



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
ESSENCE HEALTHCARE, INC.

NAIC Group Code 4597, 4597, NAIC Company Code 11699, Employer's ID Number 20-8185682

Organized under the Laws of MO, State of Domicile or Port of Entry MO
Country of Domicile US
Licensed as business type: Health Maintenance Organization, Is HMO Federally Qualified? NO
Incorporated/Organized 01/30/2003, Commenced Business 07/01/2004
Statutory Home Office 13900 Riverport Drive, St. Louis, MO, US 63043
Main Administrative Office 13900 Riverport Drive, St. Louis, MO, US 63043, 1-866-509-5398
Mail Address 13900 Riverport Drive, St. Louis, MO, US 63043, 1-866-509-5398
Primary Location of Books and Records 13900 Riverport Drive, St. Louis, MO, US 63043, 1-866-509-5398
Internet Website Address www.essencehealthcare.com
Statutory Statement Contact Lisa Michelle McGinnis, 636-544-1318, lmcginnis@lumeris.com, 314-222-7869

OFFICERS

Jordan Reigel, President, Gail Halterman, Secretary
Erin Venable, Chief Financial Officer

OTHER

Jason Siegel, Chief Actuary

DIRECTORS OR TRUSTEES

Richard Hardy Jones, Martha Ellen Butler
Debbie Zimmerman, Steve Udvarhelvi M.D.
Vince Mellet

State of Missouri
County of Saint Louis SS

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.

Signatures of Jordan Reigel, Gail Halterman, and Erin Venable with titles: President, Secretary, Chief Financial Officer

Subscribed and sworn to before me
this 26th day of February, 2026

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

Signature of Notary Public: Andrea Marie D'Angelo



**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	68,883,719		68,883,719	107,894,671
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....	25,437,129	3,940,894	21,496,235	30,851,940
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances).....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$.....39,558,493, Schedule E - Part 1), cash equivalents (\$.....4,273,293, Schedule E - Part 2) and short-term investments (\$.....0, Schedule DA).....	43,831,786		43,831,786	2,649,664
6. Contract loans (including \$..... premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	138,152,634	3,940,894	134,211,740	141,396,274
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	410,967		410,967	648,917
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	103,661	61,353	42,308	50,471
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....	2,852,149		2,852,149	3,859,244
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	152,605		152,605	65,506
16.2 Funds held by or deposited with reinsured companies.....	4,773,289		4,773,289	
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....	20,166,875	–	20,166,875	13,373,085
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....	4,502,900	365,788	4,137,112	3,501,189
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....	1,220		1,220	4,288,178
24. Health care (\$.....31,758,333) and other amounts receivable.....	42,110,772	10,352,439	31,758,333	46,429,411
25. Aggregate write-ins for other-than-invested assets.....	613,992	585,554	28,438	431,629
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	213,841,064	15,306,028	198,535,036	214,043,904
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	213,841,064	15,306,028	198,535,036	214,043,904
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Prepays.....	585,554	585,554	–	–
2502. Other Receivables.....	–	–	–	–
2503. State Tax Receivable.....	28,438		28,438	431,629
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	613,992	585,554	28,438	431,629

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....	30,845,930		30,845,930	70,479,649
2. Accrued medical incentive pool and bonus amounts.....	19,040,912		19,040,912	15,183,385
3. Unpaid claims adjustment expenses.....	1,014,190		1,014,190	1,655,107
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....	1,400,000		1,400,000	1,583,738
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	35,114		35,114	33,813
9. General expenses due or accrued.....	6,331,437		6,331,437	5,194,287
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)).....	147,221		147,221	
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....	494,997		494,997	564,708
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....	12,970,780		12,970,780	13,775,533
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....	21,979,957		21,979,957	
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....	2,034,447		2,034,447	5,655,157
23. Aggregate write-ins for other liabilities (including \$..... current).....	111,563		111,563	501,797
24. Total liabilities (Lines 1 to 23).....	96,406,548		96,406,548	114,627,174
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX	100	100
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	46,224,787	46,224,787
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	55,903,601	53,191,843
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	102,128,488	99,416,730
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	198,535,036	214,043,904
<b>Details of Write-Ins</b>				
2301. Unclaimed Property.....	111,563		111,563	501,797
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	111,563		111,563	501,797
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months	XXX	508,682	583,238
2. Net premium income (including \$..... non-health premium income)	XXX	451,943,252	792,558,397
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Lines 2 to 7)	XXX	451,943,252	792,558,397
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits		404,479,067	467,870,910
10. Other professional services		36,726,305	45,255,363
11. Outside referrals		41,585,454	49,348,072
12. Emergency room and out-of-area		11,518,526	12,832,515
13. Prescription drugs		99,130,626	96,732,852
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		29,165,605	23,066,854
16. Subtotal (Lines 9 to 15)		622,605,583	695,106,566
<b>Less:</b>			
17. Net reinsurance recoveries		249,186,109	(18,315)
18. Total hospital and medical (Lines 16 minus 17)		373,419,474	695,124,881
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....169,190 cost containment expenses		3,017,689	35,200,262
21. General administrative expenses		60,599,545	76,804,098
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		437,036,708	807,129,241
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,906,544	(14,570,844)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,398,341	7,339,233
26. Net realized capital gains (losses) less capital gains tax of \$.....		(992,759)	(325,769)
27. Net investment gains (losses) (Lines 25 plus 26)		2,405,582	7,013,464
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....(21,627))]		21,627	(41,390)
29. Aggregate write-ins for other income or expenses			
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	17,333,753	(7,598,770)
31. Federal and foreign income taxes incurred	XXX	2,339,110	2,419
32. Net income (loss) (Lines 30 minus 31)	XXX	14,994,643	(7,601,189)
<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		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

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

		1	2
CAPITAL & SURPLUS ACCOUNT		Current Year	Prior Year
33.	Capital and surplus prior reporting year.....	99,416,728	90,984,975
34.	Net income or (loss) from Line 32.....	14,994,643	(7,601,189)
35.	Change in valuation basis of aggregate policy and claim reserves.....		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....	(5,379,675)	(11,659,702)
37.	Change in net unrealized foreign exchange capital gain or (loss).....		
38.	Change in net deferred income tax.....	437,376	2,203,731
39.	Change in nonadmitted assets.....	(6,132,059)	(2,311,087)
40.	Change in unauthorized and certified reinsurance.....		
41.	Change in treasury stock.....		
42.	Change in surplus notes.....		
43.	Cumulative effect of changes in accounting principles.....		
44.	Capital Changes:		
44.1	Paid in.....		
44.2	Transferred from surplus (stock dividend).....		
44.3	Transferred to surplus.....		
45.	Surplus adjustments:		
45.1	Paid in.....	-	27,800,000
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.....	(1,208,525)	
48.	Net change in capital and surplus (Lines 34 to 47).....	2,711,760	8,431,753
49.	Capital and surplus end of reporting year (Line 33 plus 48).....	102,128,488	99,416,728
<b>Details of Write-Ins</b>			
4701.	Other.....	(1,208,525)	
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page.....		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	(1,208,525)	

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	452,784,470	784,983,373
2. Net investment income.....	3,712,682	7,773,716
3. Miscellaneous income.....	6,412,554	-
4. Total (Lines 1 to 3).....	462,909,706	792,757,089
5. Benefit and loss related payments.....	409,282,765	735,942,737
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	73,513,874	126,934,958
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	2,191,887	2,419
10. Total (Lines 5 through 9).....	484,988,526	862,880,114
11. Net cash from operations (Line 4 minus Line 10).....	(22,078,820)	(70,123,025)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	37,959,422	45,854,614
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	37,959,422	45,854,614
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds.....		6,094,987
13.2 Stocks.....		29,800,000
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....	-	-
13.7 Total investments acquired (Lines 13.1 to 13.6).....	-	35,894,987
14. Net increase / (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	37,959,422	9,959,627
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....	-	22,100,000
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	25,301,520	(8,663,798)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	25,301,520	13,436,202
<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).....	41,182,122	(46,727,196)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,649,664	49,376,859
19.2 End of year (Line 18 plus Line 19.1).....	43,831,786	2,649,663

