



# HEALTH QUARTERLY STATEMENT

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

## Coventry Health Care of Kansas, Inc.

NAIC Group Code 0001 0001 NAIC Company Code 95489 Employer's ID Number 48-0840330  
(Current) (Prior)

Organized under the Laws of Kansas State of Domicile or Port of Entry KS

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 01/02/1976 Commenced Business 10/01/1981

Statutory Home Office 9401 Indian Creek Parkway, Suite 1300 Overland Park, KS, US 66210  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9401 Indian Creek Parkway, Suite 1300  
(Street and Number)  
Overland Park, KS, US 66210 913-202-5400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Attn: Stat Compliance; P.O. Box 818048 Cleveland, OH, US 44181-8048  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9401 Indian Creek Parkway, Suite 1300  
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Overland Park, KS, US 66210 913-202-5400  
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Internet Website Address www.aetna.com

Statutory Statement Contact Kim E. Roth 215-775-6508  
(Name) (Area Code) (Telephone Number)  
StatutoryReporting@aetna.com 860-262-7767  
(E-mail Address) (FAX Number)

### OFFICERS

President Michael Thomas Avotins Vice President and Treasurer Tracy Louise Smith  
Vice President and Secretary Edward Chung-I Lee

### OTHER

Derek Scott Blunt, Senior Investment Officer Steven Matthew Conte, Corporate Controller Amy Christine Fletcher, Chief Financial Officer  
Peter Keller, Assistant Controller Whitney Dorothy Todisco, Assistant Controller

### DIRECTORS OR TRUSTEES

Michael Thomas Avotins Amy Christine Fletcher Cathleen Sue Tinker

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

\_\_\_\_\_  
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President

\_\_\_\_\_  
Edward Chung-I Lee  
Vice President and Secretary

\_\_\_\_\_  
Tracy Louise Smith  
Vice President and Treasurer

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

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

State of..... Rhode Island  
County of..... Providence

Subscribed and sworn to before me this  
27<sup>th</sup> day of July, 2024

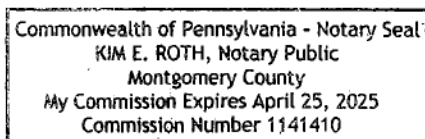
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\_\_\_\_\_  
NOTARY PUBLIC (Seal)

\_\_\_\_\_  
NOTARY PUBLIC (Seal)

\_\_\_\_\_  
NOTARY PUBLIC (Seal)



- a. Is this an original filing? ..... Yes [X] No [ ]  
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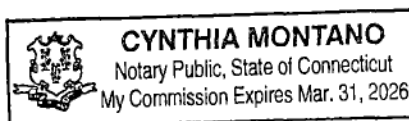
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\_\_\_\_ day of \_\_\_\_\_, 2024

NOTARY PUBLIC (Seal)

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

Subscribed and sworn to before me this  
19th day of July, 2024

Cynthia Montano  
NOTARY PUBLIC (Seal)



State of..... Rhode Island  
County of..... Providence

Subscribed and sworn to before me this  
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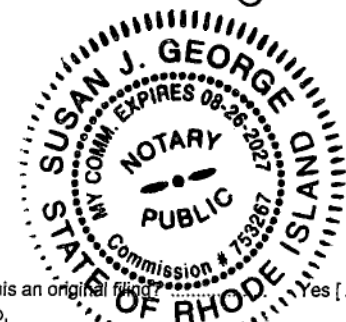
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STATEMENT AS OF JUNE 30, 2024 OF THE Coventry Health Care of Kansas, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	97,997,944	0	97,997,944	44,286,919
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	1,975,859	0	1,975,859	1,787,363
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 11,038,115 ), cash equivalents (\$ ..... 141,959,860 ) and short-term investments (\$ ..... ) .....	152,997,975	0	152,997,975	59,782,481
6. Contract loans (including \$ ..... premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	11,750	0	11,750	11,750
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	252,983,528	0	252,983,528	105,868,513
13. Title plants less \$ ..... charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,076,068	0	1,076,068	584,725
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	7,924,449	6,515	7,917,934	46,809
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ ..... 3,276,325 ) and contracts subject to redetermination (\$ ..... 30,088,634 ) .....	33,364,959	0	33,364,959	23,240,300
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	19,468,435	0	19,468,435	13,723,540
18.1 Current federal and foreign income tax recoverable and interest thereon ....	0	0	0	0
18.2 Net deferred tax asset .....	2,328,394	40,141	2,288,253	2,288,253
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ ..... 10,308,220 ) and other amounts receivable .....	16,065,542	5,757,322	10,308,220	5,968,801
25. Aggregate write-ins for other than invested assets .....	588,357	0	588,357	588,457
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	333,799,732	5,803,978	327,995,754	152,309,398
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	333,799,732	5,803,978	327,995,754	152,309,398
<b>DETAILS OF WRITE-INS</b>				
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. Recoverable state premium taxes .....	588,357	0	588,357	588,457
2502. ....				
2503. ....				
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)	588,357	0	588,357	588,457

