



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 62286 Employer's ID Number 37-6028756
(Current) (Prior)

Organized under the Laws of Indiana, State of Domicile or Port of Entry IN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 06/17/1959 Commenced Business 06/23/1961

Statutory Home Office 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)
317-290-8100
(Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane, MN006-W500 Minnnetonka, MN, US 55343
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7440 Woodland Drive Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)
317-290-8100
(Area Code) (Telephone Number)

Internet Website Address goldenrule.com

Statutory Statement Contact Mika Yamada 952-979-6178
(Name) (Area Code) (Telephone Number)
mika_yamada@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

Chair, Chief Executive Officer, and President	<u>John William Cosgriff</u>	Treasurer	<u>Marilyn Victoria Hirsch</u>
Secretary and Vice President	<u>Richard Charles Sullivan</u>	Chief Financial Officer and Vice President	<u>Ahmad Isam Ansari</u>

OTHER

Heather Anastasia Lang, Assistant Secretary Jodi Lyn O'Brien #, Vice President Nicholas Robert Shjerve #, Assistant Secretary

DIRECTORS OR TRUSTEES

<u>Ahmad Isam Ansari</u>	<u>John William Cosgriff</u>	<u>Daniel Scott Garrison #</u>
<u>Taryn Sarah Risucci</u>	<u>Richard Charles Sullivan</u>	

DIRECTORS OR TRUSTEES

State of Indiana State of _____ State of _____
 County of Marion County of _____ County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from 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.

Richard C. Sullivan
 Richard Charles Sullivan
 Secretary, Vice President

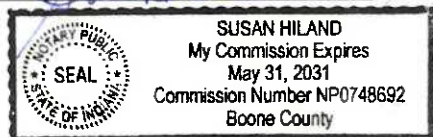
Ahmad Isam Ansari
 Ahmad Isam Ansari
 Chief Financial Officer, Vice President

John William Cosgriff
 John William Cosgriff
 Chief Executive Officer, President, Chair

Subscribed and sworn to before me this 9 day of February 2026
Susan Hiland

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____



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



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 Secretary and Vice President Richard Charles Sullivan Chief Financial Officer and Vice President Ahmad Isam Ansari

OTHER

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DIRECTORS OR TRUSTEES

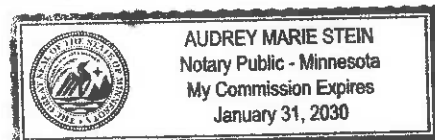
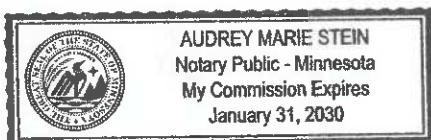
State of _____ State of Minnesota State of Minnesota
 County of _____ County of Hennepin County of Hennepin

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Richard Charles Sullivan Ahmad Isam Ansari John William Cosgriff
 Secretary, Vice President Chief Financial Officer, Vice President Chief Executive Officer, President, Chair

Subscribed and sworn to before me this _____ day of _____
 Subscribed and sworn to before me this 21st day of January, 2026
Audrey Marie Stein
 Subscribed and sworn to before me this 20th day of January, 2026
Audrey Marie Stein

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	430,388,161	0	430,388,161	404,469,628
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(16,126,574) , Schedule E - Part 1), cash equivalents (\$61,691,478 , Schedule E - Part 2) and short-term investments (\$17,952,949 , Schedule DA)	63,517,853	0	63,517,853	50,478,424
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	7,838	0	7,838	18,074
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	493,913,852	0	493,913,852	454,966,126
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	3,473,152	0	3,473,152	3,347,123
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,740,371	24,043	8,716,328	9,796,268
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	39,119	0	39,119	482,530
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	13,102,554
18.2 Net deferred tax asset	25,201,608	15,851,725	9,349,883	10,715,922
19. Guaranty funds receivable or on deposit	981,327	0	981,327	2,773,341
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$10,547,566) and other amounts receivable	13,977,040	3,429,474	10,547,566	11,041,901
25. Aggregate write-ins for other-than-invested assets	56,688,670	56,688,670	0	1,199,189
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	603,015,139	75,993,912	527,021,227	507,424,954
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	603,015,139	75,993,912	527,021,227	507,424,954
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Advances and Prepaids	56,669,965	56,669,965	0	0
2502. State Taxes Receivable	0	0	0	1,199,189
2503. Miscellaneous Receivables	18,705	18,705	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	56,688,670	56,688,670	0	1,199,189

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 9,078,337 reinsurance ceded)	83,564,108	14,907,857	98,471,965	104,354,798
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses.....	3,839,087	0	3,839,087	4,030,148
4. Aggregate health policy reserves, including the liability of \$ 1,398,109 for medical loss ratio rebate per the Public Health Service Act	34,237,881	527,191	34,765,072	46,757,371
5. Aggregate life policy reserves.....	1,034,635	0	1,034,635	951,844
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	1,387,064	200,812	1,587,876	1,967,907
8. Premiums received in advance.....	9,311,071	0	9,311,071	15,635,683
9. General expenses due or accrued.....	23,636,284	0	23,636,284	21,280,735
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	441,781	0	441,781	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	4,529	0	4,529	7,383
13. Remittances and items not allocated.....	281,102	0	281,102	689,696
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	2,783,565	0	2,783,565	20,112,199
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 18,866,848 current).....	18,866,848	0	18,866,848	28,220,397
24. Total liabilities (Lines 1 to 23).....	179,387,955	15,635,860	195,023,815	244,008,161
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	3,262,704	3,262,704
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	14,162,016	14,162,016
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	314,572,692	245,992,073
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.20 shares preferred (value included in Line 27 \$0).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	331,997,412	263,416,793
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	527,021,227	507,424,954
DETAILS OF WRITE-INS				
2301. Drafts Outstanding	14,759,030	0	14,759,030	23,466,122
2302. Miscellaneous Liabilities	2,001,940	0	2,001,940	2,109,746
2303. Association Group Escrow Account	569,625	0	569,625	908,105
2398. Summary of remaining write-ins for Line 23 from overflow page	1,536,253	0	1,536,253	1,736,424
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	18,866,848	0	18,866,848	28,220,397
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	18,083,052	15,544,701
2. Net premium income (including \$ 3,732,074 non-health premium income)	XXX	1,309,283,426	1,447,111,292
3. Change in unearned premium reserves and reserve for rate credits	XXX	12,158,671	3,147,175
4. Fee-for-service (net of \$ 0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	38,700	40,093
8. Total revenues (Lines 2 to 7)	XXX	1,321,480,797	1,450,298,560
Hospital and Medical:			
9. Hospital/medical benefits	86,534,992	580,764,530	645,887,943
10. Other professional services	21,870,669	136,435,863	116,004,023
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	14,200,326	89,209,042	86,894,869
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	122,605,987	806,409,435	848,786,835
Less:			
17. Net reinsurance recoveries	0	15,842,279	15,440,016
18. Total hospital and medical (Lines 16 minus 17)	122,605,987	790,567,156	833,346,819
19. Non-health claims (net)	0	379,502	1,137,485
20. Claims adjustment expenses, including \$ 15,065,168 cost containment expenses	0	40,299,442	43,231,648
21. General administrative expenses	0	390,731,331	398,096,968
22. Increase in reserves for life and accident and health contracts (including \$ 163,715 increase in reserves for life only)	0	163,715	134,735
23. Total underwriting deductions (Lines 18 through 22).....	122,605,987	1,222,141,146	1,275,947,655
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	99,339,651	174,350,905
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	16,801,654	22,307,822
26. Net realized capital gains (losses) less capital gains tax of \$ 17,581	0	65,091	(1,320,943)
27. Net investment gains (losses) (Lines 25 plus 26)	0	16,866,745	20,986,879
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	51,278	70,413
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	116,257,674	195,408,197
31. Federal and foreign income taxes incurred	XXX	18,431,059	39,648,606
32. Net income (loss) (Lines 30 minus 31)	XXX	97,826,615	155,759,591
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. Policyholder Fees	XXX	38,700	44,732
0702. Other Income	XXX	0	(4,639)
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	38,700	40,093
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Fines And Penalties	0	(23,668)	(2,232)
2902. Miscellaneous	0	73,900	72,645
2903. Investment Proceeds - Settlement	0	1,046	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	51,278	70,413

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	263,416,793	310,299,758
34. Net income or (loss) from Line 32	97,826,615	155,759,591
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	155,901	510,096
39. Change in nonadmitted assets	(29,401,897)	(7,271,533)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (stock dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (stock dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	(183,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	(12,881,119)
48. Net change in capital and surplus (Lines 34 to 47)	68,580,619	(46,882,965)
49. Capital and surplus end of reporting period (Line 33 plus 48)	331,997,412	263,416,793
DETAILS OF WRITE-INS		
4701. Correction of Error	0	(12,881,119)
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	(12,881,119)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,304,021,809	1,433,088,600
2. Net investment income	18,881,913	23,615,929
3. Miscellaneous income	113,645	(21,029,291)
4. Total (Lines 1 through 3)	1,323,017,367	1,435,675,238
5. Benefit and loss related payments	792,908,150	858,385,142
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	457,995,097	441,933,908
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	4,904,305	41,490,994
10. Total (Lines 5 through 9)	1,255,807,552	1,341,810,044
11. Net cash from operations (Line 4 minus Line 10)	67,209,815	93,865,194
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	89,082,180	109,221,548
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	30,250
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	1,737	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	89,083,917	109,251,798
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	117,073,033	119,711,943
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	117,073,033	119,711,943
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(27,989,116)	(10,460,145)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	183,000,000
16.6 Other cash provided (applied)	(26,181,270)	21,863,585
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(26,181,270)	(161,136,415)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	13,039,429	(77,731,366)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	50,478,424	128,209,790
19.2 End of year (Line 18 plus Line 19.1)	63,517,853	50,478,424

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	1,309,283,426	385,877,776	0	7,566,753	42,511,658	194,939,637	0	0	0	0	54,089	0	674,601,439	3,732,074
2. Change in unearned premium reserves and reserve for rate credit	12,158,671	5,613,377	0	47,455	2,208	3,373	0	0	0	0	278	0	6,489,323	2,657
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	38,700	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,700
7. Total revenues (Lines 1 to 6)	1,321,480,797	391,491,153	0	7,614,208	42,513,866	194,943,010	0	0	0	0	54,367	0	681,090,762	3,773,431
8. Hospital/medical benefits	580,764,530	257,278,412	0	6,194,258	16,374	42,989	0	0	0	0	4,795	0	317,227,702	XXX
9. Other professional services	136,435,863	0	0	0	22,039,818	114,396,045	0	0	0	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	89,209,042	77,631,389	0	99,883	0	0	0	0	0	0	0	0	11,477,770	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	806,409,435	334,909,801	0	6,294,141	22,056,192	114,439,034	0	0	0	0	4,795	0	328,705,472	XXX
16. Net reinsurance recoveries	15,842,279	0	0	0	0	0	0	0	0	0	0	0	15,842,279	XXX
17. Total medical and hospital (Lines 15 minus 16)	790,567,156	334,909,801	0	6,294,141	22,056,192	114,439,034	0	0	0	0	4,795	0	312,863,193	XXX
18. Non-health claims (net)	379,502	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	379,502
19. Claims adjustment expenses including \$ 15,065,169 cost containment expenses	40,299,442	6,488,210	0	120,898	1,249,283	5,400,125	0	0	0	0	0	0	26,879,728	161,198
20. General administrative expenses	390,731,331	62,907,745	0	1,172,194	12,112,671	52,357,998	0	0	0	0	0	0	260,617,798	1,562,925
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	163,715	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	163,715
23. Total underwriting deductions (Lines 17 to 22)	1,222,141,146	404,305,756	0	7,587,233	35,418,146	172,197,157	0	0	0	0	4,795	0	600,360,719	2,267,340
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	99,339,651	(12,814,603)	0	26,975	7,095,720	22,745,853	0	0	0	0	49,572	0	80,730,043	1,506,091
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. Policyholder Fees	38,700	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,700
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	38,700	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,700
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

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	385,877,776	0	0	385,877,776
2. Comprehensive (hospital and medical) group	0	0	0	0
3. Medicare supplement	7,566,753	0	0	7,566,753
4. Vision only	42,511,658	0	0	42,511,658
5. Dental only	194,939,637	0	0	194,939,637
6. Federal employees health benefits plan	0	0	0	0
7. Title XVIII - Medicare	0	0	0	0
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability income	54,089	0	0	54,089
11. Long-term care	0	0	0	0
12. Other health	674,601,439	0	0	674,601,439
13. Health subtotal (Lines 1 through 12)	1,305,551,352	0	0	1,305,551,352
14. Life	14,133,688	0	10,401,614	3,732,074
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	1,319,685,040	0	10,401,614	1,309,283,426