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

20.0001. Capital contributions.....		
-------------------------------------	--	--

**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	451,943,252							451,943,252						
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$..... medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	451,943,252							451,943,252						
8. Hospital/medical benefits	404,479,067							404,479,067						XXX
9. Other professional services	36,726,305							36,726,305						XXX
10. Outside referrals	41,585,454							41,585,454						XXX
11. Emergency room and out-of-area	11,518,526							11,518,526						XXX
12. Prescription drugs	99,130,626							99,130,626						XXX
13. Aggregate write-ins for other hospital and medical														XXX
14. Incentive pool, withhold adjustments and bonus amounts	29,165,605							29,165,605						XXX
15. Subtotal (Lines 8 to 14)	622,605,583							622,605,583						XXX
16. Net reinsurance recoveries	249,186,109							249,186,109						XXX
17. Total hospital and medical (Lines 15 minus 16)	373,419,474							373,419,474						XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....169,190 cost containment expenses	3,017,689							3,017,689						
20. General administrative expenses	60,599,545							60,599,545						
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	437,036,708							437,036,708						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	14,906,544							14,906,544						
<b>Details of Write-Ins</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														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.....				
2.	Comprehensive (hospital and medical) group.....				
3.	Medicare supplement.....				
4.	Vision only.....				
5.	Dental only.....				
6.	Federal employees health benefits plan.....				
7.	Title XVIII – Medicare.....	726,199,715	75,465,710	349,722,173	451,943,252
8.	Title XIX – Medicaid.....				
9.	Credit A&H.....				
10.	Disability income.....				
11.	Long-term care.....				
12.	Other health.....				
13.	Health subtotal (Lines 1 through 12).....	726,199,715	75,465,710	349,722,173	451,943,252
14.	Life.....				
15.	Property/casualty.....				
16.	Totals (Lines 13 to 15).....	726,199,715	75,465,710	349,722,173	451,943,252

**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	621,812,367							621,812,367						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	249,099,010							249,099,010						
1.4 Net	372,713,357							372,713,357						
2. Paid medical incentive pools and bonuses	25,308,078							25,308,078						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	30,845,931							30,845,931						
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	30,845,931							30,845,931						
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year	19,040,912							19,040,912						
6. Net health care receivables (a)	(11,261,329)							(11,261,329)						
7. Amounts recoverable from reinsurers December 31, current year	152,605							152,605						
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	70,479,648							70,479,648						
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	70,479,648							70,479,648						
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year	15,183,385							15,183,385						
11. Amounts recoverable from reinsurers December 31, prior year	65,506							65,506						
12. Incurred benefits:														
12.1 Direct	593,439,979							593,439,979						
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	249,186,109							249,186,109						
12.4 Net	344,253,870							344,253,870						
13. Incurred medical incentive pools and bonuses	29,165,605							29,165,605						

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	1,348,467							1,348,467						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	1,348,467							1,348,467						
2. Incurred but Unreported:														
2.1 Direct	29,497,464							29,497,464						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	29,497,464							29,497,464						
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	30,845,931							30,845,931						
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	30,845,931							30,845,931						

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare supplement						
4. Vision only						
5. Dental only						
6. Federal employees health benefits plan						
7. Title XVIII – Medicare	30,997,893	341,628,365	(216,492)	31,062,421	30,781,401	70,479,649
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	30,997,893	341,628,365	(216,492)	31,062,421	30,781,401	70,479,649
14. Health care receivables (a)	9,884,666	32,150,620			9,884,666	53,296,615
15. Other non-health						
16. Medical incentive pools and bonus amounts	15,701,479	9,606,599	4,496,240	14,544,672	20,197,719	15,183,385
17. Totals (Lines 13 - 14 + 15 + 16)	36,814,706	319,084,344	4,279,748	45,607,093	41,094,454	32,366,419

(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)  
**GRAND TOTAL**

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	91,958	92,447	92,460	92,460	92,461
2. 2021	655,412	710,804	711,252	711,269	711,269
3. 2022	XXX	711,831	786,719	787,318	787,340
4. 2023	XXX	XXX	663,569	730,980	731,634
5. 2024	XXX	XXX	XXX	644,062	655,763
6. 2025	XXX	XXX	XXX	XXX	396,817

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	94,270	92,447	92,460	92,460	92,461
2. 2021	739,766	714,726	711,252	711,269	711,269
3. 2022	XXX	811,737	793,260	787,318	787,340
4. 2023	XXX	XXX	768,828	735,140	731,634
5. 2024	XXX	XXX	XXX	725,564	660,043
6. 2025	XXX	XXX	XXX	XXX	442,424

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	824,891	711,269	25,363	3.566	736,632	89.301	–	–	736,632	89.301
2. 2022	903,677	787,340	24,993	3.174	812,333	89.892	–	–	812,333	89.892
3. 2023	859,535	731,634	32,964	4.506	764,598	88.955	–	–	764,598	88.955
4. 2024	792,558	655,763	30,411	4.637	686,174	86.577	4,280	63	690,517	87.125
5. 2025	475,174	396,817	30,355	7.650	427,172	89.898	45,607	952	473,731	99.696

12.GT

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.HM

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.MS

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.D0

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.V0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
 (\$000 Omitted)  
**FEDERAL EMPLOYEES HEALTH BENEFITS PLAN**

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.FE

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	91,958	92,447	92,460	92,460	92,461
2. 2021	655,412	710,804	711,252	711,269	711,269
3. 2022	XXX	711,831	786,719	787,318	787,340
4. 2023	XXX	XXX	663,569	730,980	731,634
5. 2024	XXX	XXX	XXX	644,062	655,763
6. 2025	XXX	XXX	XXX	XXX	396,817

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	94,270	92,447	92,460	92,460	92,461
2. 2021	739,766	714,726	711,252	711,269	711,269
3. 2022	XXX	811,737	793,260	787,318	787,340
4. 2023	XXX	XXX	759,655	735,140	731,634
5. 2024	XXX	XXX	XXX	725,564	660,043
6. 2025	XXX	XXX	XXX	XXX	442,424

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	824,891	711,269	25,363	3.566	736,632	89.301	–	–	736,632	89.301
2. 2022	903,677	787,340	24,993	3.174	812,333	89.892	–	–	812,333	89.892
3. 2023	859,535	731,634	32,964	4.506	764,598	88.955	–	–	764,598	88.955
4. 2024	792,558	655,763	30,411	4.637	686,174	86.577	4,280	63	690,517	87.125
5. 2025	475,174	396,817	30,355	7.650	427,172	89.898	45,607	952	473,731	99.696