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 788,738 reinsurance ceded) .....	60,465,102	2,706,438	63,171,540	28,239,399
2. Accrued medical incentive pool and bonus amounts .....	9,061,456		9,061,456	7,156,227
3. Unpaid claims adjustment expenses .....	878,637		878,637	362,085
4. Aggregate health policy reserves, including the liability of \$ 29,325,814 for medical loss ratio rebate per the Public Health Service Act .....	32,223,591		32,223,591	31,729,202
5. Aggregate life policy reserves .....	0		0	0
6. Property/casualty unearned premium reserve .....	0		0	0
7. Aggregate health claim reserves .....	0		0	0
8. Premiums received in advance .....	1,363		1,363	1,473
9. General expenses due or accrued .....	830,064		830,064	58,834
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....	4,413,010		4,413,010	315,851
10.2 Net deferred tax liability .....	0		0	0
11. Ceded reinsurance premiums payable .....	0		0	0
12. Amounts withheld or retained for the account of others .....	0		0	0
13. Remittances and items not allocated .....	0		0	230,167
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....	0		0	0
15. Amounts due to parent, subsidiaries and affiliates .....	88,874,469		88,874,469	9,393,755
16. Derivatives .....	0		0	0
17. Payable for securities .....	15,480,321		15,480,321	0
18. Payable for securities lending .....	0		0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 548,263 unauthorized reinsurers and \$ certified reinsurers) .....	548,263		548,263	2,287,600
20. Reinsurance in unauthorized and certified (\$ ) companies .....	240,474		240,474	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0		0	0
22. Liability for amounts held under uninsured plans .....	18,123,535		18,123,535	0
23. Aggregate write-ins for other liabilities (including \$ current) .....	18,205	0	18,205	18,237
24. Total liabilities (Lines 1 to 23) .....	231,158,490	2,706,438	233,864,928	79,792,830
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	5,000	5,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	112,271,800	112,271,800
29. Surplus notes .....	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(18,145,974)	(39,760,232)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ ) .....	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$ ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	94,130,826	72,516,568
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	327,995,754	152,309,398
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat payable .....	18,205	0	18,205	18,237
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)	18,205	0	18,205	18,237
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	197,430	93,095	187,582
2. Net premium income ( including \$ non-health premium income)	XXX	371,745,610	166,307,760	334,244,776
3. Change in unearned premium reserves and reserve for rate credits	XXX	(2,187,441)	(4,593,103)	(20,194,517)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0	
5. Risk revenue	XXX	0	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	369,558,169	161,714,657	314,050,259
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits	12,425,141	221,877,526	86,752,945	178,352,901
10. Other professional services	898,963	16,052,913	8,108,763	17,368,055
11. Outside referrals	4,370,745	4,370,745	1,843,981	3,816,787
12. Emergency room and out-of-area	835,230	14,914,823	6,063,697	12,506,065
13. Prescription drugs	0	44,910,106	14,453,235	26,761,748
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,601,931	3,739,116	9,769,606
16. Subtotal (Lines 9 to 15)	18,530,079	303,728,044	120,961,737	248,575,162
<b>Less:</b>				
17. Net reinsurance recoveries		4,993,128	3,213,515	7,915,925
18. Total hospital and medical (Lines 16 minus 17)	18,530,079	298,734,916	117,748,222	240,659,237
19. Non-health claims (net)		0		
20. Claims adjustment expenses, including \$ 5,398,617 cost containment expenses		7,718,303	3,480,556	8,072,870
21. General administrative expenses		34,099,571	18,212,620	35,035,390
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0	0
23. Total underwriting deductions (Lines 18 through 22)	18,530,079	340,552,790	139,441,398	283,767,497
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	29,005,379	22,273,259	30,282,762
25. Net investment income earned		3,262,743	1,487,299	3,663,120
26. Net realized capital gains (losses) less capital gains tax of \$ 4,670		(46,528)	(200,576)	(622,319)
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,216,215	1,286,723	3,040,801
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )]		0		
29. Aggregate write-ins for other income or expenses	0	(6)	(6)	(6)
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	32,221,588	23,559,976	33,323,557
31. Federal and foreign income taxes incurred	XXX	5,860,951	5,473,353	5,840,158
32. Net income (loss) (Lines 30 minus 31)	XXX	26,360,637	18,086,623	27,483,399
<b>DETAILS OF WRITE-INS</b>				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. State Tax Penalties		(6)	(6)	(6)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(6)	(6)	(6)