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	906,712,618	330,928,520	0	9,919,581	21,483,091	114,513,451	0	0	0	0	4,667	0	313,872,481	115,990,827
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	115,184,379	0	0	0	0	0	0	0	0	0	0	0	0	115,184,379
1.4 Net	791,528,239	330,928,520	0	9,919,581	21,483,091	114,513,451	0	0	0	0	4,667	0	313,872,481	806,448
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	107,550,302	37,837,350	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	49,037,128	10,596,574
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	9,078,337	0	0	0	0	0	0	0	0	0	0	0	0	9,078,337
3.4 Net	98,471,965	37,837,350	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	49,037,128	1,518,237
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	1,587,876	1,007,845	0	52,351	0	0	0	0	0	0	0	0	527,680	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	1,587,876	1,007,845	0	52,351	0	0	0	0	0	0	0	0	527,680	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Net health care receivables (a)	(5,681,285)	(3,768,512)	0	(77,440)	0	0	0	0	0	0	0	0	(1,810,333)	(25,000)
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	117,992,352	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	15,408,737
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	13,637,554	0	0	0	0	0	0	0	0	0	0	0	0	13,637,554
8.4 Net	104,354,798	37,568,417	0	5,028,557	1,150,716	7,096,754	0	0	0	0	5,228	0	51,733,943	1,771,183
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	1,967,907	1,064,009	0	54,414	0	0	0	0	0	0	0	0	849,484	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	901,571,822	334,909,801	0	6,294,141	22,056,192	114,439,034	0	0	0	0	4,795	0	312,664,195	111,203,664
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	110,625,162	0	0	0	0	0	0	0	0	0	0	0	0	110,625,162
12.4 Net	790,946,660	334,909,801	0	6,294,141	22,056,192	114,439,034	0	0	0	0	4,795	0	312,664,195	578,502
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	10,754,771	22,812	0	0	0	0	0	0	0	0	0	0	135,385	10,596,574
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	9,078,337	0	0	0	0	0	0	0	0	0	0	0	0	9,078,337
1.4 Net	1,676,434	22,812	0	0	0	0	0	0	0	0	0	0	135,385	1,518,237
2. Incurred but Unreported:														
2.1 Direct	96,795,531	37,814,538	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	48,901,743	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	96,795,531	37,814,538	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	48,901,743	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	107,550,302	37,837,350	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	49,037,128	10,596,574
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	9,078,337	0	0	0	0	0	0	0	0	0	0	0	0	9,078,337
4.4 Net	98,471,965	37,837,350	0	1,327,740	1,723,817	7,022,337	0	0	0	0	5,356	0	49,037,128	1,518,237

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	23,762,058	307,166,462	227,230	38,617,965	23,989,288	38,632,425
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare supplement	4,737,271	5,182,309	229,706	1,150,385	4,966,977	5,082,970
4. Vision only	1,030,125	20,452,967	301,300	1,422,517	1,331,425	1,150,717
5. Dental only	1,564,354	112,949,096	2,796,055	4,226,282	4,360,409	7,096,754
6. Federal employees health benefits plan	0	0	0	0	0	0
7. Title XVIII - Medicare	0	0	0	0	0	0
8. Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability income	0	4,667	(129)	3,003	(129)	(5,228)
11. Long-term care	0	0	0	0	0	0
12. Other health	44,358,548	269,513,933	(1,627,576)	51,194,865	42,730,972	52,593,885
13. Health subtotal (Lines 1 to 12)	75,452,356	715,269,434	1,926,586	96,615,017	77,378,942	104,551,523
14. Health care receivables (a)	385,188	13,591,850	0	0	385,188	19,658,323
15. Other non-health	(526,571)	1,333,020	1,771,182	(252,945)	1,244,611	1,771,183
16. Medical incentive pools and bonus amounts	0	0	0	0	0	0
17. Totals (Lines 13 - 14 + 15 + 16)	74,540,597	703,010,604	3,697,768	96,362,072	78,238,365	86,664,383

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	932,869	932,869	932,869	932,869	932,870
2. 2021	467,882	518,583	518,583	518,583	518,583
3. 2022	XXX	410,924	444,532	444,532	444,532
4. 2023	XXX	XXX	371,987	401,300	401,299
5. 2024	XXX	XXX	XXX	329,293	353,055
6. 2025	XXX	XXX	XXX	XXX	307,166

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	933,887	932,869	932,869	932,869	932,870
2. 2021	543,251	519,525	518,583	518,583	518,583
3. 2022	XXX	468,286	445,089	444,532	444,532
4. 2023	XXX	XXX	422,204	401,194	401,299
5. 2024	XXX	XXX	XXX	368,031	353,283
6. 2025	XXX	XXX	XXX	XXX	345,784

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	629,168	518,583	0	0.0	518,583	82.4	0	0	518,583	82.4
2. 2022	575,964	444,532	3,494	0.8	448,026	77.8	0	0	448,026	77.8
3. 2023	511,526	401,299	21,860	5.4	423,159	82.7	0	0	423,159	82.7
4. 2024	440,659	353,055	7,878	2.2	360,933	81.9	227	5	361,165	82.0
5. 2025	391,491	307,166	5,653	1.8	312,819	79.9	38,618	831	352,268	90.0

12.HM

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	15,131	15,133	15,133	15,132	15,441
2. 2021	7,589	8,871	8,901	8,901	8,901
3. 2022	XXX	6,586	7,757	7,786	7,786
4. 2023	XXX	XXX	6,544	12,161	12,161
5. 2024	XXX	XXX	XXX	1,209	5,638
6. 2025	XXX	XXX	XXX	XXX	5,182

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	15,203	15,133	15,133	15,133	15,441
2. 2021	12,865	12,732	8,901	8,901	8,901
3. 2022	XXX	7,939	11,617	7,786	7,786
4. 2023	XXX	XXX	7,942	11,406	12,161
5. 2024	XXX	XXX	XXX	7,047	5,868
6. 2025	XXX	XXX	XXX	XXX	6,333

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	12,703	8,901	2	0.0	8,903	70.1	0	0	8,903	70.1
2. 2022	10,604	7,786	1	0.0	7,787	73.4	0	0	7,787	73.4
3. 2023	9,477	12,161	4	0.0	12,165	128.4	0	0	12,165	128.4
4. 2024	8,495	5,638	32	0.6	5,670	66.7	230	18	5,918	69.7
5. 2025	7,614	5,182	87	1.7	5,269	69.2	1,150	90	6,509	85.5

12.MS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	115,441	115,483	115,486	115,487	115,489
2. 2021	57,900	59,561	59,573	59,582	59,582
3. 2022	XXX	71,460	72,904	72,922	72,925
4. 2023	XXX	XXX	76,793	77,828	77,849
5. 2024	XXX	XXX	XXX	94,599	96,138
6. 2025	XXX	XXX	XXX	XXX	112,949

Section B - Incurred Health Claims - Dental Only

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	115,530	115,483	115,485	115,487	115,489
2. 2021	64,469	61,999	59,573	59,582	59,582
3. 2022	XXX	75,175	75,276	72,922	72,925
4. 2023	XXX	XXX	79,716	81,406	77,849
5. 2024	XXX	XXX	XXX	98,117	98,934
6. 2025	XXX	XXX	XXX	XXX	117,175

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	132,945	59,582	1	0.0	59,583	44.8	0	0	59,583	44.8
2. 2022	147,073	72,925	660	0.9	73,585	50.0	0	0	73,585	50.0
3. 2023	152,967	77,849	5,911	7.6	83,760	54.8	0	0	83,760	54.8
4. 2024	163,771	96,138	4,882	5.1	101,020	61.7	2,796	143	103,959	63.5
5. 2025	194,943	112,949	4,803	4.3	117,752	60.4	4,226	216	122,194	62.7

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	23,910	23,911	23,911	23,911	23,912
2. 2021	11,992	12,532	12,532	12,532	12,532
3. 2022	XXX	13,408	13,997	13,996	13,996
4. 2023	XXX	XXX	15,262	15,490	15,595
5. 2024	XXX	XXX	XXX	18,366	19,291
6. 2025	XXX	XXX	XXX	XXX	20,453

Section B - Incurred Health Claims - Vision Only

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	23,928	23,911	23,911	23,911	23,912
2. 2021	13,320	12,802	12,532	12,532	12,532
3. 2022	XXX	14,650	14,266	13,996	13,996
4. 2023	XXX	XXX	16,048	16,172	15,595
5. 2024	XXX	XXX	XXX	18,834	19,592
6. 2025	XXX	XXX	XXX	XXX	21,875

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	28,099	12,532	0	0.0	12,532	44.6	0	0	12,532	44.6
2. 2022	31,111	13,996	148	1.1	14,144	45.5	0	0	14,144	45.5
3. 2023	32,749	15,595	1,249	8.0	16,844	51.4	0	0	16,844	51.4
4. 2024	36,767	19,291	1,024	5.3	20,315	55.3	301	17	20,633	56.1
5. 2025	42,514	20,453	1,090	5.3	21,543	50.7	1,423	77	23,043	54.2

12 VO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	780,631	765,188	763,826	763,825	763,823
2. 2021	391,526	479,111	480,579	480,657	480,598
3. 2022	XXX	361,346	420,793	424,100	424,041
4. 2023	XXX	XXX	342,979	386,263	395,486
5. 2024	XXX	XXX	XXX	331,196	366,449
6. 2025	XXX	XXX	XXX	XXX	269,519

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	781,793	765,188	763,826	763,824	763,823
2. 2021	477,691	473,260	480,579	480,657	480,598
3. 2022	XXX	446,830	415,606	424,100	424,041
4. 2023	XXX	XXX	409,628	383,705	395,486
5. 2024	XXX	XXX	XXX	386,343	364,821
6. 2025	XXX	XXX	XXX	XXX	320,716

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	894,042	480,598	6	0.0	480,604	53.8	0	0	480,604	53.8
2. 2022	867,838	424,041	6,259	1.5	430,300	49.6	0	0	430,300	49.6
3. 2023	839,753	395,486	35,115	8.9	430,601	51.3	0	0	430,601	51.3
4. 2024	797,435	366,449	34,694	9.5	401,143	50.3	(1,627)	(108)	399,408	50.1
5. 2025	681,145	269,519	23,261	8.6	292,780	43.0	51,198	2,550	346,528	50.9

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	1,867,982	1,852,584	1,851,225	1,851,224	1,851,535
2.	2021	936,889	1,078,658	1,080,168	1,080,255	1,080,196
3.	2022	XXX	863,724	959,983	963,336	963,280
4.	2023	XXX	XXX	813,565	893,042	902,390
5.	2024	XXX	XXX	XXX	774,663	840,571
6.	2025	XXX	XXX	XXX	XXX	715,269

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	1,870,341	1,852,584	1,851,224	1,851,224	1,851,535
2.	2021	1,111,596	1,080,318	1,080,168	1,080,255	1,080,196
3.	2022	XXX	1,012,880	961,854	963,336	963,280
4.	2023	XXX	XXX	935,538	893,883	902,390
5.	2024	XXX	XXX	XXX	878,372	842,498
6.	2025	XXX	XXX	XXX	XXX	811,883

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	1,696,957	1,080,196	9	0.0	1,080,205	63.7	0	0	1,080,205	63.7
2. 2022	1,632,590	963,280	10,562	1.1	973,842	59.7	0	0	973,842	59.7
3. 2023	1,546,472	902,390	64,139	7.1	966,529	62.5	0	0	966,529	62.5
4. 2024	1,447,127	840,571	48,510	5.8	889,081	61.4	1,927	75	891,083	61.6
5. 2025	1,317,707	715,269	34,894	4.9	750,163	56.9	96,615	3,764	850,542	64.5

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

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	27,758,234	16,063,432	0	357,964	7,171	16,350	0	0	0	0	780	0	11,312,537
2. Additional policy reserves (a)	6,418,206	897,441	0	1,365,864	0	0	0	0	0	0	0	0	4,154,901
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0 for investment income) ..	1,410,109	1,398,109	0	12,000	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	35,586,549	18,358,982	0	1,735,828	7,171	16,350	0	0	0	0	780	0	15,467,438
7. Reinsurance ceded	821,477	821,477	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	34,765,072	17,537,505	0	1,735,828	7,171	16,350	0	0	0	0	780	0	15,467,438
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	1,587,876	1,007,845	0	52,351	0	0	0	0	0	0	0	0	527,680
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	1,587,876	1,007,845	0	52,351	0	0	0	0	0	0	0	0	527,680
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	1,587,876	1,007,845	0	52,351	0	0	0	0	0	0	0	0	527,680
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	433,661	791,943	5,230,254	0	6,455,858
2. Salary, wages and other benefits	7,718,307	14,095,019	93,088,145	0	114,901,471
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	183,925,379	0	183,925,379
4. Legal fees and expenses	82,120	149,965	990,421	0	1,222,506
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	904,514	1,651,805	11,250,573	0	13,806,892
7. Traveling expenses	124,105	226,638	1,496,789	0	1,847,532
8. Marketing and advertising	279,822	511,006	3,374,852	0	4,165,680
9. Postage, express and telephone	261,032	476,691	3,148,224	0	3,885,947
10. Printing and office supplies	523,799	956,552	6,317,381	0	7,797,732
11. Occupancy, depreciation and amortization	128,354	234,397	1,548,034	0	1,910,785
12. Equipment	73,014	133,337	880,599	0	1,086,950
13. Cost or depreciation of EDP equipment and software	963,758	1,759,997	11,623,597	0	14,347,352
14. Outsourced services including EDP, claims, and other services	458,831	837,907	5,533,815	0	6,830,553
15. Boards, bureaus and association fees	10,103	18,451	121,855	0	150,409
16. Insurance, except on real estate	274,251	500,833	3,307,663	0	4,082,747
17. Collection and bank service charges	44,713	81,654	9,640,985	0	9,767,352
18. Group service and administration fees	143,598	262,236	1,734,094	0	2,139,928
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	14,957	36,216	263,180	0	314,353
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	1,547,034	0	1,547,034
23.2 State premium taxes	0	0	22,101,912	0	22,101,912
23.3 Regulatory authority licenses and fees	0	0	7,328,747	0	7,328,747
23.4 Payroll taxes	328,161	794,628	5,774,460	0	6,897,249
23.5 Other (excluding federal income and real estate taxes)	0	0	30	0	30
24. Investment expenses not included elsewhere	0	0	0	255,438	255,438
25. Aggregate write-ins for expenses	2,298,068	1,714,999	10,503,308	0	14,516,375
26. Total expenses incurred (Lines 1 to 25)	15,065,168	25,234,274	390,731,331	255,438	(a) 431,286,211
27. Less expenses unpaid December 31, current year	1,435,169	2,403,919	23,554,045	82,238	27,475,371
28. Add expenses unpaid December 31, prior year	1,614,273	2,415,875	21,205,931	74,804	25,310,883
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	15,244,272	25,246,230	388,383,217	248,004	429,121,723
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	2,298,068	1,714,999	10,503,308	0	14,516,375
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,298,068	1,714,999	10,503,308	0	14,516,375