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12 XI

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

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

12.0T

**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													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income)	1,400,000							1,400,000					
5. Aggregate write-ins for other policy reserves													
6. Totals (gross)	1,400,000							1,400,000					
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)	1,400,000							1,400,000					
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													
<b>Details of Write-Ins</b>													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$ premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... for occupancy of own building).....	–	1,246,349	1,323,393		2,569,742
2. Salaries, wages and other benefits.....	(1,225,348)	(1,143,155)	35,022,286		32,653,783
3. Commissions (less \$..... ceded plus \$..... assumed).....	–	–	8,779,758		8,779,758
4. Legal fees and expenses.....	–	–	806,866		806,866
5. Certifications and accreditation fees.....	–	–	282,593		282,593
6. Auditing, actuarial and other consulting services.....	572,510	555,245	2,697,025		3,824,780
7. Traveling expenses.....	139,080	26,774	559,848		725,702
8. Marketing and advertising.....	8,353	–	8,547,132		8,555,485
9. Postage, express and telephone.....	1,467	16,673	1,625,583		1,643,723
10. Printing and office supplies.....	7,115	6,944	1,242,341		1,256,400
11. Occupancy, depreciation and amortization.....	1,866	441,311	274,065		717,242
12. Equipment.....	–	3,007	24,327		27,334
13. Cost or depreciation of EDP equipment and software.....	726,552	491,988	8,767,704		9,986,244
14. Outsourced services including EDP, claims, and other services.....	–	1,279,618	10,008,769		11,288,387
15. Boards, bureaus and association fees.....	15,069	197	32,019		47,285
16. Insurance, except on real estate.....	–	–	588,515		588,515
17. Collection and bank service charges.....	–	–	32,289	314,457	346,746
18. Group service and administration fees.....					
19. Reimbursements by uninsured plans.....					
20. Reimbursements from fiscal intermediaries.....					
21. Real estate expenses.....					
22. Real estate taxes.....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	–	–	540,678	–	540,678
23.2 State premium taxes.....					
23.3 Regulatory authority licenses and fees.....	533	8	89,264		89,805
23.4 Payroll taxes.....	(89,222)	(79,515)	2,260,716		2,091,979
23.5 Other (excluding federal income and real estate taxes).....	–	–	64,398		64,398
24. Investment expenses not included elsewhere.....					
25. Aggregate write-ins for expenses.....	11,215	3,055	(22,970,024)		(22,955,754)
26. Total expenses incurred (Lines 1 to 25).....	169,190	2,848,499	60,599,545	314,457	(a) 63,931,691
27. Less expenses unpaid December 31, current year.....		1,014,190	6,331,437		7,345,627
28. Add expenses unpaid December 31, prior year.....		1,655,107	5,194,287		6,849,394
29. Amounts receivable relating to uninsured plans, prior year.....					
30. Amounts receivable relating to uninsured plans, current year.....					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	169,190	3,489,416	59,462,395	314,457	63,435,458
<b>Details of Write-Ins</b>					
2501. Reinsurance Ceding Allowance.....			(23,231,030)		(23,231,030)
2502. Books.....	535	–	57,995		58,530
2503. Employee Dev & Training.....	8,127	3,047	168,629		179,803
2598. Summary of remaining write-ins for Line 25 from overflow page.....	2,553	8	34,382		36,943
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	11,215	3,055	(22,970,024)		(22,955,754)

(a) Includes management fees of \$ 42,079,556 to affiliates and \$ to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 272,325	237,161
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 2,076,810	1,844,127
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	46,843	46,305
2.21	Common stocks of affiliates		8,642
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 1,547,195	1,576,563
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	3,943,174	3,712,798
11.	Investment expenses		(g) 314,457
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		314,457
17.	Net investment income (Line 10 minus Line 16)		3,398,341
<b>Details of Write-Ins</b>			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$70,578 accrual of discount less \$147,069 amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ 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 \$ 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	(49,850)		(49,850)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(942,909)		(942,909)	17,621	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				3,000	
2.21	Common stocks of affiliates				(5,400,296)	
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(992,759)		(992,759)	(5,379,675)	
<b>Details of Write-Ins</b>						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....	3,940,894		(3,940,894)
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,940,894		(3,940,894)
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	61,353	69,750	8,397
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....	-		-
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....	365,788	564,337	198,549
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....	10,352,439	6,867,204	(3,485,235)
25. Aggregate write-ins for other-than-invested assets.....	585,554	1,672,678	1,087,124
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,306,028	9,173,969	(6,132,059)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27).....	15,306,028	9,173,969	(6,132,059)
<b>Details of Write-Ins</b>			
1101. Investment in Sub.....			
1102.....			
1103.....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
2501. Prepaid expenses.....	580,141	1,667,265	1,087,124
2502. Other Receivables.....	5,413	5,413	-
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	585,554	1,672,678	1,087,124

**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.....	47,641	43,242	42,341	41,639	41,369	508,682
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....						
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....	47,641	43,242	42,341	41,639	41,369	508,682
<b>Details of Write-Ins</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

## Notes to the Financial Statements

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

#### A. Accounting Practices

The financial statements of Essence Healthcare, Inc. ("EHI" or "the Company"), a 4-5 star health plan as rated by the Centers for Medicare and Medicaid Services (CMS), are presented on the basis of accounting practices prescribed or permitted by the Missouri Department of Insurance (the Department). The Missouri Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Missouri for determining and reporting the financial condition and results of operations of an insurance company, to determine its solvency under the Missouri Department of Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Missouri.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Missouri is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 14,994,643	\$ (7,601,189)
(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	<u>\$ 14,994,643</u>	<u>\$ (7,601,189)</u>
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 102,128,488	\$ 99,416,730
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
Furniture and equipment, including health care delivery assets	19	2	21		
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 102,128,488</u>	<u>\$ 99,416,730</u>

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

The preparation of financial statements in conformity with the accounting practices prescribed or permitted by the Company's applicable regulatory authorities requires management to make estimates and assumptions. Management's estimates and assumptions affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenues and expenses during the reporting periods.

Although the Company regularly assesses these estimates, actual results could differ materially from these estimates. Changes in estimates are recorded in the period in which they become known. The Company bases its estimates on historical experience and various other assumptions that it believes to be reasonable under the circumstances. Actual results could differ from management's estimates if past experience or other assumptions do not turn out to be substantially accurate.

#### C. Accounting Policy

Premium revenues are recognized in the period in which the eligible individuals are entitled to receive healthcare services. The monthly Part C and Part D premium revenue received from CMS is subject to retrospective adjustment based on the level of care required by members and the hierarchical condition categories (HCC) established by CMS. CMS uses HCC in order to promote fair payments under the Medicare Advantage program so as to direct payments to entities that reward efficiency and encourage excellent care for the chronically ill. The ultimate amount of the retrospective adjustment is influenced by several factors, including the relative acuity of illnesses experienced by members of the Company's plans as compared to those of other competing plans.

Under the Medicare Part D program, there are seven separate elements of payment received by the Company during the plan year. These payment elements are as follows:

- CMS Premium – CMS pays a fixed monthly premium per member to the Company for the entire plan year.
- Member Premium – Additionally, certain members pay a fixed monthly premium to the Company for the entire plan year.
- Low-Income Premium Subsidy – For qualifying low-income members, CMS pays some or all of the member's monthly premium to the Company on the member's behalf.
- Catastrophic Reinsurance Subsidy – CMS pays the Company a cost reimbursement estimate monthly to fund the CMS obligation to pay approximately 80% of the costs incurred by individual members in excess of the individual annual out-of-pocket maximum. A settlement is made with CMS based on actual cost experience, after the end of the plan year.
- Low-Income Member Cost Sharing Subsidy – For qualifying low-income members, CMS pays on the member's behalf some or all of a member's cost sharing amounts, such as deductibles and coinsurance. The cost sharing subsidy is funded by CMS through monthly payments to the Company. The Company administers and pays the subsidized portion of the claims on behalf of CMS, and a settlement payment is made between CMS and the Company based on actual claims and premium experience, after the end of the plan year.

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

- CMS Risk-Share – Premiums from CMS are subject to risk corridor provisions that compare costs targeted in the Company's annual bids by product and region to actual prescription drug costs, limited to actual costs that would have been incurred under the standard coverage as defined by CMS. Variances of more than 5% above or below the original bid submitted by the Company may result in CMS making additional payments to the Company or require the Company to refund to CMS a portion of the premiums it received. The Company estimates and recognizes an adjustment to premium revenues related to the risk corridor payment settlement based upon pharmacy claims experience. The estimate of the settlement associated with these risk corridor provisions requires the Company to consider factors that may not be certain, including member eligibility status differences with CMS and the timing of prescription drug event (PDE) reporting. The Company records risk-share adjustments to Premium Revenue in the Statement of Revenue and Expenses and Reserves or Receivables, net in the Statements of Assets, Liabilities, Capital and Surplus.
- Coverage Gap Discount (CGD) – Members are provided a discount on brand name Part D prescription drugs in the coverage gap. This discount is funded by CMS and pharmaceutical manufacturers while the Company administers the application of these funds. Amounts received are not reflected as premium revenues, but rather are accounted for as deposits. The Company records a liability when amounts are received from CMS and a receivable when the amounts owed by manufacturers are known. This program was eliminated as of December 31, 2024 and replaced with the Manufacturer Discount Program.
- Manufacturer Discount Program - This program replaced the CGD and is effective January 1, 2025. Manufacturers are required to provide members mandatory discounts on certain covered drugs both below and above the annual out-of-pocket threshold. Under this program discounts are administered through CMS and its contracted third party administrator. Amounts received are not reflected as premium revenues, but rather are accounted for as deposits. The Company records a liability when amounts are received from CMS and a receivable when the amounts owed by manufacturers are known.
- Medicare Prescription Payment Plan (M3P) - This voluntary program was effective January 1, 2025 and allows Medicare Part D beneficiaries to elect to have out-of-pocket prescription drug costs paid by the Company at the point of sale and subsequently repaid in equal monthly installments over the remainder of the plan year. Amounts advanced on behalf of the members are recorded as accounts receivable and are periodically assessed for collectability.

