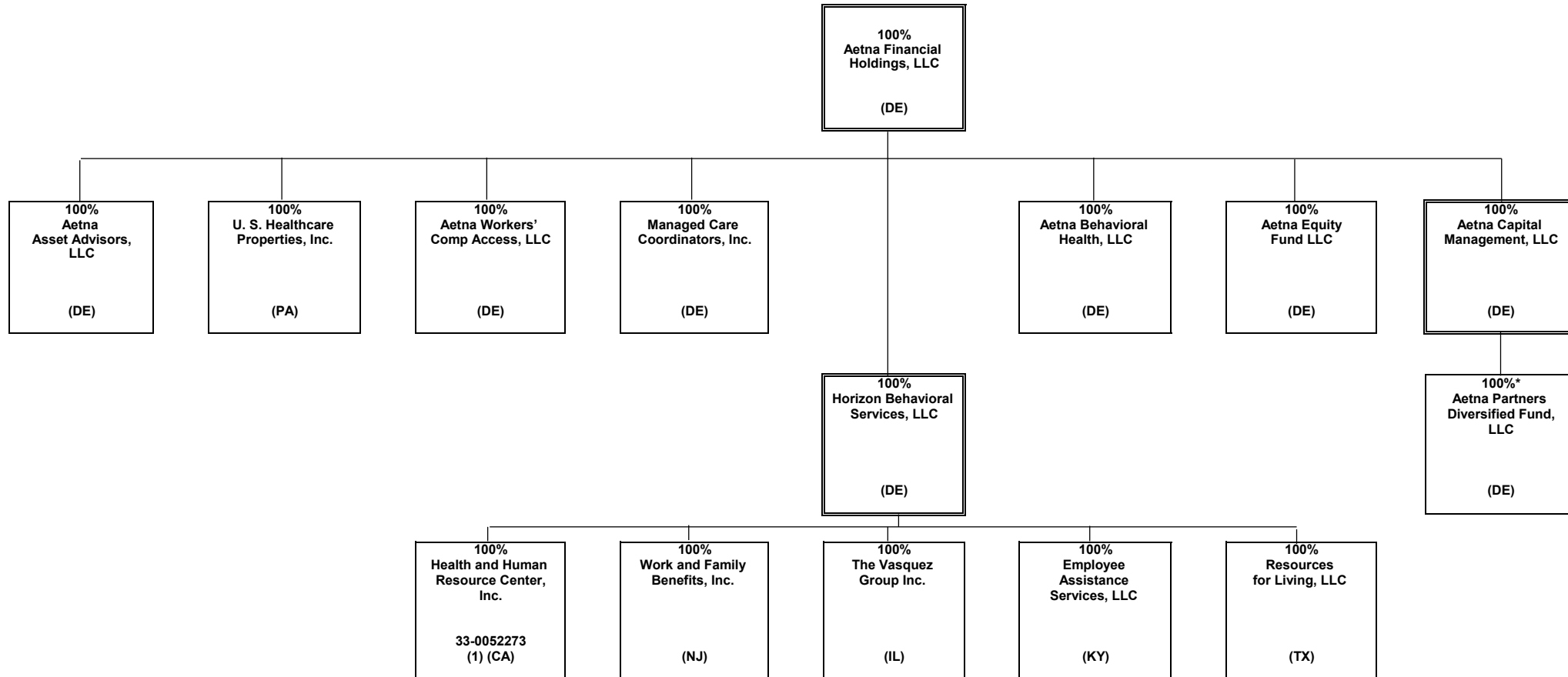
*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

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

PART 1 - ORGANIZATIONAL CHART



* Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life Insurance Company is the largest investor in APDF and currently owns a majority of the non-managing member interests of APDF.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Interest expense		51,765	859,885		911,650
2505. Admin Fees - Reinsurance	(731,560)	(18,168,611)	(57,797,722)		(76,697,893)
2506. CMS Fees			3,844,939		3,844,939
2597. Summary of remaining write-ins for Line 25 from overflow page	(731,560)	(18,116,846)	(53,092,898)	0	(71,941,304)