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 835,805	805,433
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 12,820,353	12,937,414
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 3,320,918	3,357,409
7. Derivative instruments	(f) 0	0
8. Other invested assets	(10,236)	(10,236)
9. Aggregate write-ins for investment income	0	2,433
10. Total gross investment income	16,966,840	17,092,453
11. Investment expenses		(g) 255,438
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 35,361
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		290,799
17. Net investment income (Line 10 minus Line 16)		16,801,654
DETAILS OF WRITE-INS		
0901. State Income Taxes Refund Interest	0	2,433
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	2,433
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 605,448 accrual of discount less \$ 2,760,528 amortization of premium and less \$ 229,755 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 1,082,247 accrual of discount less \$ 8,510 amortization of premium and less \$ 25,370 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	80,934	0	80,934	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	1,737	0	1,737	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	82,671	0	82,671	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	24,043	7,098	(16,945)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	15,851,725	14,329,785	(1,521,940)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	3,429,474	8,616,422	5,186,948
25. Aggregate write-ins for other-than-invested assets	56,688,670	23,638,710	(33,049,960)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	75,993,912	46,592,015	(29,401,897)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	75,993,912	46,592,015	(29,401,897)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Advances & Prepaids	56,669,965	23,630,540	(33,039,425)
2502. Miscellaneous Receivables	18,705	8,170	(10,535)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	56,688,670	23,638,710	(33,049,960)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	0	0	0	0	0	0
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	1,374,153	1,442,174	1,516,927	1,601,956	1,681,297	18,083,052
7. Total	1,374,153	1,442,174	1,516,927	1,601,956	1,681,297	18,083,052
DETAILS OF WRITE-INS						
0601. Comprehensive	62,834	56,852	54,842	52,067	49,926	642,295
0602. Medicare Supplement	2,174	2,057	1,966	1,888	1,815	23,237
0603. Dental Only	423,171	452,978	465,526	476,817	486,209	5,496,983
0698. Summary of remaining write-ins for Line 6 from overflow page	885,974	930,287	994,593	1,071,184	1,143,347	11,920,537
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	1,374,153	1,442,174	1,516,927	1,601,956	1,681,297	18,083,052

GOLDEN RULE INSURANCE COMPANY

**NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024**

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

Golden Rule Insurance Company (the “Company”), licensed as a life, accident, and health insurer, offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of Golden Rule Financial Corporation. Golden Rule Financial Corporation is a wholly owned subsidiary of United HealthCare Services, Inc., a management corporation that provides services to the Company under the terms of a management agreement. United HealthCare Services, Inc. is a wholly owned subsidiary of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on June 17, 1959, as a life, accident, and health insurer and operations commenced in June 1961. The Company is licensed as a life, accident, and health insurer in 48 states, the District of Columbia and Guam. The Company’s accident and health revenues are primarily derived from the sale of individual major medical policies and short-term medical policies. The Company’s life and annuity revenues are primarily derived from term life, whole life, single premium and flexible premium annuities, and long-term care investment products. Effective October 1, 2005, the Company entered into an indemnity reinsurance agreement to reinsure all life and annuity business, excluding group life and term life rider business.

The Company offers comprehensive commercial products to individual. Each contract outlines the coverage provided and renewal provisions.

A. Accounting Practices

The statutory basis financial statements (herein referred to as “financial statements”) are presented on the basis of accounting practices prescribed or permitted by the Indiana Department of Insurance.

The Indiana Department of Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of Indiana, for determining and reporting the financial condition and results of operations of a life, accident, and health insurer, for determining its solvency under Indiana Insurance Law. The state of Indiana prescribes the use of the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual in effect for the accounting periods covered in the financial statements.

No significant differences exist between the practices prescribed or permitted by the state of Indiana and the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual, also known as NAIC SAP, which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

Net Income (Loss)	SSAP #	F/S Page #	F/S Line #	2025	2024
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$97,826,615	\$155,759,591
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$97,826,615</u>	<u>\$155,759,591</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$331,997,412	\$263,416,793
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$331,997,412</u>	<u>\$263,416,793</u>

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

The preparation of these financial statements in conformity with the National Association of Insurance Commissioners' Annual Statement Instructions and the National Association of Insurance Commissioners' Accounting Practices and Procedures manual include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates), aggregate health claim reserves, risk corridor, and risk adjustment estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted.

C. Accounting Policy

Basis of Presentation — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the Indiana Department of Insurance. These statutory practices differ from generally accepted accounting principles in the United States of America.

The Company has deemed the following to be significant differences between statutory practices and generally accepted accounting principles:

- Certain debt investments categorized as available-for-sale or held-to-maturity under generally accepted accounting principles are presented at the lower of book/adjusted carrying value or fair value in accordance with the National Association of Insurance Commissioners' designations in the financial statements, whereas under generally accepted accounting principles, these investments are shown at fair value or book/adjusted carrying value, respectively.
- Cash, cash equivalents, and short-term investments in the financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date. The Company reported \$17,952,949 and \$32,458,128 short-term investments as of December 31, 2025 and 2024, respectively.
- Outstanding checks are required to be netted against cash balances in the financial statements, whereas under generally accepted accounting principles, outstanding checks are presented as other liabilities.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures manual. The statutory basis statements of cash flows are prepared in accordance with the National Association of Insurance Commissioners' Annual Statement Instructions.
- Reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under generally accepted accounting principles.
- Certain assets, including certain aged premium receivables, certain health care and other amounts receivable, certain deferred tax assets, and prepaid expenses are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual and are excluded from the financial statements and charged directly to unassigned funds (surplus).
- Comprehensive income and its components are not separately presented in the financial statements, whereas under generally accepted accounting principles, it is a requirement to present comprehensive income and its components in the financial statements.

Accounting policy disclosures that are required by the National Association of Insurance Commissioners' Annual Statement instructions are as follows:

- (1–2)** Bonds and short term investments include maturities of greater than one year and greater than three months but less than one year at the time of purchase, respectively. Bonds and short-term investments are stated at book/adjusted carrying value if they meet National Association of Insurance Commissioners designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet National Association of Insurance Commissioners' designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the National Association of Insurance Commissioners identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office in accordance with the National Association of Insurance Commissioners' Valuation of Securities manual prepared by the Securities Valuation Office or an external pricing service.

- (3-4) The Company holds no common or preferred stock.
- (5) The Company holds no mortgage loans on real estate.
- (6) Issuer credit obligations and asset-backed securities include U.S government obligations and agency securities, corporate debt securities and mortgage backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of asset-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets.
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities.
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies.
- (9) The Company holds no derivatives.
- (10) Premium deficiency reserves (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, claims adjustment expenses and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the premium deficiency reserves calculation (see Note 30).
- (11) Claims adjustment expenses are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc., in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2025 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified.
- (12) The Company does not carry any fixed assets in the financial statements.
- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc.. Health care and other amounts receivable are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the financial statements (see Note 28).

The Company has also deemed the following to be significant accounting policies:

ASSETS AND LIABILITIES

- **Cash, Cash Equivalents and Other Invested Assets -**

Cash represents cash held by the Company in disbursement accounts/operating accounts and certificates of deposit with a maturity date of less than one year from acquisition. Claims and other payments are made from the disbursement/operating accounts daily. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments.

Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition. Cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by United HealthCare Services, Inc. The investment pool is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value as a practical expedient. Other invested assets include investment in tax credit structures which are stated at book/adjusted carrying value, which approximates fair value in the financial statements.

Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains (losses) less capital gains tax in the financial statements. The Company has not recognized any realized capital gains or losses on sales of investments in 2024 or 2023.

The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains (losses) less capital gains tax, in the financial statements. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition (see Note 5).

- **Premiums and Considerations / Aggregate Health Policy Reserves** — The Company reports uncollected premium balances from its insured members, groups as premiums and considerations in the financial statements. Uncollected premium balances that are over 90 days past due are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential.

Premiums and considerations also include premium adjustments for estimated medical loss ratio rebates payable on the comprehensive commercial which is accounted for as premium adjustments subject to retrospectively rated features (see Note 24).

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2025 and 2024. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2025; however, actual payments may differ from those established estimates.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

- **Premiums Received in Advance** — Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums received in advance in the financial statements.
- **Receivables from / Amounts Due to Parent, Subsidiaries, and Affiliates** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any net unsettled amounts due or owed as receivables from parent, subsidiaries, and affiliates or amounts due to parent, subsidiaries, and affiliates, respectively, in the financial statements. The Company has excluded receivables that do not meet the admissibility criteria from the financial statements.
- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the financial statements.

- **Other Liabilities** — Other liabilities include unclaimed property balances where the Company still owes an amount to an individual, but a claim has not been made after a specified period of time.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Restricted Cash Reserves** — The Company is in compliance with the various states regulatory deposit requirements as of December 31, 2025 and 2024, respectively, for qualification purposes as a domestic and foreign insurer. These restricted cash reserves are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds, cash, cash equivalents and short-term investments in the financial statements. Interest earned on these deposits accrues to the Company (see Note 5).
- **Minimum Capital and Surplus** — Under the laws of the state of Indiana, the Indiana Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$450,000.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a life, accident, and health insurer to support its overall business operations in consideration of its size and risk profile. The Indiana Department of Insurance requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the risk based capital formula, or the level needed to avoid action pursuant to the trend test in the risk-based capital formula.

The Company is also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2025 and 2024.

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the financial statements. The corresponding change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the financial statements.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the Affordable Care Act and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies changes to the estimated rebates and retrospective premium adjustments as change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). In addition, pursuant to Section 1343 of the Affordable Care Act, the Company records premium adjustments for changes to the commercial risk adjustment balances which are reflected in net premium income in the financial statements (see Note 24).

Net premium income also includes dental revenue derived from managed dental care plans. Dental revenue is recognized in the period in which enrollees are entitled to receive services.

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.
- **General Administrative Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to United HealthCare Services, Inc. in exchange for administrative and management services. State income taxes are also a component of general administrative expenses. Costs for items not included within the scope of the management agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements.
- **Net Investment Gains (Losses)** — Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).
- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes (see Note 9).

REINSURANCE

- **Reinsurance Ceded** — In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts or specific transfer of risk agreements. The Company remains primarily liable as the direct insurer on the risks reinsured (see Note 23).

- **Amounts Recoverable from Reinsurers** — The Company records amounts recoverable from reinsurers which represents amounts contractually due to the Company as net reinsurance recoveries in the financial statements.

OTHER

- **Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business. The business is subject to normal claims fluctuations and environmental issues.
- The Company has no commercial customers that individually exceed 10% of total direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, for the years ended December 31, 2025 and 2024, respectively.

Recently Issued Accounting Standards

In November 2023, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 43R, *Asset-Backed Securities* to change the reference to "loan-backed securities" to "asset-backed securities". The National Association of Insurance Commissioners also revised Statement of Statutory Accounting Principles No. 26, *Bonds* to break out into two separate lines (*Issuer Credit Obligations and Asset-Backed Securities*), see Notes 5 and 20. The Company adopted the new requirements on the effective date of the first quarter of 2025.

In August 2024, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 93, *Investments in Tax Credit Structures* and Statement of Statutory Accounting Principles No. 94, *State and Federal Tax Credits* to update instructions and illustrations in notes (5K), (14) and (21E) resulting from the New Market Tax Credits project. The Company adopted the new requirements on the effective date of the first quarter of 2025.

In May of 2025, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 15, *Debt and Holding Company Obligations* to add a new note (11C). The new reporting requirement is to provide a comprehensive picture of the undrawn borrowing capacity of the reporting entity and is intended to be inclusive of undrawn FHLB commitments and lines of credit. The Company adopted the new requirement on the effective date.

In May of 2025, the National Association of Insurance Commissioners adopted a new reporting requirement (SAPWG INT 24-02T) to add a new part to Note 28 - *Health Care Receivables* note (28C) to include Medicare Part D Prescription Payment Plans. The new disclosure requirement adds instructions and illustrations requirements. The Company adopted the new requirement on the effective date.

In May of 2025, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* to update note (5L) to clarify how assets held under modified coinsurance or funds withheld agreements shall be reflected within the restricted asset disclosure. The Company adopted the new requirement on the effective date.

The Company reviewed all other recently issued guidance in 2025 and 2024 that has been adopted for 2025 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2025 and 2024.

During the preparation of the 2024 financial statements, the Company identified an error in recording revenues and commission expenses related to certain non-insurance products for years 2016 through 2023 resulting in an overstatement of aggregate write-ins for other non-health revenues of \$21,142,030 and general administrative expenses of \$4,501,776. In addition, the related current federal income taxes incurred were overstated by \$3,759,135 as a result of this error. Had this adjustment been recorded to the 2023 statutory financial statements, the change to net income, total capital and surplus and total liabilities would have been (\$2,281,129) and (\$12,881,119), and \$16,640,254, respectively. The cumulative effect of this error was corrected by the Company in accordance with Statements of Statutory Accounting Principles No. 3, *Accounting Changes and Corrections of Error*, and is reflected in the financial statements as a correction of error for the period ended December 31, 2024.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Company was not party to a business combination during the years ended December 31, 2025 and 2024, and does not carry goodwill in its financial statements.

4. DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2025 and 2024.

B. Change in Plan of Sale of Discontinued Operation — Not applicable.

C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal — Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal — Not applicable.

5. INVESTMENTS

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. The gross realized gains and losses on sales of long-term investments were \$78,558 and \$0, respectively, for 2025 and \$1,199,672 and \$2,746, respectively, for 2024. The gross realized gains and losses on sales of short-term investments were \$506 and \$46, respectively, for 2025 and \$5,396 and \$2,239, respectively, for 2024. The net realized gains and losses are included in net realized capital gains (losses) less capital gains tax in the financial statements. Total proceeds on the sale of long-term investments were \$12,224,188 and \$74,038,742 and for short-term investments were \$1,353,533 and \$18,184,190 in 2025 and 2024, respectively.

U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities are now included as a component of issuer credit obligations and asset-backed securities as of December 31, 2025, whereas in 2024, these securities were listed in separate categories. The current year disclosures and corresponding tables reflect this change in presentation. No presentation change has been made to the prior year tables.

As of December 31, 2025 and 2024, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company's investments, excluding cash and cash equivalents of \$45,564,904 and \$18,020,296 respectively, are disclosed in the table below:

	2025				Fair Value
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	
Issuer credit obligations					
U.S. government obligations	29,599,160	101,928	—	1,629,337	\$ 28,071,751
Other U.S. government obligations	629,826	213	—	—	630,039
Municipal bonds - general obligations	26,669,177	6,234	20,543	526,540	26,128,328
Municipal bonds - special revenue	53,830,391	130,430	15,395	1,081,611	52,863,815
Project finance bonds issued by operating entities (unaffiliated)	297,350	569	—	—	297,919
Corporate bonds (unaffiliated)	134,015,963	420,440	54,898	3,170,859	131,210,646
Single entity back obligations (Unaffiliated)	7,244,127	18,986	—	138,679	7,124,434
Bonds issued by funds representing operating entities (unaffiliated)	16,504,397	77,252	260	725,146	15,856,243
Issuer credit obligations	<u>268,790,391</u>	<u>756,052</u>	<u>91,096</u>	<u>7,272,172</u>	<u>262,183,175</u>
Asset-backed securities					
Financial asset-backed securities - self-liquidating	132,544,571	417,674	684	5,794,934	127,166,627
Non financial asset-backed securities - practical expedient	12,664,088	79,193	344	—	12,742,937
Non financial asset-backed securities - full analysis	16,389,111	80,675	59,409	—	16,410,377
Asset-backed securities	<u>161,597,770</u>	<u>577,542</u>	<u>60,437</u>	<u>5,794,934</u>	<u>156,319,941</u>
Short-term investments	17,952,949	11,704	144	—	17,964,509
Other invested assets	7,838	—	—	—	7,838
Total bonds, short-term investments, and other invested assets	<u>\$ 448,348,948</u>	<u>\$ 1,345,298</u>	<u>\$ 151,677</u>	<u>\$ 13,067,106</u>	<u>\$ 436,475,463</u>

	2025				Fair Value
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	
Less than one year	\$ 53,950,672	\$ 33,450	\$ 212	\$ 217,598	\$ 53,766,312
One to five years	137,714,986	321,965	26,575	2,453,938	135,556,438
Five to ten years	108,752,100	527,258	28,858	4,638,161	104,612,339
Ten to twenty years	47,273,830	103,804	35,938	930,014	46,411,682
Over twenty years	100,657,360	358,821	60,094	4,827,395	96,128,692
Total bonds, short-term investments, and other invested assets	<u>\$ 448,348,948</u>	<u>\$ 1,345,298</u>	<u>\$ 151,677</u>	<u>\$ 13,067,106</u>	<u>\$ 436,475,463</u>

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

	2024				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 152,131,679	\$ 63,843	\$ 1,943,868	\$ 9,431,209	\$ 140,820,445
State and agency municipal securities	35,025,987	—	169,662	1,103,420	33,752,905
City and county municipal securities	57,183,022	—	228,107	1,930,725	55,024,190
Corporate debt securities	192,587,068	69,062	1,435,829	8,438,467	182,781,834
Other invested assets	18,074	—	—	—	18,074
Total bonds, short-term investments, and other invested assets	<u>\$ 436,945,830</u>	<u>\$ 132,905</u>	<u>\$ 3,777,466</u>	<u>\$ 20,903,821</u>	<u>\$ 412,397,448</u>

Included in asset-backed securities and issuer credit obligations in the tables above are mortgage-related asset-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$161,597,770 and fair value of \$156,319,941.

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2025 and 2024:

	2025					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
Issuer credit obligations	\$ 11,150,688	\$ 91,096	\$ 166,208,419	\$ 7,272,172	\$ 177,359,107	\$ 7,363,268
Asset-backed securities	9,821,551	60,437	66,139,684	5,794,934	75,961,235	5,855,371
Short-term investments	337,160	144	—	—	337,160	144
Total bonds and short-term investments	<u>\$ 21,309,399</u>	<u>\$ 151,677</u>	<u>\$ 232,348,103</u>	<u>\$ 13,067,106</u>	<u>\$ 253,657,502</u>	<u>\$ 13,218,783</u>

	2024					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 52,710,554	\$ 1,943,868	\$ 57,937,191	\$ 9,431,209	\$ 110,647,745	\$ 11,375,077
State and agency municipal securities	8,666,215	169,662	25,086,691	1,103,420	33,752,906	1,273,082
City and county municipal securities	17,563,653	228,107	35,460,537	1,930,725	53,024,190	2,158,832
Corporate debt securities	44,856,704	1,435,829	111,746,192	8,438,467	156,602,896	9,874,296
Total bonds and short-term investments	<u>\$ 123,797,126</u>	<u>\$ 3,777,466</u>	<u>\$ 230,230,611</u>	<u>\$ 20,903,821</u>	<u>\$ 354,027,737</u>	<u>\$ 24,681,287</u>

The unrecognized unrealized losses on investments in issuer credit obligations and asset-backed securities at December 31, 2025 and 2024, were mainly caused by interest rate fluctuations and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of issuer credit obligations and asset-backed securities related to U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company assessed the credit quality of the issuer credit obligations and asset-backed securities related to state and agency municipal securities, city and county municipal securities and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an other-than-temporary impairment, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain asset-backed securities for a period of time sufficient to recover the amortized cost. As a result of this review, no other-than-temporary impairments were recorded by the Company as of December 31, 2025 and 2024.

A–C. The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

D. Asset-Backed Securities

- (1) Asset-backed securities include U.S government obligations and agency securities, corporate debt securities and mortgage backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of asset-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any other-than-temporary impairments on asset-backed securities as of December 31, 2025.
- (3) The Company did not have any asset-backed securities with other-than-temporary impairments to report by CUSIP as of December 31, 2025 or 2024.

- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the asset-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2025 and 2024:

	2025
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 60,438
2. 12 months or longer	5,794,934
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	9,821,551
2. 12 months or longer	66,139,684
	2024
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 1,935,487
2. 12 months or longer	7,734,386
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	49,049,361
2. 12 months or longer	44,855,781

- (5) The Company believes that it will continue to collect timely the principal and interest due on its asset-backed securities that have an amortized cost in excess of fair value. The unrealized losses were primarily caused by interest rate changes and not by unfavorable changes in the credit quality associated with these securities that impacted the assessment on collectability of principal and interest. At each reporting period, the Company evaluates available-for-sale debt securities for any credit-related impairment when the fair value of the investment is less than its amortized cost. The Company evaluated the expected cash flows and the underlying credit quality and credit ratings of the issuers, noting no significant credit deterioration since purchase. As of December 31, 2025, the unrealized loss on any security that the Company classified as available-for-sale was not material to the Company's investment portfolio. Any other securities in an unrealized loss position as of December 31, 2025, the Company considers to be temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions** — Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.
- J. Real Estate** — Not applicable.
- K. Investments in Tax Credit Structures** —

- (1–8) The Company recognized Investments in tax credit structures of \$7,838 and \$18,074 as of December 31, 2025 and 2024, respectively, which are included in other invested assets in the financial statements. There are no remaining years of unexpired tax credits and the required holding period for the low-income housing tax credit investments is 4 years. The Company's investments in tax credit structures are not subject to any regulatory reviews, significant modifications, or events that resulted in a change in nature. The Company did not recognize any impairment losses, write-downs, or reclassifications as of December 31, 2025 and 2024.

L. Restricted Assets —

(1) Restricted assets, including pledged securities as of December 31, 2025 and 2024, are presented below:

Restricted Asset Category	1 Nonadmitted Restricted From Current Year	2 (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 Minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)	8 Amount Reported in General Interrogatori es	9 Difference from Note and GI	10 GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	—%	—%	\$ —	\$ —	
b. Collateral held under security lending	—	—	—	—	—	—%	—%	—	—	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	—	—	—	—	—	—%	—%	—	—	26.25
h. Letter stock or securities restricted as to sale—excluding FHLB capital	—	—	—	—	—	—%	—%	—	—	26.26
i. FHLB capital stock	—	—	—	—	—	—%	—%	—	—	26.27
j. On deposit with states	2,526,526	2,385,117	141,409	—	2,526,526	<1%	<1%	2,526,526	—	26.28
k. On deposit with other regulatory bodies	—	—	—	—	—	—%	—%	—	—	26.29
l. Pledged as collateral to FHLB (including assets backing funding)	—	—	—	—	—	—%	—%	—	—	26.31
m. Pledged as collateral not captured in other	—	—	—	—	—	—%	—%	—	—	26.30
n. Other restricted assets	—	—	—	—	—	—%	—%	—	—	26.32
o. Collateral Assets Received and on	—	—	—	—	—	—%	—%	XXX	XXX	N/A
p. Assets held under Modco Reinsurance	—	—	—	—	—	—%	—%	XXX	XXX	N/A
q. Assets held under Funds Withheld Reinsurance Agreements	—	—	—	—	—	—%	—%	XXX	XXX	N/A
r. Total restricted assets	<u>\$ 2,526,526</u>	<u>\$ 2,385,117</u>	<u>\$ 141,409</u>	<u>\$ —</u>	<u>\$ 2,526,526</u>	<u><1%</u>	<u><1%</u>	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

The Company does not have any differences from Note 5L above and the General Interrogatories

(2–5) The Company has no assets pledged as collateral, assets held under modified coinsurance or funds withheld reinsurance agreements not captured in other categories and no other restricted assets as of December 31, 2025 or 2024.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5GI Securities

The Company does not have any investments with a National Association of Insurance Commissioners' designation of 5GI as of December 31, 2025 and 2024.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees

The following table illustrates prepayment penalty and acceleration fees as of December 31, 2025:

	General Account
1. Number of CUSIPs	2
2. Aggregate Amount of Investment Income	\$ 1,823

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

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$51,556,732 and \$20,999,856 as of December 31, 2025 and 2024, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2025:

Asset Type	Percent Share
(1) Cash	4%
(2) Cash Equivalents	49%
(3) Short-Term Investments	47%
(4) Total	100%

S. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable.**6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

A–B. The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

A. The Company excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.

B. There were no investment income amounts excluded from the financial statements.

C. The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued, and admitted interest income due and accrued amounts as of December 31, 2025 and 2024:

	2025
Interest Income Due And Accrued:	
1. Gross	\$ 3,473,152
2. Nonadmitted	—
3. Admitted	3,473,152
	2024
Interest Income Due And Accrued:	
1. Gross	\$ 3,347,123
2. Nonadmitted	—
3. Admitted	3,347,123

D. The Company has no aggregated deferred interest as of December 31, 2025 or 2024.

E. The Company has no paid-in-kind interest as of December 31, 2025 or 2024.

8. DERIVATIVE INSTRUMENTS

A–B. The Company has no derivative instruments.

9. INCOME TAXES

The corporate alternative minimum tax is calculated as 15% of adjusted financial statement income and applies only to corporations with average annual adjusted financial statement income in excess of \$1 billion for three prior taxable years. The applicability of the corporate alternative minimum tax is determined on a tax-controlled group basis.

The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated, which constitutes a controlled group. The controlled group's expected federal income tax will exceed the corporate alternative minimum tax and therefore the Company does not expect to be subject to the minimum tax.

The controlled group has not made any material modifications to the methodology used to project the corporate alternative minimum tax.