The CMS Premium, the Member Premium, and the Low-Income Premium Subsidy represent payments for the Company's insurance risk coverage under the Medicare Parts C and D programs and therefore are recorded as Premium Revenue in the Statement of Revenue and Expenses. Premium revenue is recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits. The Company records premium payments received in advance of the applicable service period in Unearned Revenues in the Statements of Assets, Liabilities, Capital and Surplus.

The Catastrophic Reinsurance Subsidy and Low-Income Member Cost Sharing Subsidy represent a cost reimbursement under the Medicare Part D program. Amounts received or owed for these subsidies are recorded as a liability or receivable in the Statements of Assets, Liabilities, Capital and Surplus.

Pharmacy benefit costs are expensed as incurred and are recognized in Medical and Hospital Expense in the Statements of Revenue and Expenses. Related administrative costs are reported in General Administrative Expenses in the Statements of Revenue and Expenses.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs reported on Schedule D-1
- (3) Common stock is stated at market value. While classified as common stock pursuant to Statement of Statutory Accounting Principles No. 30, such amounts are in highly secure and fully liquid money market funds.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) Loan-backed securities designated with a NAIC 1 or 2 are reported at amortized cost. Loan-backed securities with NAIC designations of 3 through 6 are reported at the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.
- (7) In the first quarter of 2024, the Company made a surplus contribution of \$9,300,000 to Essence Healthcare PPO, Inc. In the second quarter of 2024 the Company made a surplus contribution of \$7,000,000 to Essence Healthcare PPO, Inc. In the third quarter of 2024, the Company made a surplus contribution of \$6,100,000 to Essence Healthcare PPO, Inc. In the fourth quarter of 2024, the Company made a surplus contribution of \$7,400,000 to Essence Healthcare PPO, Inc.
- (8) The Company had no investments in joint ventures, partnerships and limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

(12) The Company's capitalization policy has not changed.

(13) The Company's pharmaceutical rebate receivables are estimated based on a historical experience. The amount of receivable is calculated as a percent of the cost of brand drugs. This percentage is continually reviewed and adjusted as necessary and any change is reflected in the period determined.

#### D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

### 2. Accounting Changes and Corrections of Errors

### 3. Business Combinations and Goodwill

A. Statutory Purchase Method - None

B. Statutory Merger - None

C. Assumption Reinsurance - None

D. Impairment Loss - None

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

### 4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale - None

B. Change in Plan of Sale of Discontinued Operation - None

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - None

D. Equity Interest Retained in the Discontinued Operation After Disposal - None

### 5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Asset-Backed Securities - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None

K. Investments in Tax Credit Structures (tax credit investments) - None

**Notes to the Financial Statements**

**5. Investments (Continued)**

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	(7) Admitted Restricted to Total Admitted Assets	(8) Amount Reported in General Interrogatories	(9) Difference from Note and GI	(10) GI Ref
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%	XXX	XXX	XXX
b. Collateral held under security lending agreements										25.04+25.05
c. Subject to repurchase agreements										26.21
d. Subject to reverse repurchase agreements										26.22
e. Subject to dollar repurchase agreements										26.23
f. Subject to dollar reverse repurchase agreements										26.24
g. Placed under option contracts										26.25
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock										26.26
i. FHLB capital stock										26.27
j. On deposit with states	2,186,967	1,640,028	546,939		2,186,967	1.023	1.102	2,186,967	-	26.28
k. On deposit with other regulatory bodies										26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)										26.31
m. Pledged as collateral not captured in other categories										26.30
n. Other restricted assets										26.32
o. Collateral assets received and on balance sheet								XXX	XXX	XXX
p. Assets held under modco reinsurance agreements								XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements								XXX	XXX	XXX
r. Total restricted assets (Sum of a through q)	\$ 2,186,967	\$ 1,640,028	\$ 546,939	\$	\$ 2,186,967	1.023 %	1.102 %	XXX	XXX	XXX

Explanation for differences between the Note and general interrogatories:

GI Reference	Difference between Note and GI (Per Column 9 above)	Explanation
25.04+25.05	\$	
26.21		
26.22		
26.23		
26.24		
26.25		
26.26		
26.27		
26.28	-	
26.29		
26.31		
26.30		
26.32		

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance (excluding Modco/FWH) and derivatives, are reported in the aggregate) - None
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance (excluding Modco/FWH) and derivatives, are reported in the aggregate) - None
- (4) Collateral received and assets held under Modco/Funds Withheld (FWH) reinsurance agreements reflected as assets within the reporting entity's financial statements - None
- (5) Assets held as collateral or under modified coinsurance (Modco) or funds withheld reinsurance (FWH) agreements that have been pledged for another purpose specific to the insurance reporting entity (not for the benefit of the reinsurer) - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs	.....
(2) Aggregate amount of investment income	\$ 27,040

**Notes to the Financial Statements**

**5. Investments (Continued)**

- R. Reporting Entity's Share of Cash Pool by Asset Type - None
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - None

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

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets - None
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - None

**7. Investment Income**

A. Due and Accrued Income Excluded from Surplus

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

B. Total Amount Excluded - None

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross .....	\$ 410,967
2. Nonadmitted .....	\$
3. Admitted .....	\$ 410,967

D. The aggregate deferred interest - None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

**8. Derivative Instruments**

- A. Derivatives under SSAP No. 86 - Derivatives - None
- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - None

**9. Income Taxes**

A. Components of the net deferred tax asset/(liability)

(1) Change between years by tax character

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets .....	\$ 4,137,974	\$ 365,788	\$ 4,503,762	\$ 3,929,565	\$ 156,032	\$ 4,085,597	\$ 208,409	\$ 209,756	\$ 418,165
(b) Statutory valuation allowance adjustments .....									
(c) Adjusted gross deferred tax assets (1a - 1b) .....	4,137,974	365,788	4,503,762	3,929,565	156,032	4,085,597	208,409	209,756	418,165
(d) Deferred tax assets nonadmitted .....		365,788	365,788	408,305	156,032	564,337	(408,305)	209,756	(198,549)
(e) Subtotal net admitted deferred tax asset (1c - 1d) .....	\$ 4,137,974	\$ -	\$ 4,137,974	\$ 3,521,260	\$ -	\$ 3,521,260	\$ 616,714	\$ -	\$ 616,714
(f) Deferred tax liabilities .....	862		862	20,071		20,071	(19,209)		(19,209)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) .....	<u>\$ 4,137,112</u>	<u>\$ -</u>	<u>\$ 4,137,112</u>	<u>\$ 3,501,189</u>	<u>\$ -</u>	<u>\$ 3,501,189</u>	<u>\$ 635,923</u>	<u>\$ -</u>	<u>\$ 635,923</u>