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	72,516,568	44,676,643	44,676,643
34. Net income or (loss) from Line 32 .....	26,360,637	18,086,623	27,483,399
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 25,415	95,607	316,733	564,174
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	25,415	84,196	(388,366)
39. Change in nonadmitted assets .....	(4,626,927)	587,577	180,718
40. Change in unauthorized and certified reinsurance .....	(240,474)	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	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	0
48. Net change in capital & surplus (Lines 34 to 47) .....	21,614,258	19,075,129	27,839,925
49. Capital and surplus end of reporting period (Line 33 plus 48)	94,130,826	63,751,772	72,516,568
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF JUNE 30, 2024 OF THE Coventry Health Care of Kansas, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	352,052,670	190,227,237	317,475,075
2. Net investment income .....	2,646,949	1,306,507	3,227,653
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	354,699,619	191,533,744	320,702,728
5. Benefit and loss related payments .....	270,859,898	113,364,844	236,161,272
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	28,151,358	13,239,520	50,035,773
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	1,768,462	3,451,797	5,318,243
10. Total (Lines 5 through 9) .....	300,779,718	130,056,161	291,515,288
11. Net cash from operations (Line 4 minus Line 10) .....	53,919,901	61,477,583	29,187,440
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	12,477,489	6,061,273	9,944,883
12.2 Stocks .....	0	763,111	763,111
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(2)	(106)	(33)
12.7 Miscellaneous proceeds .....	15,480,321	520,500	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	27,957,808	7,344,778	10,707,961
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	66,173,393	11,996,929	27,555,656
13.2 Stocks .....	0	758,801	758,801
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	66,173,393	12,755,730	28,314,457
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(38,215,585)	(5,410,952)	(17,606,496)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	77,511,178	(46,636,946)	5,178,004
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	77,511,178	(46,636,946)	5,178,004
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	93,215,494	9,429,685	16,758,948
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	59,782,481	43,023,533	43,023,533
19.2 End of period (Line 18 plus Line 19.1) .....	152,997,975	52,453,218	59,782,481

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

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STATEMENT AS OF JUNE 30, 2024 OF THE Coventry Health Care of Kansas, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year .....	15,886	0	0	0	0	0	0	15,886	0	0	0	0	0	0
2. First Quarter .....	32,256	0	0	0	0	0	0	32,256	0	0	0	0	0	0
3. Second Quarter .....	36,824						0	36,824						
4. Third Quarter .....	0						0	0						
5. Current Year	0						0	0						
6. Current Year Member Months	197,430						0	197,430						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	714,020						0	714,020						
8. Non-Physician .....	755,374						0	755,374						
9. Total	1,469,394	0	0	0	0	0	0	1,469,394	0	0	0	0	0	0
10. Hospital Patient Days Incurred	41,666						0	41,666						
11. Number of Inpatient Admissions	5,363						0	5,363						
12. Health Premiums Written (a) .....	376,397,966						0	376,397,966						
13. Life Premiums Direct .....	0						0	0						
14. Property/Casualty Premiums Written .....	0						0	0						
15. Health Premiums Eamed.....	374,210,525						0	374,210,525						
16. Property/Casualty Premiums Eamed	0						0	0						
17. Amount Paid for Provision of Health Care Services.....	275,733,580	(1,294)	(4,070)				(148)	275,739,092						
18. Amount Incurred for Provision of Health Care Services	303,728,044	(1,294)	(4,070)				(148)	303,733,556						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 376,397,966