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2025 and 2024 are as follows:

	2025			2024			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7+8) Total
(a) Gross deferred tax assets	\$ 25,428,584	\$ —	\$ 25,428,584	\$ 25,499,322	\$ —	\$ 25,499,322	\$ (70,738)	\$ —	\$ (70,738)
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	25,428,584	—	25,428,584	25,499,322	—	25,499,322	(70,738)	—	(70,738)
(d) Deferred tax assets nonadmitted	15,851,725	—	15,851,725	14,329,785	—	14,329,785	1,521,940	—	1,521,940
(e) Subtotal net admitted deferred tax asset (1c - 1d)	9,576,859	—	9,576,859	11,169,537	—	11,169,537	(1,592,678)	—	(1,592,678)
(f) Deferred tax liabilities	226,976	—	226,976	453,615	—	453,615	(226,639)	—	(226,639)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 9,349,883</u>	<u>\$ —</u>	<u>\$ 9,349,883</u>	<u>\$ 10,715,922</u>	<u>\$ —</u>	<u>\$ 10,715,922</u>	<u>\$ (1,366,039)</u>	<u>\$ —</u>	<u>\$ (1,366,039)</u>

(2) The components of the adjusted gross deferred tax assets admissibility calculation under Statement of Statutory Accounting Principles No. 101, *Income Taxes*, are as follows:

	2025			2024			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 7,257,370	\$ —	\$ 7,257,370	\$ 8,803,215	\$ —	\$ 8,803,215	\$ (1,545,845)	\$ —	\$ (1,545,845)
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	2,092,511	—	2,092,511	1,912,706	—	1,912,706	179,805	—	179,805
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	2,092,511	—	2,092,511	1,912,706	—	1,912,706	179,805	—	179,805
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	—	XXX	XXX	39,284,539	XXX	XXX	(39,284,539)
(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	226,977	—	226,977	453,616	—	453,616	(226,639)	—	(226,639)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	<u>\$ 9,576,858</u>	<u>\$ —</u>	<u>\$ 9,576,858</u>	<u>\$ 11,169,537</u>	<u>\$ —</u>	<u>\$ 11,169,537</u>	<u>\$ (1,592,679)</u>	<u>\$ —</u>	<u>\$ (1,592,679)</u>

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

	2025	2024
(a) Ratio percentage used to determine recovery period and threshold limitation amount	>300%	>300%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 322,647,529	\$ 252,700,871

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2025 and 2024 is presented below:

	2025		2024		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 - 3) Ordinary	6 (Col 2 - 4) Capital
Impact of Tax-Planning Strategies						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 25,428,584	\$ —	\$ 25,499,322	\$ —	\$ (70,738)	\$ —
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)	\$ 9,576,859	\$ —	\$ 11,169,537	\$ —	\$ (1,592,678)	\$ —
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	— %	— %	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes	_____	No	X

B. Unrecognized Deferred Tax Liabilities

(1–3) There are no unrecognized deferred tax liabilities for the years ended December 31, 2025 and 2024.

C. Significant Components of Income Taxes

(1) The federal and foreign income taxes incurred for the years ended December 31, 2025 and 2024 are as follows:

	1 2025	2 2024	3 (Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 18,431,059	\$ 39,648,606	\$ (21,217,547)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	18,431,059	39,648,606	(21,217,547)
(d) Federal income tax on net capital gains (losses)	17,581	252,934	(235,353)
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	—	—	—
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 18,448,640</u>	<u>\$ 39,901,540</u>	<u>\$ (21,452,900)</u>

(2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2025 and 2024, are as follows:

	1	2	3
	2025	2024	(Col 1 - 2) Change
2. Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 341,486	\$ 331,227	\$ 10,259
(2) Unearned premium reserve	1,556,910	2,180,022	(623,112)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	22,775,426	20,957,002	1,818,424
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	179,508	(179,508)
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables — nonadmitted	729,167	1,812,655	(1,083,488)
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	25,595	38,908	(13,313)
(99) Subtotal (sum of 2a1 through 2a13)	25,428,584	25,499,322	(70,738)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	15,851,725	14,329,785	1,521,940
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	9,576,859	11,169,537	(1,592,678)
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	9,576,859	11,169,537	(1,592,678)
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	226,976	453,615	(226,639)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	226,976	453,615	(226,639)
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	226,976	453,615	(226,639)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 9,349,883	\$ 10,715,922	\$ (1,366,039)

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2025 and 2024.

- D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2025 and 2024 is as follows:

	2025		2024	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 24,417,803	21 %	\$ 41,088,837	21 %
Tax-exempt interest	(270,272)	—	(273,557)	—
Current year tax credit	(1)	—	1	(1)
Tax effect of nonadmitted assets	(5,854,791)	(5)	(1,423,837)	—
Total statutory income taxes	<u>\$ 18,292,739</u>	<u>16 %</u>	<u>\$ 39,391,444</u>	<u>20 %</u>
Federal income taxes incurred	\$ 18,431,059	16 %	\$ 39,648,606	19 %
Capital gains tax	17,581	—	252,934	—
Change in net deferred income tax	(155,901)	—	(510,096)	1
Total statutory income taxes	<u>\$ 18,292,739</u>	<u>16 %</u>	<u>\$ 39,391,444</u>	<u>20 %</u>

- E. At December 31, 2025, the Company had no net operating loss carryforwards.

Current federal tax payable (recoverable) of \$441,781 and (\$13,102,554) as of December 31, 2025 and 2024, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$4,904,305 and \$41,490,994 in 2025 and 2024, respectively.

Federal income taxes incurred of \$18,893,780 and \$36,032,305 for 2025 and 2024, respectively, are available for recoupment in the event of future net losses.

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated which constitutes a controlled group. The entities included within the consolidated return are included in the National Association of Insurance Commissioners' Statutory Statement Schedule Y - Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group Incorporated pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal return of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The U.S. Internal Revenue Service has completed exams on UnitedHealth Group Incorporated's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group Incorporated's 2017 through 2023 tax returns are under review by the Internal Revenue Service, with the 2017 through 2020 tax years under the Internal Revenue Service's Compliance Assurance Program. UnitedHealth Group Incorporated is no longer subject to income tax examinations prior to the 2015 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward.

- G. **Tax Contingencies** — Not applicable.

- H. **Repatriation Transition Tax** — Not applicable.

- I. **Alternative Minimum Tax Credit** — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

- A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the Indiana Department of Insurance according to Management's understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreements (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

United HealthCare Services, Inc. maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2025 and 2024, the Company's portion was \$51,556,732 and \$20,999,856, respectively and is included in cash equivalents in the financial statements.

The Company has a tax-sharing agreement with UnitedHealth Group Incorporated (see Note 9).

The Company paid dividends of \$183,000,000 in 2024 to its parent (see Note 13).

The Company has a subordinated debt agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate – Upper Bound plus 50 basis points. Under this agreement, United HealthCare Services, Inc. can borrow money on a short-term basis from the Company. The aggregate principal amount that may be outstanding at any time is the lesser of 3% of the Company's admitted assets or 25% of the Company's policyholder surplus as of the preceding December 31. The Company has received approval from the Indiana Department of Insurance to admit this receivable in the financial statements. No amounts were outstanding under the line of credit as of December 31, 2025 and 2024.

- C. The Company has no material related party transactions that meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties* that are not included in National Association of Insurance Commissioner Statutory Statement Schedule Y—Part 2 Summary Of Insurer’s Transactions With Any Affiliates.
- D. The Company had amounts due to parent, subsidiaries and affiliates of \$2,783,565 and \$20,112,199 as of December 31, 2025 and 2024, respectively, which are included in the financial statements. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.
- E. The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) per member per month; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in general administrative expenses, claims adjustment expenses, and hospital and medical expenses in the financial statements. The following table identifies the amounts reported for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2025 and 2024, which meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties*, regardless of the effective date of the contract:

	2025		2024
United HealthCare Services, Inc.	\$ 185,468,630	\$	221,567,250
Optum, Rx, Inc.	92,609,724		91,607,717
Dental Benefit Providers, Inc.	12,277,999		10,637,702
Spectera, Inc.	3,555,901		2,629,817

United HealthCare Services, Inc. provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for United HealthCare Services, Inc. to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the management agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, medical management, credentialing, preventative health services, utilization management reporting and expenses incurred for new business that will be effective in the subsequent year.

Optum Rx, Inc. provides services that may include, but are not limited to, administrative services related to pharmacy management and pharmacy claims processing for enrollees, manufacturer rebate administration, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products.

Dental Benefit Providers, Inc. provides dental care assistance.

Spectera, Inc. provides administrative services related to vision benefit management and claims processing.

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.
- G. The Company is part of an insurance holding company system with UnitedHealth Group Incorporated as the ultimate parent. Management believes that the Company’s transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.
- H. The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.
- I. The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.
- J. The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.
- K. The Company does not have any investments in foreign insurance subsidiaries.
- L. The Company does not hold any investments in a downstream noninsurance holding company.
- M. The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.
- N. The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.
- O. The Company does not have any investments in subsidiary, controlled, or affiliated entities or joint ventures, partnerships, and limited liability companies in which the Company’s share of losses exceeds the investment.

11. DEBT

- A–B.** The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2025 and 2024.

- C. A summarization of the Company's unused commitments and lines of credit for financing arrangements as of December 31, 2025 and 2024 are presented below:

	2025		2024	
	Unused Commitments	Unused Lines of Credit	Unused Commitments	Unused Lines of Credit
Short-Term (contracts terminating in 12 months or less)	\$—	\$—	\$—	\$—
Long-Term (contracts terminating in more than 12 months)	\$—	\$150,000,000.00	\$—	\$150,000,000.00
Total	\$—	\$150,000,000.00	\$—	\$150,000,000.00

(1- 2) The Company holds a \$150,000,000 subordinated credit agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate - Upper Bound plus 50 basis points. This credit agreement is subordinate to the claims of non-affiliated creditors and loans from non-affiliated lenders of the borrowers. This credit agreement is revolving, unless terminated by either party. No amounts were outstanding under the line of credit as of December 31, 2025 and December 31, 2024. The total amount of interest paid or accrued on all borrowings throughout the year was \$35,361 and \$0 as of December 31, 2025 and December 31, 2024, respectively.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A-I. The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of United HealthCare Services, Inc., which provides services to the Company under the terms of the management agreement (see Note 10).

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

A-B. The Company has 1,000,000 shares authorized and 815,676 shares issued and outstanding of \$4 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, Golden Rule Financial Corporation

C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Indiana Department of Insurance.

D. The Company paid no dividends and no infusions were received during 2025.

The Company paid ordinary cash dividends of \$83,000,000 and \$100,000,000 on June 13, 2024 and December 20, 2024, respectively, to Golden Rule Financial Corporation, which was approved by the Indiana Department of Insurance and recorded as a reduction to unassigned funds (surplus) in the financial statements.

E. The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.

F. There are no restrictions placed on the Company's unassigned funds (surplus).

G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.

H. The Company does not hold any stock, including stock of affiliated companies, for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.

I. The Company does not have any special surplus funds.

J. The portion of unassigned funds (surplus), excluding the corrections of errors, net income (loss), and dividends or infusions, represented (or reduced) by each item below is as follows:

	2025	2024
Net deferred income taxes	25,201,608	25,045,707
Nonadmitted assets	(75,993,912)	(46,592,015)
Total	<u>\$ (50,792,304)</u>	<u>\$ (21,546,308)</u>

K-M. The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

(1–2) The Company is not aware of any other guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity other than what is reported below.

(3) Under state guaranty association laws, certain insurance companies can be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of impaired or insolvent insurance companies that write the same line or similar lines of business. On March 1, 2017, the Commonwealth of Pennsylvania Court entered the written liquidation orders, regarding Penn Treaty Network America Insurance Company and its subsidiary. As of December 31, 2025 and 2024, the Company has recorded \$1,920,898 and \$3,037,255, respectively, for its estimated share of the guaranty association assessment liability and \$876,539 and \$989,610, respectively, for its associated premium tax credit asset, resulting from the Penn Treaty Network America Insurance Company and its subsidiary liquidation, which is included in general expenses due or accrued and guaranty funds receivable or on deposit, respectively, in the financial statements. While the ultimate payment timing and associated recovery is currently unknown, the Company initially anticipated that the majority of the assessments would be paid within five years. Management of the Company has subsequently learned that some states have opted to defer the funding to later years and while this impacts the aggregation tables, it does not have a significant financial impact on the guaranty association assessment liability and related expense or the associated premium tax credit asset.

As of December 31, 2025, assessments from insolvencies is presented below:

- a. Discount Rate Applied 3.5 %
- b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency;

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty	\$ 3,909,598	\$ 1,920,898	\$ 1,165,583	\$ 876,539

- c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency;

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average of Number of Years	Number of Jurisdictions	Range of Years	Weighted Average of Number of Years
Penn Treaty	2	16-43	30	10	1-22	6

C. Gain Contingencies

The Company is not aware of any gain contingencies that should be disclosed in the financial statements.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits — Not applicable.

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

The Company’s business is regulated at the federal, state, and local levels. The laws and rules governing the Company’s business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The Company has been, or is currently, involved in various governmental investigations, audits and reviews. These include routine, regular, and special investigations, audits and reviews by Centers for Medicare and Medicaid Services, state insurance and health and welfare departments and other governmental authorities. The Company cannot reasonably estimate the range of loss, if any, that may result from any material government investigations, audits and reviews in which it is currently involved given the inherent difficulty in predicting regulatory action, fines and penalties, if any, and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers, and regulators, relating to the Company’s businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility, or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the financial statements of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in the financial statements. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company's statutory basis financial condition.

There are no assets that the Company considers to be impaired at December 31, 2025 and 2024, except as disclosed in Note 5 and Note 20.

15. LEASES

A–B. According to the management agreement between the Company and United HealthCare Services, Inc. (see Note 10), United HealthCare Services, Inc. is responsible for operating leases for the rental of office facilities and equipment. Fees associated with the lease agreements are included as a component of the Company's management fee.

In 2025 and 2024, the amount of imputed rent relating to the Company's occupancy of its own buildings, which is included in both net investment income and general insurance expenses in the financial statements was \$0 and \$370,769, respectively.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1–4) The Company does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A–C. The Company did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A–C. The Company does not have any uninsured or partially insured accident and health plans.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2025 and 2024.