(2) Admission calculation components SSAP No. 101

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks .....	\$	\$	\$	\$ 3,929,565	\$	\$ 3,929,565	\$ (3,929,565)	\$	\$ (3,929,565)
(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 (lesser of 2(b)1 and 2(b)2 below) .....	4,137,974		4,137,974				4,137,974		4,137,974
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date .....									
2. Adjusted gross deferred tax assets allowed per limitation threshold .....	XXX	XXX	14,778,907	XXX	XXX	9,591,554	XXX	XXX	5,187,353
(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 .....									
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) .....	<u>\$ 4,137,974</u>	<u>\$</u>	<u>\$ 4,137,974</u>	<u>\$ 3,929,565</u>	<u>\$</u>	<u>\$ 3,929,565</u>	<u>\$ 208,409</u>	<u>\$</u>	<u>\$ 208,409</u>

(3) Ratio used as basis of admissibility

	2025	2024
(a) Ratio percentage used to determine recovery period and threshold limitation amount .....	305.441 %	297.380 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above .....	\$ 98,526,049	\$ 95,915,540

## Notes to the Financial Statements

## 9. Income Taxes (Continued)

## (4) 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

	2025		2024		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col 1-3)	Capital (Col 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 4,137,974	\$ 365,788	\$ 3,929,565	\$ 156,032	\$ 208,409	\$ 209,756
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)	\$ 4,137,974	\$ -	\$ 3,521,260	\$ -	\$ 616,714	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

## (b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

## B. Regarding deferred tax liabilities that are not recognized - None

## C. Major components of current income taxes incurred

	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal	\$ 2,339,509	\$ (105)	\$ 2,339,614
(b) Foreign			
(c) Subtotal (1a+1b)	\$ 2,339,509	\$ (105)	\$ 2,339,614
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other	(399)	2,524	(2,923)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 2,339,110	\$ 2,419	\$ 2,336,691
	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 173,359	\$ 266,645	\$ (93,286)
(2) Unearned premium reserve	1,475	1,420	55
(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			
(11) Net operating loss carry-forward		1,146,152	(1,146,152)
(12) Tax credit carry-forward			
(13) Other	3,963,140	2,515,348	1,447,792
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 4,137,974	\$ 3,929,565	\$ 208,409
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted		408,305	(408,305)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 4,137,974	\$ 3,521,260	\$ 616,714
(e) Capital			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	365,788	156,032	209,756
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 365,788	\$ 156,032	\$ 209,756
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted	365,788	156,032	209,756
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i) Admitted deferred tax assets (2d + 2h)	\$ 4,137,974	\$ 3,521,260	\$ 616,714

## Notes to the Financial Statements

## 9. Income Taxes (Continued)

	(1) 2025	(2) 2024	(3) Change (Col 1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 862	\$ 11	\$ 851
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves		1	(1)
(5) Other		20,059	(20,059)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>\$ 862</u>	<u>\$ 20,071</u>	<u>\$ (19,209)</u>
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	<u>\$</u>	<u>\$</u>	<u>\$</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 862</u>	<u>\$ 20,071</u>	<u>\$ (19,209)</u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 4,137,112</u>	<u>\$ 3,501,189</u>	<u>\$ 635,923</u>

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

	(1) 2025	(2) 2024	(3) Change (Col 1-2)
Adjusted gross deferred tax assets	\$	\$	\$
Total deferred tax liabilities			
Net deferred tax assets (liabilities)	<u>\$</u>	<u>\$</u>	<u>\$</u>
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance	<u>\$</u>	<u>\$</u>	<u>\$</u>
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			<u>\$</u>

## D. Among the more significant book to tax adjustments

The significant items causing a difference between the statutory Federal income tax rate and the Company's effective income tax rate at December 31, 2025 are as follows:

	2025	Effective Tax Rate
Income before (Federal) taxes	\$ 3,640,088	21.000 %
DRD deduction and tax-exempt interest, net		
Prior year underaccrual/(overaccrual)	(420,505)	-2.426 %
Section 9010 fee		
Change in nonadmitted assets	(1,328,193)	-7.662 %
Meals and entertainment		
Change in valuation allowance		
Other, including expiration of charitable contribution c/f		
Establish DTA for accrued expenses	(11)	-
Fines and Penalties	10,356	0.060 %
Rounding		
Total	<u>\$ 1,901,735</u>	<u>10.971 %</u>

  

	2025	Effective Tax Rate
Federal income taxed incurred [expense/(benefit)]	\$ 2,339,110	13.495 %
Tax on capital gains		
Change in net deferred income tax [charge/(benefit)]	(437,375)	-2.523 %
Total statutory income taxes	<u>\$ 1,901,735</u>	<u>10.971 %</u>

## E. Operating loss and tax credit carryforwards

At December 31, 2025 the Company had \$0 of net operating loss carryforwards and \$1,741,849 of capital loss carryforwards which begin to expire in 2027.

- (1) Unused loss carryforwards available - None
- (2) Income tax expense available for recoupment

The following is income tax expense for 2025 and 2024 that is available for recoupment in the event of future net losses:

## Notes to the Financial Statements

### 9. Income Taxes (Continued)

	Total
2023.....	\$ .....
2024.....	.....
2025.....	.....

(3) Deposits admitted under IRS Code Section 6603 - None

The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0 as of December 31, 2025.

F. Consolidated federal income tax return

(1) The Company's federal income tax return is consolidated with the following entities:

- Essence Group Holdings Corporation (EGHC) (Parent)
- Lumeris Holdings, LLC

(2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is based on Internal Revenue Code Section 1552(a)(2). Intercompany tax balances are settled monthly.

G. Federal or foreign income tax loss contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit

At December 31, 2025 the Company had \$0 of Alternative Minimum Tax (AMT) credits.

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

A. The company issued capital contributions to Essence Healthcare PPO, a wholly owned subsidiary in the first quarter of 2024 of \$9,300,000, in the second quarter of \$7,000,000, in the third quarter of \$6,100,000, and in the fourth quarter of \$7,400,000.

Essence Healthcare of Ohio, Inc., a wholly owned subsidiary, ceased operations as of December 31, 2025.

Essence Healthcare of Georgia, Inc., a wholly owned subsidiary, ceased operations as of December 31, 2023 and completed runout operations in 2025. The company was dissolved as of November 24, 2025.

The Company's parent, LGHC, contributed \$9,100,000, \$13,000,000 and \$5,700,000, respectively, on September 30, 2024, December 31, 2024 and February 25, 2025, to the Company.

B. Detail of Related Party Transactions - None

C. Transactions with related party who are not reported on Schedule Y - None

D. Amounts Due from or to Related Parties

At December 31, 2025, the Company had a receivable from Essence Healthcare of GA, Inc., of \$1,220

At December 31, 2025, the Company had payables to Lumeris ARO St. Louis, LLC of \$5,844,025, \$1,365,115 to Lumeris Health Outcomes, LLC, \$77,467 to Essence Healthcare of OH, Inc., \$775,684 to Lumeris Group Holdings Corporation and \$4,908,488 to Essence Healthcare PPO, Inc.

E. Material management contracts

The Company and LGHC have entered into a Tax Allocation Agreement. The Company and its affiliate, Lumeris Healthcare Outcomes, LLC, have entered into an Intercompany Services Agreement. Pursuant to this agreement, Lumeris Healthcare Outcomes, LLC and the Company provide general and administrative services to each other on a cost-reimbursement basis. The Intercompany Services Agreement requires both parties to pay all invoices within 30 days of receipt

F. Guarantees or Contingencies - None

G. Nature of Relationships that Could Affect Operations - None

H. Amount Deducted for Investment in Upstream Company - None

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

K. Foreign Subsidiary Value Using CARVM - None

L. Downstream Holding Company Value Using Look-Through Method - None

M. All SCA Investments - Not Applicable

N. Investment in Insurance SCAs

The investments in Essence Healthcare of Ohio, Inc. and Essence Healthcare PPO, Inc. were valued at audited statutory equity in accordance to NAIC statutory accounting practices and procedures. The investment in Essence Healthcare of Georgia, Inc. was nonadmitted in accordance to NAIC statutory accounting practices and procedures because the independent audit requirement was waived the the State of Georgia.