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	(1,294)	0	0	0	(1,294)	0
2. Comprehensive (hospital and medical) group .....	(4,070)	0	0	0	(4,070)	0
3. Medicare Supplement .....	0	0	0	0	0	0
4. Vision only .....	0	0	0	0	0	0
5. Dental only .....	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan .....	(148)	0	0	0	(148)	0
7. Title XVIII - Medicare .....	16,266,987	254,901,721	2,186,555	60,984,985	18,453,542	28,239,399
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-term care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	16,261,475	254,901,721	2,186,555	60,984,985	18,448,030	28,239,399
14. Health care receivables (a) .....	0	16,065,542	0	0	0	7,103,190
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	1,248,115	(1,551,413)	9,787	9,051,669	1,257,902	7,156,227
17. Totals (Lines 13 - 14 + 15 + 16)	17,509,590	237,284,766	2,196,342	70,036,654	19,705,932	28,292,436

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

## NOTES TO FINANCIAL STATEMENTS

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

#### A. Accounting Practices

The accompanying statutory financial statements of Coventry Health Care of Kansas, Inc. ("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 Kansas Insurance Department ("Kansas Department") ("Kansas Accounting Practices"). The Kansas Department recognizes only statutory accounting practices prescribed or permitted by the State of Kansas 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 surplus between NAIC SAP and practices prescribed and permitted by the State of Kansas for the periods ended June 30, 2024 and December 31, 2023 is as follows:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) Coventry Health Care of Kansas, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 26,360,637	\$ 27,483,399
(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) Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 26,360,637	\$ 27,483,399
SURPLUS					
(5) Coventry Health Care of Kansas, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 94,130,826	\$ 72,516,568
(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) Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 94,130,826	\$ 72,516,568

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

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

#### C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

##### (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 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 June 30, 2024. 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, other than loan-backed and structured securities ("LB&SS") discussed in Note 1C. (6) below, an

## NOTES TO FINANCIAL STATEMENTS

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) through (5): No significant change.

### (6) Loan-Backed and Structured Securities

LB&SS are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the Balance Sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security’s effective interest rate and this difference is also accounted for as a realized capital loss.

(7) through (20): No significant change.

### D. Going Concern

As of August 12, 2024, 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

The Company did not have any accounting changes or corrections of errors in the period ended June 30, 2024.

### 3. Business Combinations and Goodwill

No significant change.

### 4. Discontinued Operations

No significant change.

### 5. Investments

A. through C.: No significant change.

### D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.

(2) The Company did not recognize any OTTI on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in

## NOTES TO FINANCIAL STATEMENTS

accordance with Statements of Statutory Accounting Principles ("SSAP") No. 43R, Loan-Backed and Structured Securities ("SSAP No. 43R") at June 30, 2024.

- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at the reporting date June 30, 2024.
- (4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at June 30, 2024 is as follows:

a. The aggregate amount of unrealized losses:		
1. Less than 12 Months	\$	(7)
2. 12 Months or Longer		—
b. The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 Months	\$	999,993
2. 12 Months or Longer		—

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at June 30, 2024 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

### E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) and (2): No significant change.

- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of June 30, 2024.

(4) through (7): No significant change.

F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at June 30, 2024.

G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at June 30, 2024.

H. The Company did not have any repurchase agreements transactions accounted for as a sale at June 30, 2024.

I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at June 30, 2024.

J. through L.: No significant change.

M. The Company did not have any working capital finance investments at June 30, 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 June 30, 2024.

O. through Q.: No significant change.

### 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 \$141,959,860 as of June 30, 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 June 30, 2024:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	98.32 %
(3) Short-Term Investments	1.68 %
(4) Total	100.00 %

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

No significant change.

### 7. Investment Income

No significant change.

## NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

The Company did not have any derivative instruments at June 30, 2024.

9. Income Taxes

No significant change.

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

No significant change.

11. Debt

A. The Company did not have any items related to debt, including capital notes at June 30, 2024.

B. The Company did not have any Federal Home Loan Bank agreements at June 30, 2024.

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

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at June 30, 2024.

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

No significant change.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales

No significant change.