20. FAIR VALUE MEASUREMENTS

The National Association of Insurance Commissioner Practices and Procedures manual defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, cash equivalents, and short-term investments are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The third-party pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the third-party pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the third-party pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the third-party pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent third-party pricing services have not historically resulted in an adjustment in the prices obtained from the third-party pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities are now included as a component of issuer credit obligations and asset-backed securities as of December 31, 2025, whereas in 2024, these securities were listed in separate categories. The current year disclosures and corresponding tables reflect this change in presentation. No presentation change has been made to the prior year tables.

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following tables present information about the Company's financial assets that are measured and reported at fair value at December 31, 2025 and 2024, in the financial statements according to the valuation techniques the Company used to determine their fair values:

Description for Each Class of Asset or Liability	2025			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
Issuer credit obligations	—	—	—	—	—
Asset-backed securities	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	3,693,334	—	—	—	3,693,334
Qualified cash pool	51,556,732	—	—	—	51,556,732
Additional write-ins	—	—	—	—	—
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 55,250,066</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 55,250,066</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

Description for Each Class of Asset or Liability	2024				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
U.S. governments	—	—	—	—	—
Industrial and misc	—	—	—	—	—
Hybrid securities	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	2,174,818	—	—	—	2,174,818
Qualified cash pool	20,999,856	—	—	—	20,999,856
Other invested assets	—	—	—	—	—
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 23,174,674</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 23,174,674</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value at December 31, 2025.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2025 or 2024.
- (4) The Company's framework for determining the fair value of investments reported as Level 2 or Level 3 is outlined above.

Investments in Tax Credit Structures — The Company considers its investments in tax credit structures as a Level 3 investment even though no market valuation adjustment was required as of December 31, 2025 and 2024. As a result, these investments are excluded from being presented as a level 3 security in the financial hierarchy tables above. As there is no readily available market, these securities are recorded and reported at book/adjusted carrying value and considered held to maturity as they will not be sold. As a result, these investments are recorded and reported at book value of \$7,838 and \$18,074 as of December 31, 2025 and 2024, respectively. Should any contractual breakage occur that jeopardizes the ability to receive the tax credits associated with these securities, impairments will be recognized. As of December 31, 2025, all of these investments are performing in accordance with their original contract terms. Investments in tax credit structures are recorded in other invested assets in the financial statements.

- (5) The Company has no derivative assets and liabilities to disclose.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2025 and 2024 is presented in the table below:

Type of Financial Instrument	2025						Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
Issuer credit obligations	\$ 262,183,177	\$ 268,790,391	\$ 28,071,752	\$ 234,111,425	\$ —	\$ —	\$ —	
Asset-backed securities	156,319,942	161,597,770	—	156,319,942	—	—	—	
Short-term investments	17,964,509	17,952,949	11,455,610	6,508,899	—	—	—	
Cash equivalents	61,691,477	61,691,478	57,248,751	4,442,726	—	—	—	
Cash				642,412				
Other invested assets	7,838	7,838	—	—	7,838	—	—	
Total bonds, short-term investments, and cash equivalents	\$ 498,166,943	\$ 510,040,426	\$ 96,776,113	\$ 402,025,404	\$ 7,838	\$ —	\$ —	

Type of Financial Instrument	2024						Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
U.S. government and agency securities	\$ 140,820,445	\$ 152,131,679	\$ 57,467,662	\$ 83,352,783	\$ —	\$ —	\$ —	
State and agency municipal securities	33,752,905	35,025,987	—	33,752,905	—	—	—	
City and county municipal securities	55,024,190	57,183,022	—	55,024,190	—	—	—	
Corporate debt securities	182,781,834	192,587,068	—	182,781,834	—	—	—	
Cash equivalents	27,856,239	27,856,239	26,059,295	1,796,944	—	—	—	
Other invested assets	18,074	18,074	—	—	18,074	—	—	
Total bonds, short-term investments, and cash equivalents	\$ 440,253,687	\$ 464,802,069	\$ 83,526,957	\$ 356,708,656	\$ 18,074	\$ —	\$ —	

D. Not Practicable to Estimate Fair Value — Not applicable.

E. Investments Measured Using the NAV Practical Expedient — Not applicable.

21. OTHER ITEMS

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2025 and 2024.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2025 and 2024.

C. Other Disclosures

The Company does not have any amounts not recorded in the financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2025 and 2024.

E. State and Federal Tax Credits

(1–2) The Company has no unused state and federal tax credits as of December 31, 2025 and 2024.

(3) The Company does not have any unused tax credits that need to be estimated as of December 31, 2025 and 2024.

(4) The Company has not recognized impairment on unused state and federal tax credits as of December 31, 2025 and 2024.

(5) Not applicable.

(6) The Company does not have any commitments to purchase tax credits as of December 31, 2025 and 2024.

F. Sub-Prime Mortgage-Related Risk Exposure

(1–4) The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2025 and 2024.

G. Retained Assets

The Company does not have any retained asset accounts for beneficiaries.

H. Insurance-Linked Securities Contracts

As of December 31, 2025, the Company is not aware of any possible proceeds of insurance-linked securities.

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 — Not applicable.**22. EVENTS SUBSEQUENT**

Subsequent events have been evaluated through March 2, 2026, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2025, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

There are no material non-recognized Type II events that require disclosure.

23. REINSURANCE

Reinsurance Agreements — In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company does not have any affiliated reinsurance agreements in place as of December 31, 2025 or 2024.

The Company cedes all of the total risk on individual life policies, except group life and term life rider. The ceding commission, net of tax, generated from entering into this agreement was recorded directly to surplus in 2005. Per SSAP No. 61R, Life, Deposit-Type and Accident and Health Reinsurance, the net ceding commission is to be amortized back into income with a corresponding decrease to surplus. The rate of amortization is based upon the Company's projected income on that block of business had it not entered into the transaction. The impact of this treatment is to increase net income and have no effect on surplus.

Due to the 100% external reinsurance agreement with The State Life Insurance Company, the Company does not recognize any reinsurance recoverables. In addition, liabilities associated with aggregate life policy reserves, including annuity contracts, subject to the reinsurance agreement have been 100% ceded to The State Life Insurance Company in the amount of \$1,076,836,298 and \$1,159,492,123 as of December 31, 2025 and 2024, respectively. Accordingly, the Company reports no benefit expenses or liabilities for this activity in the financial statements.

For accident and health and disability policies, the Company has established various limits of coverage it will retain on any one policyholder and cedes the remainder of such coverage.

Effective October 1, 2005, the Company entered into an indemnity reinsurance agreement to reinsure all life and annuity business, excluding group life and term life rider business. This reinsurer accounted for all of the Company's December 31, 2025 and December 31, 2024, ceded reserves for life and accident and health insurance. The Company remains obligated for amounts ceded in the event that the reinsurer does not meet their obligations.

The effect of external reinsurance agreements outlined above on net premium income, hospital and medical expenses, general administrative expenses, claims adjustment expenses, and change in reserve for life and accident and health contracts is presented below:

	2025	2024
Premiums:		
Direct	\$ 1,319,685,041	\$ 1,459,013,692
Assumed	—	—
Ceded	10,401,615	11,902,400
	<u>1,330,086,656</u>	<u>1,470,916,092</u>
Net premium income	<u>\$ 1,309,283,426</u>	<u>\$ 1,447,111,292</u>
Hospital and medical expenses:		
Direct	\$ 806,409,434	\$ 848,786,835
Assumed	—	—
Ceded	15,842,279	15,440,016
	<u>822,251,713</u>	<u>864,226,851</u>
Net hospital and medical expenses	<u>\$ 790,567,155</u>	<u>\$ 833,346,819</u>

The Company recognized reinsurance recoveries related to external reinsurance agreements of \$15,842,279 and \$15,440,016 in 2025 and 2024, respectively, which are recorded as net reinsurance (recoveries) incurred in the financial statements.

A. Ceded Reinsurance Report**Section 1 — General Interrogatories**

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?
- Yes () No (X)
- (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 credit?
- Yes () No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect 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)

Section 3 — Ceded Reinsurance Report — Part B

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.
- The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2025.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?
- Yes () No (X)

B. Uncollectible Reinsurance — During 2025 and 2024, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2025 or 2024.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation — Not applicable.

E. Reinsurance Credit

- (1) The Company has no ceding reinsurance contracts subject to APPENDIX A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.
- (2) The Company has no ceding reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and which includes provisions that limits the reinsurer’s assumption of risk.
- (3) The Company’s reinsurance contracts do not contain features which result in delays in payment in form or in fact.
- (4) The Company has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to APPENDIX A-791 and not yearly renewable term, which meet the risk transfer requirements of Statement of Statutory Accounting Principles No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.
- (5) The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and generally accepted accounting principles accounting treatment were not the same.
- (6) The Company’s ceded reinsurance contract which are not subject to A-791 and not yearly renewable term reinsurance, is treated the same for generally accepted accounting principles and statutory accounting principles.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A.** The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B.** Estimated accrued retrospective premiums due from the Company are recorded in premiums and considerations and aggregate health policy reserves in the financial statements and as an adjustment to change in change in unearned premium reserves and reserve for rate credits in the financial statements.
- C.** Pursuant to the Affordable Care Act, the Company’s commercial business is subject to retrospectively rated features based on the actual medical loss ratio experienced on the commercial line of business and redetermination features for premium adjustments for changes to each member’s health scores based on guidelines determined by the Affordable Care Act. The total amount of direct premiums written for which a portion is subject to the retrospectively rated and redetermination are \$385,877,776 and \$439,925,134, representing 31% of total direct premiums written as of December 31, 2025 and 2024, respectively.
- D.** The Company does not have Medicare business subject to specific minimum medical loss ratio requirements as of December 31, 2025 and 2024. The Company is required to maintain a specific minimum medical loss ratio on the comprehensive commercial line of business.

The following table discloses the minimum medical loss ratio rebate liability for the comprehensive commercial line of business which is included in aggregate health policy reserves in the financial statements for the years ended December 31, 2025 and 2024:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ 6,231,944	\$ —	\$ —	\$ —	\$ 6,231,944
(2) Medical loss ratio rebates paid	4,362,623	—	—	—	4,362,623
(3) Medical loss rebates unpaid	5,042,742	—	—	—	5,042,742
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	5,042,742
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	2,200,349	—	—	—	2,200,349
(8) Medical loss ratio rebates paid	5,844,982	—	—	—	5,844,982
(9) Medical loss rebates unpaid	1,398,109	—	—	—	1,398,109
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	1,398,109

E. Risk-Sharing Provisions of the Affordable Care Act

- (1)** The Company has accident and health insurance premiums in 2025 and 2024 subject to the Affordable Care Act risk-sharing provisions for the permanent risk adjustment program.

The risk adjustment program is a permanent program designed to mitigate the potential impact of adverse selection that generally applies to non-grandfathered individual and small group plans inside and outside of exchanges. The program helps to stabilize market premiums by transferring funds from plans with relatively low-risk enrollees to plans with relatively high-risk enrollees. The data used by the Centers for Medicare and Medicaid Services to determine the risk adjustment transfer amount is subject to audits along with the true-up to the final Centers for Medicare and Medicaid Services report, which may result in a material change to arrive at the final risk adjustment amount from the initial risk adjustment estimate recorded. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

- (2)** The following table presents the current year impact for the permanent risk adjustment program regarding the risk-sharing provisions of the Affordable Care Act on assets, liabilities, and operations:

a. Permanent ACA Risk Adjustment Program	2025
<u>Assets</u>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ —
<u>Liabilities</u>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	—
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	—
<u>Operations (Revenue & Expense)</u>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	—
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	—

(3) The following table is a roll forward of the prior year Affordable Care Act risk-sharing provisions for the permanent risk adjustment program for asset and liability balances, along with reasons for adjustments to prior year balances:

	Accrued During the Prior Year on Business Written before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustment receivable (including high risk pool payments)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	A	\$ —	\$ —
2. Premium adjustment (payable) (including high risk pool premium)	—	—	—	—	—	—	—	—	B	—	—
3. Total ACA Permanent Risk Adjustment Program	—	—	—	—	—	—	—	—		—	—

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care and other amounts receivable, and reinsurance recoverables for the years ended December 31, 2025 and 2024:

	2025		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (104,551,523)	\$ (104,551,523)
Paid claims — net of health care receivables	715,269,435	75,452,356	790,721,791
End of year claim reserve	96,615,018	1,926,586	98,541,604
Included claims excluding the change in health care receivables	811,884,453	(27,172,581)	784,711,872
Beginning of year health care receivables	—	19,633,323	19,633,323
End of year health care receivables	(13,591,852)	(385,188)	(13,977,040)
Total incurred claims	\$ 798,292,601	\$ (7,924,446)	\$ 790,368,155
	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (123,844,519)	\$ (123,844,519)
Paid claims — net of health care receivables	774,662,721	82,918,072	857,580,793
End of year claim reserve	103,709,035	842,488	104,551,523
Included claims excluding the change in health care receivables	878,371,756	(40,083,959)	838,287,797
Beginning of year health care receivables	—	14,717,345	14,717,345
End of year health care receivables	(14,636,546)	(4,996,777)	(19,633,323)
Total incurred claims	\$ 863,735,210	\$ (30,363,391)	\$ 833,371,819

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable, and reinsurance recoverables as of, December 31, 2024 was \$84,918,200. As of December 31, 2025, \$75,452,356 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable and reinsurance recoverables are now \$1,541,398, as a result of re-estimation of unpaid claims. Therefore, there has been a \$7,924,446 favorable prior year development since December 31, 2024 to December 31, 2025. The primary drivers consist of a favorable development of \$5,409,301 as a result of a change in the provision for adverse deviations in experience, a favorable development of \$3,312,625 in retroactivity for inpatient, outpatient, physician and pharmacy claims, and a favorable development of \$1,967,907 in extended benefits, offset by an unfavorable development of \$2,306,869 in pharmacy rebates.