## Notes to the Financial Statements

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- O. SCA and SSAP No. 48 Entity Loss Tracking - None

### 11. Debt - None

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies of Plan Assets - None
- C. Fair Value of Each Class of Plan Assets - None
- D. Expected Long-Term Rate of Return for the Plan Assets - None
- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans

EHI maintains a 401(k) profit sharing plan through its affiliate, Lumeris Solutions Company, LLC. EHI has no legal obligation for benefits under the plan. Lumeris Solutions Company, LLC matches 50% of the first 8% of an active participant's contributions in the plan year. Total expense was \$2,017,739 and \$1,716,601 for December 31, 2024 and December 31, 2025, respectively.

- H. Postemployment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

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

- A. EHI had 30,000 shares of common stock authorized, 100 shares issued and outstanding at December 31, 2025. Par value of common stock is \$1.00 per share.
- B. Dividend Rate of Preferred Stock - None
- C. Prior to paying extraordinary dividends, EHI seeks approval from the Department.
- D. Ordinary Dividends - None
- E. There are no limits on the portion of EHI's profits that may be paid as ordinary dividends to stockholders other than those restrictions discussed in #3 and #6.
- F. The Department requires a minimum surplus amount of 2.5 times the Authorized Control-Level RBC and the state of Washington requires \$3,000,000 minimum surplus. There are no other restrictions placed on EHI's surplus.
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)
  - Portion of unassigned funds represented or reduced by unrealized gains or losses is \$(28,656,997).
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

### 15. Leases

- A. Lessee Operating Lease - None
- B. Lessor Leases - None

## Notes to the Financial Statements

### 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has no significant off-balance sheet risk such as foreign exchange contracts, option contracts, or other hedging activities. The Company's financial instruments that are exposed to concentrations of credit risk consist of cash, cash equivalents, receivables and investment securities. The Company places its cash balances at financial institutions where such balances will at times, including at December 31, 2024 and December 31, 2025, be in excess of the FDIC insurance limit. Investments are made in securities issued by the United States government or United States government agencies, and large, high-quality corporations. The Company evaluates the quality of those receivables due from counterparties other than the United States government and would provide an allowance for uncollectible amounts if deemed necessary. The Company maintains sufficient diversification in its corporate bond portfolio to lessen the likelihood that any of these highly-rated bonds have a significant negative impact on the Company's results.

1. Face Amount of the Company's Financial Instruments with Off-Balance-Sheet Risk - None
2. Nature of Terms - None
3. Exposure to Credit Related Losses - None
4. Collateral Policy - None

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

- A. Transfers of Receivables Reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

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

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract
  - (1) Revenue from the Company's Medicare Part D (or similarly structured cost based reimbursement contract) for the year 2025, consisted of \$28,573,819 for pharmacy expenses.
  - (2) As of December 31, 2025 the Company recorded a receivable from CMS of \$14,017,481
  - (3) In connection with the Company's Medicare Part D (or similarly structured cost based reimbursement contract) contract, the Company recorded allowances and reserves for adjustment of recorded revenues for the Medicare Part D Reinsurance Subsidy of \$0 at December 31, 2025.
  - (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

### 20. Fair Value Measurements

- A. Fair Value Measurement

The Company follows SSAP No. 100, Fair Value Measurements (SSAP No. 100), for the Company's financial assets and liabilities that are measured at fair value.

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

## Notes to the Financial Statements

### 20. Fair Value Measurements (Continued)

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Bonds	\$	\$ 475,975	\$	\$	\$ 475,975
Common Stock - Mutual Funds	984,000		24,444,486		25,428,486
Cash Equivalents - MM Mutual Funds	4,273,293				4,273,293
Total assets at fair value/NAV	<u>\$ 5,257,293</u>	<u>\$ 475,975</u>	<u>\$ 24,444,486</u>	<u>\$</u>	<u>\$ 30,177,754</u>
<b>b. Liabilities at fair value</b>					
Total liabilities at fair value	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) Inputs and techniques used for Level 2 and Level 3 fair values - None

(5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values or NAV for All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 68,883,718	\$ 68,883,719	\$ 52,647,108	\$ 16,236,610	\$	\$	\$
Common Stock	25,428,486	21,496,235	984,000		24,444,486		
Cash Equivalents	4,273,293	4,273,293	4,273,293				

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

### 21. Other Items

On January 1, 2025, the Company entered into a reinsurance agreement with Canada Life, in which 40% of premiums and medical costs are ceded to the reinsurer. As of December 31, 2025, the Company ceded \$274,256,463 of premiums and \$248,946,316 of medical costs to Canada Life under this agreement. This is net \$73,733,436 of premiums and \$74,966,676 of medical costs assumed from Essence Healthcare PPO, Inc., with Essence Healthcare, Inc. acting as the pass through entity.

A. Unusual or Infrequent Items - None

B. Troubled Debt Restructuring - None

C. Other Disclosures - None

D. Business Interruption Insurance Recoveries - None

E. State and Federal Tax Credits - Not Applicable

F. Subprime-Mortgage-Related Risk Exposure - None

G. Retained Assets - None

H. Insurance-Linked Securities (ILS) Contracts - None

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - None

### 22. Events Subsequent

1. Type I. – Recognized Subsequent Events

Subsequent events have been considered through February 27, 2026 for the statutory statement issued for December 31, 2025.

None

Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through February 27, 2026 for the statutory statement issued for December 31, 2025.

None

### 23. Reinsurance

A. Ceded Reinsurance Report

EHI retained reinsurance coverage effective January 1, 2025 with PartnerRe America Insurance Company. The primary obligation of EHI remains to arrange for health care services for the policyholder. Payments totaling \$65,506 have been received in 2025 and applied to the receivable and reinsurance ceded on claims unpaid that were recognized at December 31, 2024.

## Notes to the Financial Statements

### 23. Reinsurance (Continued)

#### 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)
- (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 any other person not primarily engaged in the insurance business?  
Yes ( ) No (X)

#### 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 for nonpayment of premium or other similar credits?  
Yes ( ) No (X)
- (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)

B. Uncollectible Reinsurance - None

C. Commutation of Ceded Reinsurance - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit

(1) Reinsurance contracts subject to A-791 - None

(2) Reinsurance contracts not subject to A-791

(3) Reinsurance contracts containing features which result in delays in payment - None

(4) The reinsurance contract with PartnerRe Reinsurance Company meets the risk transfer requirements of SSAP No. 61R. This contract is a stop loss contract with a deductible that does not result in significant surplus relief.

(5) Contracts with ceded risk not subject to A-791 accounted for differently under GAAP and SAP - None

(6) Explanation of the accounting treatment disclosed in Note 23.E(5) if treated differently for GAAP and SAP - None

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The risks that EHI retains with respect to its Part D revenue are subject to retrospective adjustment based on actual losses incurred.

B. Method Used to Record

Accrued retrospective premiums are recorded through written and earned premium. An actuarially determined liability in the amount of \$1,583,738 and \$1,400,000 at December 31, 2024 and December 31, 2025, respectively, were recognized as estimates of the amount EHI would be required to return to CMS under the retrospective adjustment provisions of Part D.