B. Transfer and Servicing of Financial Assets

(1) No significant change.

(2) and (3): The Company did not have any servicing assets or liabilities at June 30, 2024.

(4) The Company did not have any securitized financial assets at June 30, 2024.

(5) through (7): No significant change.

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 quarter ended June 30, 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

No significant change.

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

No significant change.

## 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 June 30, 2024.
- (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.
- (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 June 30, 2024.

B. The fair values of these 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 June 30, 2024 were as follows:

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	\$240,262,369	\$239,957,804	\$ 20,172,969	\$217,089,400	\$ 3,000,000	\$ —	\$ —
Common stocks	1,975,859	1,975,859	1,975,859	—	—	—	—

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. and B.: No significant change.

#### C. Other Disclosures

The Company insures Dual-Eligible Special Needs Plan ("DSNP") members in the State of Kansas through an affiliate contract with the Kansas Department of Health and Environment. The current contract period expires December 31, 2024 and the Company was not awarded a subsequent contract for the two year period commencing January 1, 2025, which contain options to renew for up to two one-year extensions.

D. through I.: No significant change.

### 22. Events Subsequent

#### A. Type I - Recognized Subsequent Events

Subsequent events have been considered through August 12, 2024 for the statutory statement issued on August 12, 2024.

The Company had no known reportable recognized subsequent events.

## NOTES TO FINANCIAL STATEMENTS

**B. Type II - Non-Recognized Subsequent Events**

Subsequent events have been considered through August 12, 2024 for the statutory statement issued on August 12, 2024.

The Company had no known reportable non-recognized subsequent events.

**23. Reinsurance**

No significant change.

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

A. through D.: No significant change.

**E. Risk Sharing Provisions of the Affordable Care Act**

(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 (5): Not applicable.

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

A. Reserves as of December 31, 2023 were \$35,757,711. As of June 30, 2024, \$17,871,675 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,196,342 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$15,689,694 favorable prior-year development since December 31, 2023 to June 30, 2024, primarily related to the Company's Medicare line of business. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$15,684,182 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 losses and loss adjustment expenses.

**26. Intercompany Pooling Arrangements**

No significant change.

**27. Structured Settlements**

No significant change.

**28. Health Care Receivables**

No significant change.

**29. Participating Policies**

No significant change.

**30. Premium Deficiency Reserves**

No significant change.

**31. Anticipated Salvage and Subrogation**

No significant change.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ X ] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Effective April 1, 2024, Texas Health + Aetna Health Insurance Company merged into Aetna Life Insurance Company. Effective April 1, 2024, Texas Health + Aetna Health Plan Inc. merged into Aetna Health Inc. (Texas). Effective June 7, 2024, Carefree Insurance Services, Inc. changed its name to Attain Insurance Services Inc. Effective July 1, 2024, Texas Health + Aetna Health Insurance Holding Company LLC was dissolved. ....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000064803
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of 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
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ X ] No [ ] N/A [ ]  
If yes, attach an explanation.  
On 3/9/24, the Affiliates Services and Fees Exhibit of the existing administrative services agreements was updated. ....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2020
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 07/21/2022
- 6.4 By what department or departments?  
Kansas Insurance Department .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information: .....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

## GENERAL INTERROGATORIES

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

### FINANCIAL

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

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No
- 11.2 If yes, give full and complete information relating thereto: .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ ..... 0
13. Amount of real estate and mortgages held in short-term investments: ..... \$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ ..... 0	\$ ..... 0
14.22 Preferred Stock .....	\$ ..... 0	\$ ..... 0
14.23 Common Stock .....	\$ ..... 0	\$ ..... 0
14.24 Short-Term Investments .....	\$ ..... 0	\$ ..... 0
14.25 Mortgage Loans on Real Estate .....	\$ ..... 0	\$ ..... 0
14.26 All Other .....	\$ ..... 0	\$ ..... 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ ..... 0	\$ ..... 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ ..... 0	\$ ..... 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No
- 15.2 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. ....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ ..... 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ ..... 0

**GENERAL INTERROGATORIES**

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

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company .....	State Street Financial Center; One Lincoln Street; Boston, MA 02111-2900 .....

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Derek S. Blunt as Senior Investment Officer .....	A.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A .....	Derek S. Blunt .....	N/A .....	Not registered .....	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions: .....