At December 31, 2024, the Company recorded \$30,363,391 of favorable development. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of \$19,812,716 in retroactivity for inpatient, outpatient, physician and pharmacy claims and by favorable development as a result of a change in the provision for adverse deviations in experience of \$6,378,821. Original estimates are increased or decreased as additional information becomes known regarding individual claims. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the financial statements.

The liabilities for aggregate life policy reserves are \$1,034,635 and \$951,844 as of December 31, 2025 and December 31, 2024, respectively. The change in the reserve is related to prior year run-out activity.

The Company incurred claims adjustment expenses of \$40,299,442 and \$43,231,648 in 2025 and 2024, respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc. as part of the management agreement (see Note 10). The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2025 and 2024:

	2025		2024
Total claims adjustment expenses	\$ 40,299,442	\$	43,231,648
Less: current year unpaid claims adjustment expenses	(3,839,087)		(4,030,148)
Add: prior year unpaid claims adjustment expenses	4,030,148		4,686,026
	<u>40,490,503</u>		<u>43,887,526</u>
Total claims adjustment expenses paid	\$ 40,490,503	\$	43,887,526

- B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses in 2025.

26. INTERCOMPANY POOLING ARRANGEMENTS

- A–G. The Company did not have any intercompany pooling arrangements in 2025 or 2024.

27. STRUCTURED SETTLEMENTS

- A–B. The Company did not have structured settlements in 2025 or 2024.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

- A. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables* from the financial statements.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, the pharmacy rebate transaction history is summarized as follows:

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	\$ 7,413,191	\$ 2,008,344	\$ —	\$ —	\$ —
9/30/2025	7,775,607	7,939,906	3,172,059	—	—
6/30/2025	8,378,481	7,686,547	3,534,533	4,454,874	—
3/31/2025	8,416,163	8,328,343	3,853,168	3,357,557	344,066
12/31/2024	8,202,678	7,301,654	3,537,572	3,901,607	196,368
9/30/2024	8,675,643	7,719,042	3,459,061	3,652,445	869,399
6/30/2024	7,465,874	6,635,898	3,298,092	3,194,773	927,190
3/31/2024	7,485,178	6,601,399	2,731,003	3,514,079	874,325
12/31/2023	8,268,181	7,065,428	4,368,529	2,577,344	1,031,147
9/30/2023	8,889,858	7,050,355	4,151,371	2,727,619	1,471,378
6/30/2023	8,383,780	6,950,951	4,204,676	2,656,935	1,624,027
3/31/2023	8,952,706	8,389,089	3,530,048	4,526,560	1,866,110

Of the amount reported as health care and other amounts receivable, \$10,326,857 and \$10,927,726 relate to pharmacy rebates receivable as of December 31, 2025 and 2024, respectively. This change is primarily due to increased/ (decreased) membership along with the change in generic/name brand mix.

B. The Company does not have any risk-sharing receivables.

The Company also admitted \$220,708 and \$114,175 of provider receivables resulting from claim overpayments as of December 31, 2025 and December 31, 2024, respectively, which are included in health care and other amounts receivable in the financial statements.

C. Medicare Prescription Payment Plan Receivables

(1-3) The Company does not have any health care and other amounts receivables related to the Medicare Prescription Payment Plan as of December 31, 2025.

29. PARTICIPATING POLICIES

The Company does not have any participating contracts in 2025 or 2024.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any premium deficiency reserves as of December 31, 2025 or 2024. The analysis of premium deficiency reserves was completed as of December 31, 2025 and 2024. The Company did consider anticipated investment income when calculating the premium deficiency reserves.

The following table summarizes the Company's premium deficiency reserves as of December 31, 2025 and 2024:

	2025
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	<u>12/31/2025</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	2024
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	<u>12/31/2024</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2025 and 2024, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Indiana
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000731766
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/13/2024
- 3.4 By what department or departments?
Indiana Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []
- 8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank	Salt Lake City, UT	NO	NO	YES	NO

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Baker Tilly US, LLP, Minneapolis, MN
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kristin J. Kuhn, FSA, Director of Actuarial Services of United HealthCare Services, Inc., of which Golden Rule Insurance Company is an affiliate, 300 Burnett Street, Fort Worth, TX 76102
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 - 12.11 Name of real estate holding company ...
 - 12.12 Number of parcels involved 0
 - 12.13 Total book/adjusted carrying value \$0
- 12.2 If yes, provide explanation
.....
- 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
The UnitedHealth Group Code of Conduct amendments in 2025 included a letter from Chief Compliance Officer Natalie Pons, added guidance on responsible use of Artificial Intelligence (AI) tools, expanded guidance on social media risks and public speaking engagements, added references to Privacy & Security secure data handling, expanded reporting channels for reporting Fraud, Waste & Abuse, added emphasis on sustainability, and referenced new policies, including Professional Boundaries Between Employees and Customers, Community Giving, Use of Personal Communication Tools for Company Communications, and Responsible Use of AI
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$0
 - 20.12 To stockholders not officers.....\$0
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$0
 - 20.22 To stockholders not officers.....\$0
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$0
 - 21.22 Borrowed from others.....\$0
 - 21.23 Leased from others\$0
 - 21.24 Other\$0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 446
 - 22.22 Amount paid as expenses\$338,447
 - 22.23 Other amounts paid\$23,883
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 25.093 Total payable for securities lending reported on the liability page \$0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$0
- 26.22 Subject to reverse repurchase agreements \$0
- 26.23 Subject to dollar repurchase agreements \$0
- 26.24 Subject to reverse dollar repurchase agreements \$0
- 26.25 Placed under option agreements \$0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$0
- 26.27 FHLB Capital Stock \$0
- 26.28 On deposit with states \$2,526,526
- 26.29 On deposit with other regulatory bodies \$0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$0
- 26.32 Other \$0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$0
29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon	Global Liquidity Services, 1 Wall St, 14th Floor, New York NY 10286
Northern Trust	50 S. LaSalle, Chicago, IL 60675

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
BlackRock Financial Management, Inc	U.....
Internally Managed	I.....
J.P. Morgan Asset Management	U.....
Insight Investment	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed
107105	BlackRock Financial Management, Inc	SEC	NO.....
107038	J.P. Morgan Asset Management	SEC	NO.....
145995	Insight Investment	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)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

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

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY
GENERAL INTERROGATORIES**

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations	293,184,752	286,589,095	(6,595,656)
31.2 Asset-Backed Securities	161,597,770	156,319,941	(5,277,830)
31.3 Preferred stocks	0	0	0
31.4 Totals	454,782,522	442,909,036	(11,873,486)

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

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

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

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

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

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

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

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

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

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

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

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

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

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

OTHER

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

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

1	2
Name	Amount Paid
A M Best Rating Services Inc	61,100

41.1 Amount of payments for legal expenses, if any?\$0

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	2
Name	Amount Paid

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

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

1	2
Name	Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. \$ 7,614,208

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 6,294,141

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 7,614,208

1.65 Total incurred claims \$ 6,294,141

1.66 Number of covered lives 1,815

1.7 Group policies: Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	1,291,585,889	1,435,390,529
2.2 Premium Denominator	1,321,442,097	1,450,258,467
2.3 Premium Ratio (2.1/2.2)	0.977	0.990
2.4 Reserve Numerator	126,024,591	146,188,451
2.5 Reserve Denominator	135,859,548	154,031,920
2.6 Reserve Ratio (2.4/2.5)	0.928	0.949

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

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

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

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

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

5.2 If no, explain:
Golden Rule is not required to have stop loss reinsurance.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
.....

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

7.2 If no, give details
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,316,308

8.2 Number of providers at end of reporting year 1,714,225

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

9.2 If yes, direct premium earned:

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$0

10.22 Amount actually paid for year bonuses.....\$0

10.23 Maximum amount payable withholds.....\$0

10.24 Amount actually paid for year withholds.....\$0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. State of Indiana
Department of
Insurance

11.4 If yes, show the amount required. \$ 450,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation
.....

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

1 Name of Service Area
Licensed statewide in the following states: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming and Guam.

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] 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 \$0

15.2 Total Incurred Claims \$0

15.3 Number of Covered Lives 0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	527,021,227	507,424,954	570,156,563	607,970,598	575,797,329
2. Total liabilities (Page 3, Line 24)	195,023,815	244,008,161	259,856,805	296,188,085	328,859,836
3. Statutory minimum capital and surplus requirement	450,000	450,000	450,000	450,000	0
4. Total capital and surplus (Page 3, Line 33)	331,997,412	263,416,793	310,299,758	311,782,513	246,937,493
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,321,480,797	1,450,298,560	1,553,715,767	1,640,673,231	1,706,055,934
6. Total medical and hospital expenses (Line 18)	790,567,156	833,346,819	883,981,457	959,563,941	1,075,076,368
7. Claims adjustment expenses (Line 20)	40,299,442	43,231,648	49,029,681	66,376,420	55,045,915
8. Total administrative expenses (Line 21)	390,731,331	398,096,968	413,047,924	393,303,602	429,398,702
9. Net underwriting gain (loss) (Line 24)	99,339,651	174,350,905	206,291,175	218,500,269	145,306,219
10. Net investment gain (loss) (Line 27)	16,866,745	20,986,879	20,176,261	8,701,873	6,942,733
11. Total other income (Lines 28 plus 29)	51,278	70,413	(91,283)	277,692	42,154
12. Net income or (loss) (Line 32)	97,826,615	155,759,591	183,186,450	181,663,547	120,192,818
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	67,209,815	93,865,194	156,512,446	173,406,637	86,332,567
Risk-Based Capital Analysis					
14. Total adjusted capital	331,997,412	263,416,793	310,299,758	311,782,513	246,937,493
15. Authorized control level risk-based capital	44,324,710	44,898,461	48,084,016	53,648,706	60,558,534
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,681,297	1,374,153	1,233,671	1,242,155	1,254,574
17. Total members months (Column 6, Line 7)	18,083,052	15,544,701	14,897,271	14,799,042	14,903,274
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	59.9	57.5	57.1	58.8	63.3
20. Cost containment expenses	1.1	1.2	1.3	1.4	1.4
21. Other claims adjustment expenses	1.9	1.8	1.8	2.6	1.8
22. Total underwriting deductions (Line 23)	92.5	88.0	86.9	86.9	91.8
23. Total underwriting gain (loss) (Line 24)	7.5	12.0	13.3	13.4	8.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	78,238,365	80,184,740	99,393,687	129,280,335	167,404,274
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	86,664,383	111,071,163	137,131,243	167,385,347	203,924,151
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Corrections of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	16,971,303	0	0	0	0	218,860	0	17,190,163	0
2. Alaska	AK	609,234	0	0	0	0	7,273	0	616,507	0
3. Arizona	AZ	92,217,114	0	0	0	0	322,629	0	92,539,743	0
4. Arkansas	AR	14,141,901	0	0	0	0	290,384	0	14,432,285	0
5. California	CA	17,477,322	0	0	0	0	455,934	0	17,933,256	0
6. Colorado	CO	25,556,985	0	0	0	0	239,452	0	25,796,437	0
7. Connecticut	CT	3,480,367	0	0	0	0	236,130	0	3,716,497	0
8. Delaware	DE	1,516,989	0	0	0	0	57,175	0	1,574,164	0
9. District of Columbia	DC	318,673	0	0	0	0	17,700	0	336,373	0
10. Florida	FL	271,431,187	0	0	0	0	1,372,444	0	272,803,631	0
11. Georgia	GA	55,477,539	0	0	0	0	346,998	0	55,824,537	0
12. Hawaii	HI	908,539	0	0	0	0	47,479	0	956,018	0
13. Idaho	ID	716,618	0	0	0	0	15,693	0	732,311	0
14. Illinois	IL	45,410,429	0	0	0	0	1,058,633	0	46,469,062	0
15. Indiana	IN	40,998,802	0	0	0	0	603,732	0	41,602,534	0
16. Iowa	IA	14,593,513	0	0	0	0	321,416	0	14,914,929	0
17. Kansas	KS	6,561,137	0	0	0	0	98,653	0	6,659,790	0
18. Kentucky	KY	13,390,528	0	0	0	0	322,249	0	13,712,777	0
19. Louisiana	LA	14,225,114	0	0	0	0	201,411	0	14,426,525	0
20. Maine	ME	3,766,491	0	0	0	0	54,729	0	3,821,220	0
21. Maryland	MD	22,581,772	0	0	0	0	323,075	0	22,904,847	0
22. Massachusetts	MA	73,224	0	0	0	0	72,344	0	145,568	0
23. Michigan	MI	46,469,905	0	0	0	0	494,727	0	46,964,632	0
24. Minnesota	MN	4,986,121	0	0	0	0	290,400	0	5,276,521	0
25. Mississippi	MS	26,785,147	0	0	0	0	165,990	0	26,951,137	0
26. Missouri	MO	56,905,257	0	0	0	0	446,068	0	57,351,325	0
27. Montana	MT	933,204	0	0	0	0	455	0	933,659	0
28. Nebraska	NE	24,911,744	0	0	0	0	242,831	0	25,154,575	0
29. Nevada	NV	11,006,207	0	0	0	0	77,088	0	11,083,295	0
30. New Hampshire	NH	1,071,598	0	0	0	0	71,354	0	1,142,952	0
31. New Jersey	NJ	1,654,912	0	0	0	0	40,799	0	1,695,711	0
32. New Mexico	NM	256,386	0	0	0	0	37,049	0	293,435	0
33. New York	NY	224,598	0	0	0	0	30,467	0	255,065	0
34. North Carolina	NC	49,544,628	0	0	0	0	489,483	0	50,034,111	0
35. North Dakota	ND	294,797	0	0	0	0	35,758	0	330,555	0
36. Ohio	OH	56,531,690	0	0	0	0	585,313	0	57,117,003	0
37. Oklahoma	OK	18,684,220	0	0	0	0	307,302	0	18,991,522	0
38. Oregon	OR	2,904,082	0	0	0	0	48,910	0	2,952,992	0
39. Pennsylvania	PA	32,441,992	0	0	0	0	483,289	0	32,925,281	0
40. Rhode Island	RI	1,227,593	0	0	0	0	18,181	0	1,245,774	0
41. South Carolina	SC	32,469,871	0	0	0	0	245,048	0	32,714,919	0
42. South Dakota	SD	464,678	0	0	0	0	115,659	0	580,337	0
43. Tennessee	TN	54,366,815	0	0	0	0	697,707	0	55,064,522	0
44. Texas	TX	145,599,025	0	0	0	0	1,414,038	0	147,013,063	0
45. Utah	UT	6,120,320	0	0	0	0	31,896	0	6,152,216	0
46. Vermont	VT	64,502	0	0	0	0	20,080	0	84,582	0
47. Virginia	VA	23,629,491	0	0	0	0	433,589	0	24,063,080	0
48. Washington	WA	4,708,006	0	0	0	0	79,887	0	4,787,893	0
49. West Virginia	WV	6,479,654	0	0	0	0	109,895	0	6,589,549	0
50. Wisconsin	WI	30,002,537	0	0	0	0	430,663	0	30,433,200	0
51. Wyoming	WY	2,388,966	0	0	0	0	4,089	0	2,393,055	0
52. American Samoa	AS	0	0	0	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0	0	0	0
58. Aggregate other aliens	OT	(1,375)	0	0	0	0	1,280	0	(95)	0
59. Subtotal	XXX	1,305,551,352	0	0	0	0	14,133,688	0	1,319,685,040	0
60. Reporting entity contributions for employee benefit plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (direct business)	XXX	1,305,551,352	0	0	0	0	14,133,688	0	1,319,685,040	0
DETAILS OF WRITE-INS										
58001. ZZZ Other Alien	XXX	(1,375)	0	0	0	0	1,280	0	(95)	0
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	(1,375)	0	0	0	0	1,280	0	(95)	0