C. Amount and Percent of Net Retrospective Premiums

In 2024, the amount of premium subject to retrospective adjustment was \$57,017,261 which represents 7.2% of net premium written and earned for the year. In 2025 the amount of premium subject to retrospective adjustment was \$90,611,173, which represents 19.07% of net premium written and earned for the year.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

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

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves for claims and claim adjustment expenses as of December 31, 2024 were \$87,318,141. As of December 31, 2025, \$91,766,428 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,279,748 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$8,728,035 unfavorable prior-year development since December 31, 2024 to December 31, 2025. The change 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.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

### 26. Intercompany Pooling Arrangements - None

**Notes to the Financial Statements**

**27. Structured Settlements - None**

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

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
12/31/2025	\$ 14,735,602	\$	\$	\$	\$
09/30/2025	856,696	13,986,003		13,129,307	
06/30/2025	365,979	13,969,888		12,778,311	825,598
03/31/2025		12,665,863		11,519,083	1,185,893
12/31/2024		9,116,867			9,116,867
09/30/2024		11,033,512			11,033,512
06/30/2024		10,464,924			10,464,924
03/31/2024		11,135,926			11,135,926
12/31/2023		8,189,072			8,189,072
09/30/2023		8,660,861		5,329,899	3,330,962
06/30/2023		9,163,702		5,105,508	4,058,194
03/31/2023		9,940,041		6,714,146	3,225,895

B. Risk-Sharing Receivables

A gross risk sharing receivable of \$14,818,503 is recognized at December 31, 2024, and \$27,704,950 as of December 31, 2025. Risk sharing receivables are estimated in accordance with contractual requirements based on various revenue and claims experience throughout the year. The following table summarizes information regarding risk-sharing receivables:

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable				Actual Risk Sharing Amounts Received			
		As Estimated in the Prior Year	As Estimated in the Current Year	Billed	Not Yet Billed	In Year Billed	First Year Subsequent	Second Year Subsequent	All Other
2025	2025	\$ -	\$ 16,108,862	\$	\$ 16,108,862	\$ -	\$	\$	\$
2025	2026								
2024	2024	-	14,818,503						
2024	2025			13,162,019		4,867,377			
2023	2023	-	3,771,804			-			
2023	2024			3,771,804		3,771,804			

C. Medicare Prescription Payment Plan Receivables

(1) Recoverable amounts included in other health care receivables

	Amount
Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period	\$ 75,486

(2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan

	Current Period						
	Gross	1-30 days	31-60 days	61-90 days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan Recoverables	\$ 75,486	\$ 46,667	\$ 5,520	\$ 4,986	\$ 18,313	\$ 18,313	\$ 57,173

(3) Write-offs of impaired Medicare Prescription Payment Plan receivables

	Current Year Amount	Prior Year Amount
Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables	\$	\$

**29. Participating Policies - None**

**30. Premium Deficiency Reserves**

- Liability carried for premium deficiency reserves: \$
- Date of the most recent evaluation of this liability:
- Was anticipated investment income utilized in the calculation? YES

**31. Anticipated Salvage and Subrogation - None**

**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  
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
- 1.3. State Regulating?..... Missouri
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?..... 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.....
- 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?..... NO
- 2.2. If yes, date of change:.....
- 3.1. State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2021
- 3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2021
- 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)..... 06/20/2023
- 3.4. By what department or departments?  
Missouri Department of Insurance Financial Institutions and Professional Regulation
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?..... 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?..... NO  
4.12. renewals?..... NO
- 4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....  
4.21. sales of new business?..... NO  
4.22. renewals?..... NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO  
If yes, complete and file the merger history data file with the NAIC.
- 5.2. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1              | 2                 | 3                 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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?..... NO
- 6.2. If yes, give full information
- 7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?..... NO
- 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           | 2              |
|-------------|----------------|
| Nationality | Type of Entity |
|             |                |
- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO
- 8.2. If response to 8.1 is yes, please identify the name of the DIHC.....
- 8.3. Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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?..... NO.....
- 8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?.....
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Forvis Mazars, LLP, 1201 Walnut Street, Suite 1700, Kansas City, MO 64106
- 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?..... NO.....
- 10.2. If the response to 10.1 is yes, provide information related to this exemption:
- 10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?..... NO.....
- 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.....
- 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?  
Jason Siegel, Chief Actuary, Essence Healthcare Inc.
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?..... NO.....  
12.11 Name of real estate holding company  
  
12.12 Number of parcels involved.....  
12.13 Total book / adjusted carrying value..... \$.....
- 12.2. If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?..... NO.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?..... NO.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?..... NO.....
- 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.....  
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?..... NO.....
- 14.21. If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3. Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1. Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?..... NO.....
- 15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

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

**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
- 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... YES
- 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

**FINANCIAL**

- 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... NO
- 20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
  - 20.11 To directors or other officers ..... \$
  - 20.12 To stockholders not officers ..... \$
  - 20.13 Trustees, supreme or grand (Fraternal only) ..... \$
- 20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
  - 20.21 To directors or other officers ..... \$
  - 20.22 To stockholders not officers ..... \$
  - 20.23 Trustees, supreme or grand (Fraternal only) ..... \$
- 21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... NO
- 21.2. If yes, state the amount thereof at December 31 of the current year:
  - 21.21 Rented from others ..... \$
  - 21.22 Borrowed from others ..... \$
  - 21.23 Leased from others ..... \$
  - 21.24 Other ..... \$
- 22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? ..... NO
- 22.2. If answer is yes:
  - 22.21 Amount paid as losses or risk adjustment ..... \$
  - 22.22 Amount paid as expenses ..... \$
  - 22.23 Other amounts paid ..... \$
- 23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... YES
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 1,220
- 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? ..... NO
- 24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
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
- 25.02. If no, give full and complete information, relating thereto
- 25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$
- 25.05. For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$
- 25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... N/A
- 25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... N/A
- 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? ..... N/A

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

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 ..... \$

25.092. Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$

25.093. Total payable for securities lending reported on the liability page ..... \$

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

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

26.21. Subject to repurchase agreements ..... \$

26.22. Subject to reverse repurchase agreements ..... \$

26.23. Subject to dollar repurchase agreements ..... \$

26.24. Subject to reverse dollar repurchase agreements ..... \$

26.25. Placed under option agreements ..... \$

26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$

26.27. FHLB Capital Stock ..... \$

26.28. On deposit with states ..... \$ 2,186,967

26.29. On deposit with other regulatory bodies ..... \$

26.30. Pledged as collateral - excluding collateral pledged to an FHLB ..... \$

26.31. Pledged as collateral to FHLB - including assets backing funding agreements ..... \$

26.32. Other ..... \$

26.3. For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? ..... NO

27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. .... NO

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? ..... 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 ..... No

27.42 Permitted accounting practice ..... No

27.43 Other accounting guidance ..... 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: ..... 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? ..... NO

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

29. Excluding items in Schedule E- Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the *NAIC Financial Condition Examiners Handbook*? ..... YES

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
Midwest Institutional Trust Services	10700 Research Drive, Suite 205, Wauwatosa, WI 53226-3460
BMO Harris Private Bank	13205 Manchester Road, St. Louis, MO 63131

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? ..... NO

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

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

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

29.05. Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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	2
Name of Firm or Individual	Affiliation
BMO Harris Private Bank	U
AAM Insurance Investment Management	U

29.0597. For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? YES

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

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

1	2	3	4
Central Registration Depository Number	Name of Firm or Individual	Registered With	Investment Management Agreement (IMA) Filed
160344	BMO Harris Private Bank	OCC	NO
109875	AAM Insurance Investment Management	SEC	NO

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

30.2. If yes, complete the following schedule:

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

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Issuer Credit Obligations	\$ 48,951,003	\$	\$ (48,951,003)
31.2. Asset-Backed Securities	19,932,714		(19,932,714)
31.3. Preferred Stocks			
31.4. Totals	\$ 68,883,717	\$	\$ (68,883,717)

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

Fair Market Value was determined by the custodian.

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

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

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

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? NO

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

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

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

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?..... NO .....

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO .....

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or 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?..... NO .....