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....82.3 %
  - 1.2 A&H cost containment percent ..... 1.5 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 9.9 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date .....\$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

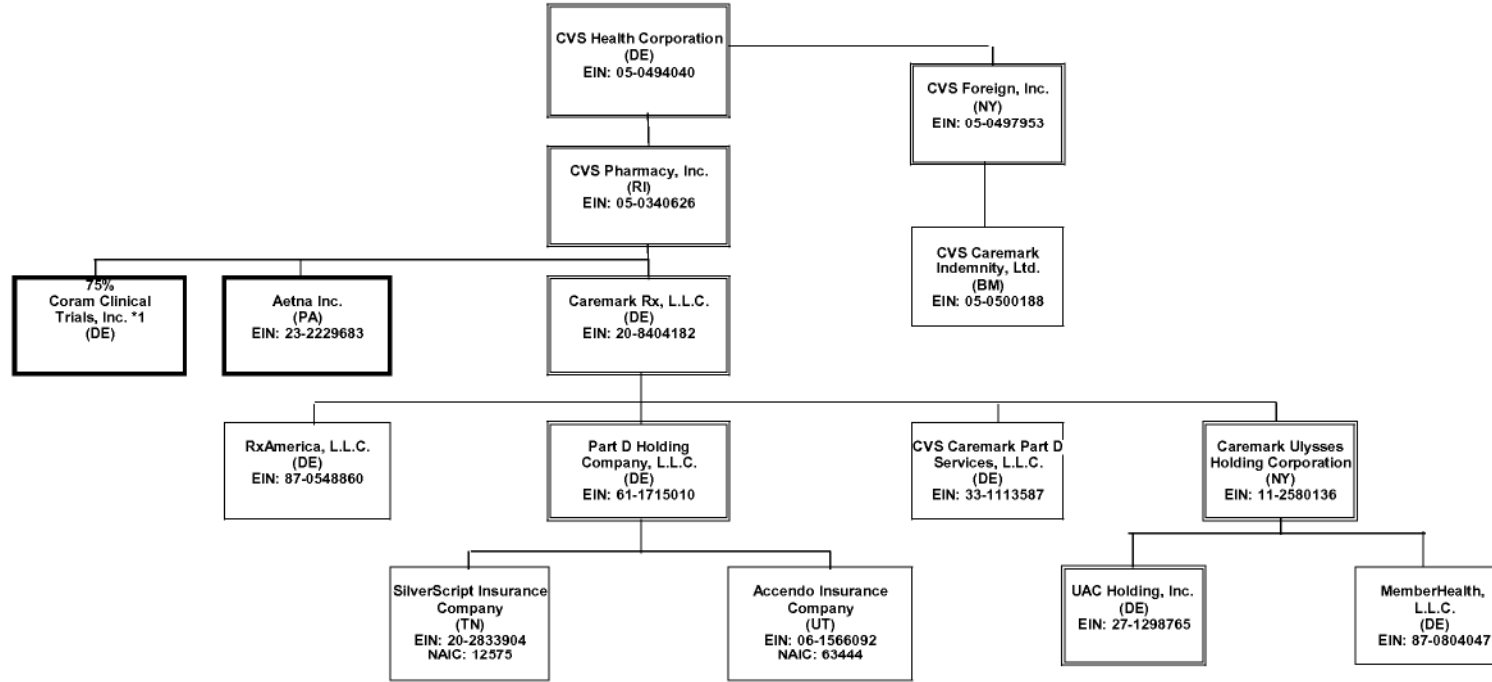
States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	N								0	
4. Arkansas	AR	L	47,095,839							47,095,839	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	N								0	
16. Iowa	IA	N								0	
17. Kansas	KS	L	104,611,884							104,611,884	
18. Kentucky	KY	N								0	
19. Louisiana	LA	N								0	
20. Maine	ME	N								0	
21. Maryland	MD	N								0	
22. Massachusetts	MA	N								0	
23. Michigan	MI	N								0	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	L	224,690,244							224,690,244	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	N								0	
37. Oklahoma	OK	L								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	376,397,967	0	0	0	0	0	0	376,397,967	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	376,397,967	0	0	0	0	0	0	376,397,967	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	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 4
- 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..... 53

**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