38.1. Does the reporting entity directly hold cryptocurrencies?..... NO .....

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

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

39.2. If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly..... NO .....

39.22 Immediately converted to U.S. dollars..... NO .....

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

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

**OTHER**

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

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

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

41.1. Amount of payments for legal expenses, if any?..... \$ ..... 806,866

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
Allston and Bird	\$ ..... 499,001

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

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

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

**GENERAL INTERROGATORIES**  
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?..... NO
- 1.2 If yes, indicate premium earned on U.S. business only..... \$
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?..... \$
  - 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above..... \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance..... \$
- 1.6 Individual policies:
  - Most current three years:
    - 1.61 Total premium earned..... \$
    - 1.62 Total incurred claims..... \$
    - 1.63 Number of covered lives.....
  - All years prior to most current three years:
    - 1.64 Total premium earned..... \$
    - 1.65 Total incurred claims..... \$
    - 1.66 Number of covered lives.....
- 1.7 Group policies:
  - Most current three years:
    - 1.71 Total premium earned..... \$
    - 1.72 Total incurred claims..... \$
    - 1.73 Number of covered lives.....
  - All years prior to most current three years:
    - 1.74 Total premium earned..... \$
    - 1.75 Total incurred claims..... \$
    - 1.76 Number of covered lives.....

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator.....	\$ 475,174,283	\$ 792,558,397
2.2 Premium Denominator.....	\$ 451,943,252	\$ 792,558,397
2.3 Premium Ratio (2.1/2.2).....	105.140 %	100.000 %
2.4 Reserve Numerator.....	\$ 68,493,510	\$ 87,246,772
2.5 Reserve Denominator.....	\$ 51,286,842	\$ 87,246,772
2.6 Reserve Ratio (2.4/2.5).....	133.550 %	100.000 %

- 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?..... NO
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?..... YES
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?..... NO
- 5.1 Does the reporting entity have stop-loss reinsurance?..... YES
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
  - 5.31 Comprehensive Medical..... \$ 1,250,000
  - 5.32 Medical Only..... \$
  - 5.33 Medicare Supplement..... \$
  - 5.34 Dental and Vision..... \$
  - 5.35 Other Limited Benefit Plan..... \$
  - 5.36 Other..... \$
- 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:  
All providers have the contractual obligation to continue service and agree not to seek reimbursement
  - 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... YES
  - 7.2 If no, give details
- 8. Provide the following information regarding participating providers:
  - 8.1 Number of providers at start of reporting year..... 6,147
  - 8.2 Number of providers at end of reporting year..... 34,768
- 9.1 Does the reporting entity have business subject to premium rate guarantees?..... NO
- 9.2 If yes, direct premium earned:
  - 9.21 Business with rate guarantees between 15-36 months..... \$
  - 9.22 Business with rate guarantees over 36 months..... \$

**GENERAL INTERROGATORIES**  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... YES.....
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses..... \$ 19,040,912
- 10.22 Amount actually paid for year bonuses..... \$ 13,503,060
- 10.23 Maximum amount payable withholds..... \$
- 10.24 Amount actually paid for year withholds..... \$
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model,..... NO.....
- 11.13 An Individual Practice Association (IPA), or,..... NO.....
- 11.14 A Mixed Model (combination of above)?..... NO.....
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... YES.....
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus..... Missouri.....
- 11.4 If yes, show the amount required..... \$
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?..... NO.....
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
Missouri - 22 Counties.....
Illinois - 10 Counties.....
Arkansas - 10 Counties.....
Ohio - 6 Counties.....
Kentucky - 27 Counties.....
Indiana - 12 Counties.....

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

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

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

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... YES.....
- 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?.....

## FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2025	2024	2023	2022	2021
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	198,535,036	214,043,904	253,311,717	239,651,396	221,024,850
2. Total liabilities (Page 3, Line 24)	96,406,548	114,627,174	162,326,744	138,428,376	118,043,652
3. Statutory minimum capital and surplus requirement		80,633,135	69,649,535	72,468,970	65,340,538
4. Total capital and surplus (Page 3, Line 33)	102,128,488	99,416,730	90,984,973	101,223,020	102,981,198
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	451,943,252	792,558,397	859,535,307	903,677,390	824,890,534
6. Total medical and hospital expenses (Line 18)	373,419,474	695,124,881	746,890,397	784,873,716	715,886,118
7. Claims adjustment expenses (Line 20)	3,017,689	35,200,262	34,653,707	33,410,109	24,265,524
8. Total administrative expenses (Line 21)	60,599,545	76,804,098	82,105,405	87,587,335	69,573,188
9. Net underwriting gain (loss) (Line 24)	14,906,544	(14,570,844)	(4,114,202)	(2,193,770)	15,165,704
10. Net investment gain (loss) (Line 27)	2,405,582	7,013,464	5,258,047	3,730,597	3,605,651
11. Total other income (Lines 28 plus 29)	21,627	(41,390)	(80,916)	(45,246)	(212,650)
12. Net income or (loss) (Line 32)	14,994,643	(7,601,189)	917,787	1,077,785	14,764,804
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(22,078,820)	(70,123,025)	(1,015,538)	11,512,257	(9,973,456)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	102,128,488	99,416,730	90,984,973	101,223,019	102,981,198
15. Authorized control level risk-based capital	20,235,002	32,256,990	27,877,840	28,987,588	26,136,215
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	41,369	47,641	54,744	64,032	62,691
17. Total members months (Column 6, Line 7)	508,682	583,238	660,580	765,675	758,883
<b>Operating Percentage (Page 4)</b> <b>(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0</b>					
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)	82.6	87.7	86.9	86.9	86.8
20. Cost containment expenses	—	2.5	2.3	1.9	1.5
21. Other claims adjustment expenses	0.6	1.9	1.8	1.8	1.4
22. Total underwriting deductions (Line 23)	96.7	101.8	100.5	100.2	98.2
23. Total underwriting gain (loss) (Line 24)	3.3	(1.8)	(0.5)	(0.2)	1.8
<b>Unpaid Claims Analysis</b> <b>(U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 17, Col. 5)	41,094,454	72,141,572	81,826,801	61,593,001	92,036,297
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	32,366,419	73,742,339	81,159,803	63,282,562	101,043,059
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	24,453,129	29,870,940	11,731,467	8,231,787	1,000,000
29. Affiliated mortgage loans on real estate					
30. All other affiliated					
31. Total of above lines 26 to 30	24,453,129	29,870,940	11,731,467	8,231,787	1,000,000
32. Total investment in parent included in Lines 26 to 30 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 Corrections of Errors?  
If no, please explain

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**  
Allocated by States and Territories

	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	L	1,064,488						1,064,488	
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	L	144,359,268						144,359,268	
15. Indiana	IN	L	731,886						731,886	
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	L	4,008,450						4,008,450	
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	L	576,035,623						576,035,623	
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	L								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	L								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate other alien	OT	XXX								
59. Subtotal	XXX		726,199,715						726,199,715	
60. Reporting entity contributions for employee benefit plans	XXX									
61. Total (direct business)	XXX		726,199,715						726,199,715	
<b>Details of Write-Ins</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	7	4. Q - Qualified - Qualified or accredited reinsurer	-
2. R - Registered - Non-domiciled RRGs	-	5. N - None of the above - Not allowed to write business in the state	50
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	-		

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

Premium is allocated between states based on member's home address.

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

PART 1 - ORGANIZATIONAL CHART

Entity Name	FEIN	State of Domicile	NAIC #
Lumeris Group Holdings Corporation	26-1245470	DE	
Lumeris Holdings, LLC	80-0968618	DE	
Lumeris Solutions Company, LLC	43-1861242	DE	
Lumeris Healthcare Outcomes, LLC	47-2472489	NC	
Lumeris ARO, LLC	26-3628710	MO	
	82-3463296	FL	
	88-1789122	DE	
	88-1764234	DE	
	92-3102119	DE	
	93-3879347	CO	
	99-0904611	NY	
	93-3633636	IL	
	93-1400012	DE	
	93-2085084	NJ	
	93-1435438	DE	
	99-2822679	MO	
	99-3260508	DE	
	99-3288876	DE	
	99-3374021	DE	
	99-2822679	DE	
Essence Plan Holdings, LLC	84-3677241	DE	
	84-5172897	MO	
	87-1943889	CA	
	99-2894234	DE	
	46-4071746	CA	
Essence Healthcare, Inc.	20-8185682	MO	11699
	30-1295719	OH	17275
	88-0718243	MO	17254