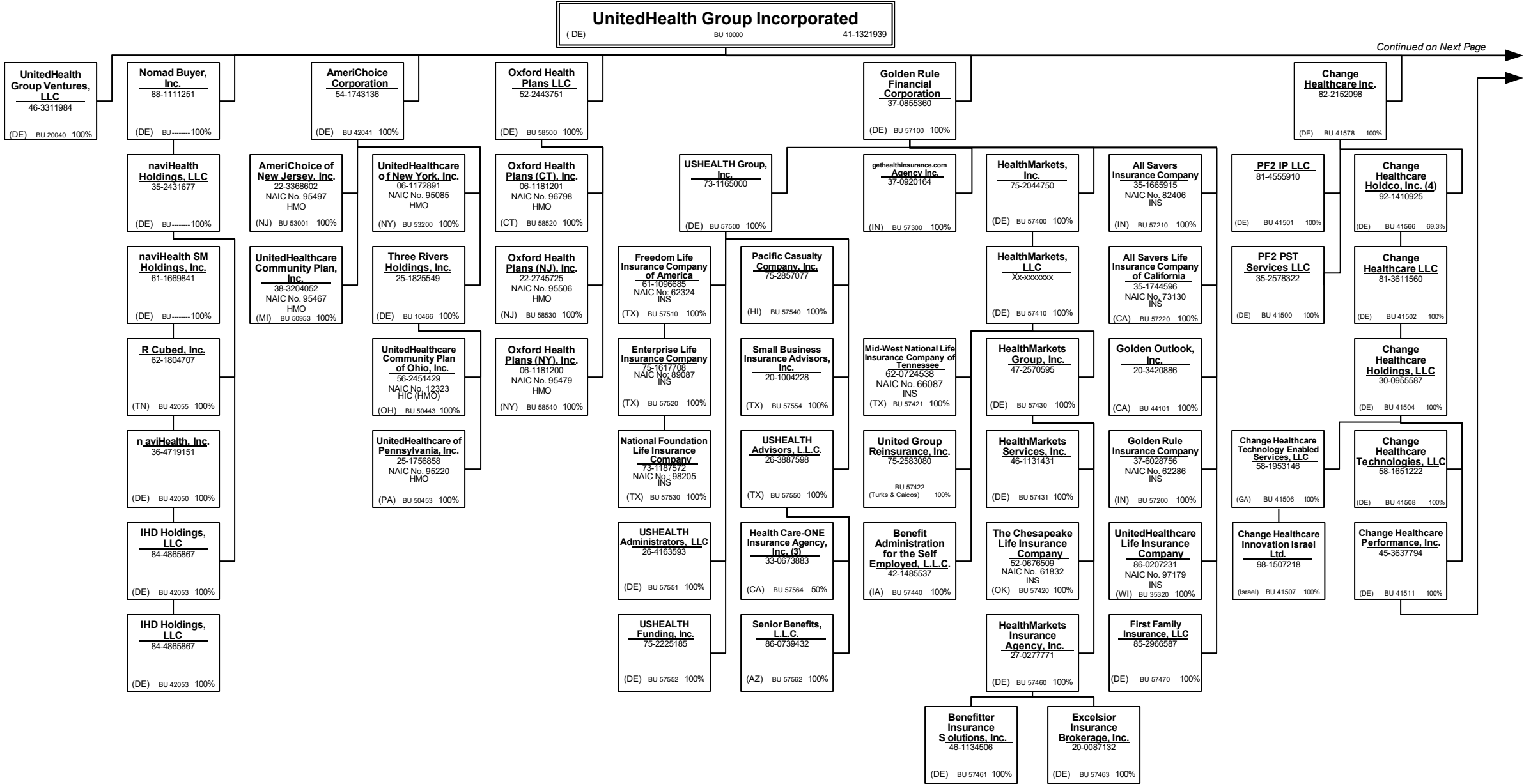
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 51
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 6

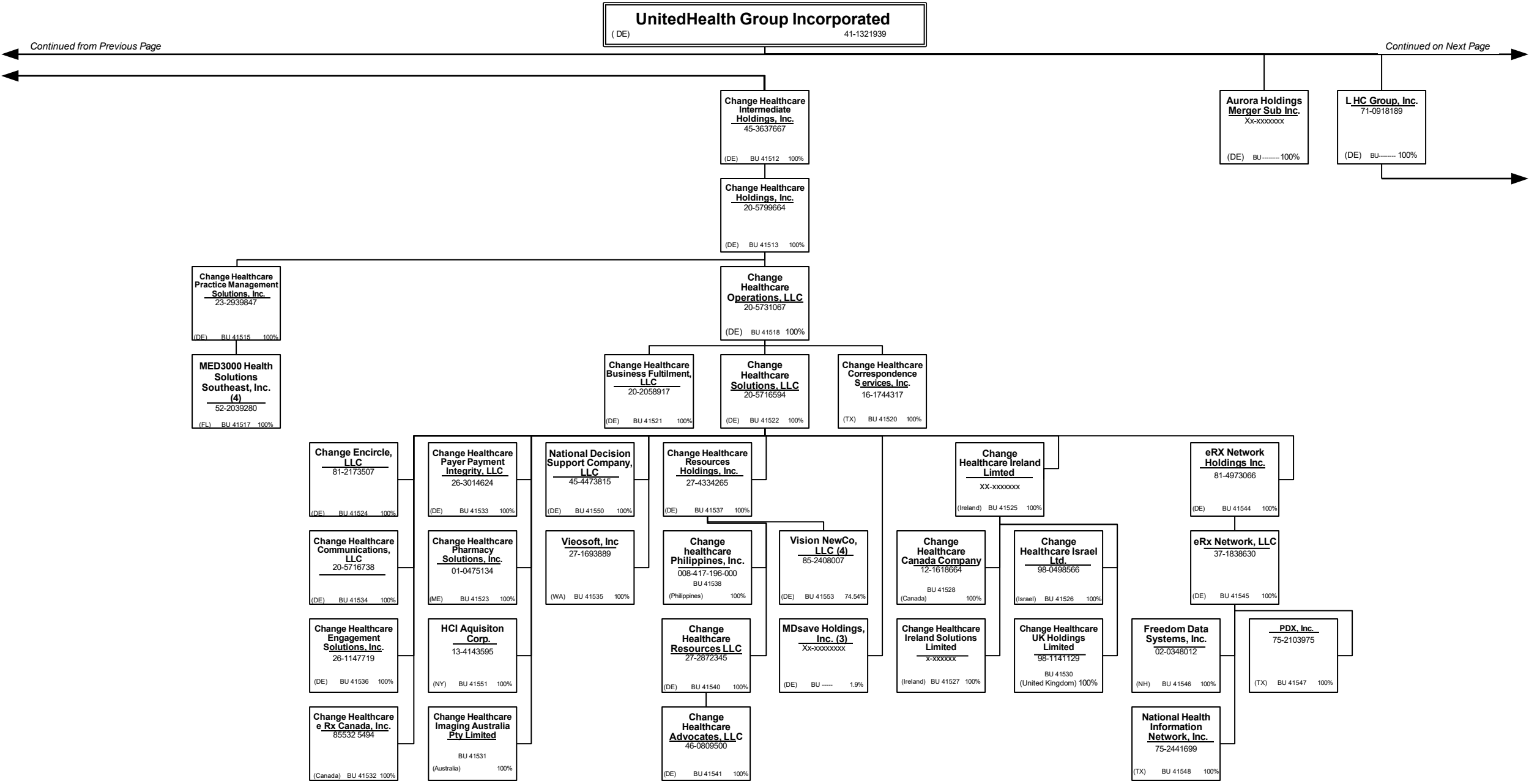
(b) Explanation of basis of allocation by states, premiums by state, etc.

Allocation of premiums is based on insured's address state.
Allocation of premiums is based on insured's address state.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



40.1

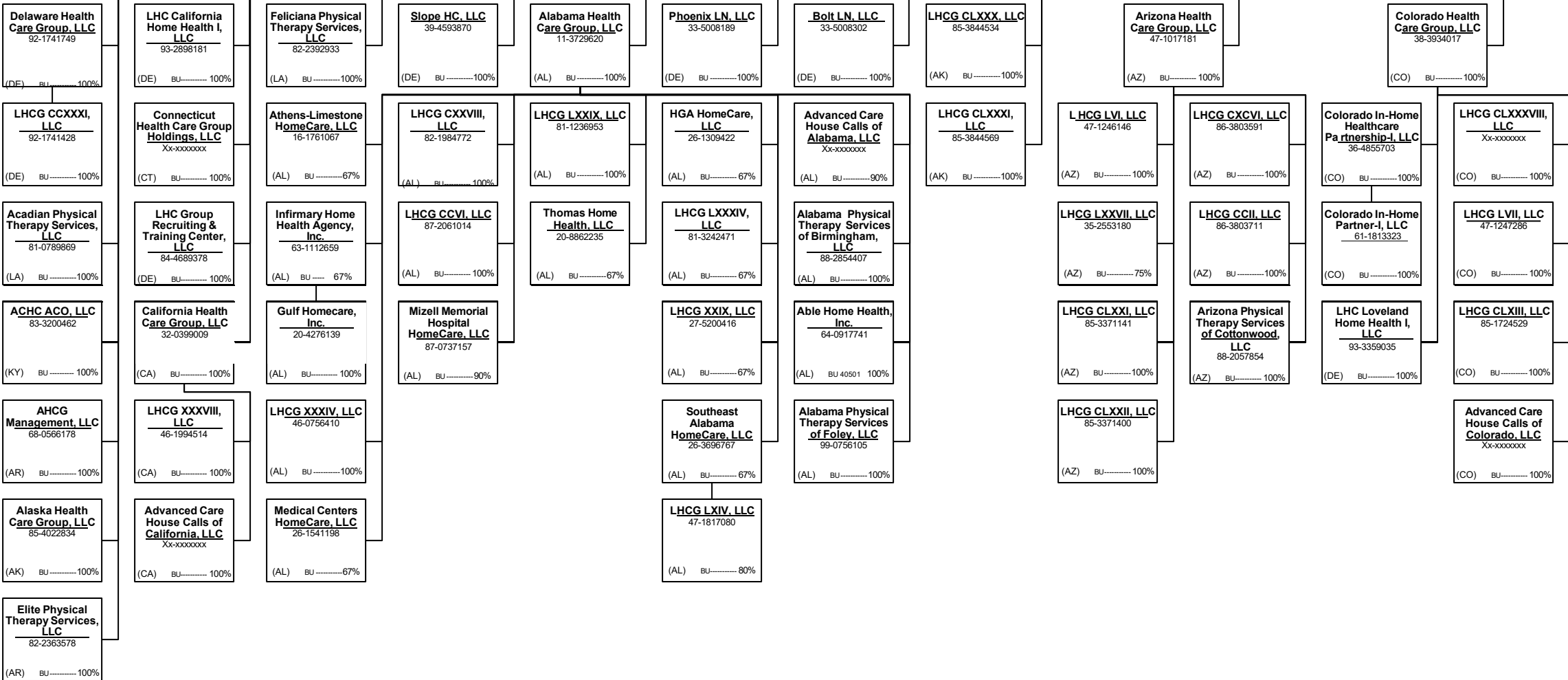
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%



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

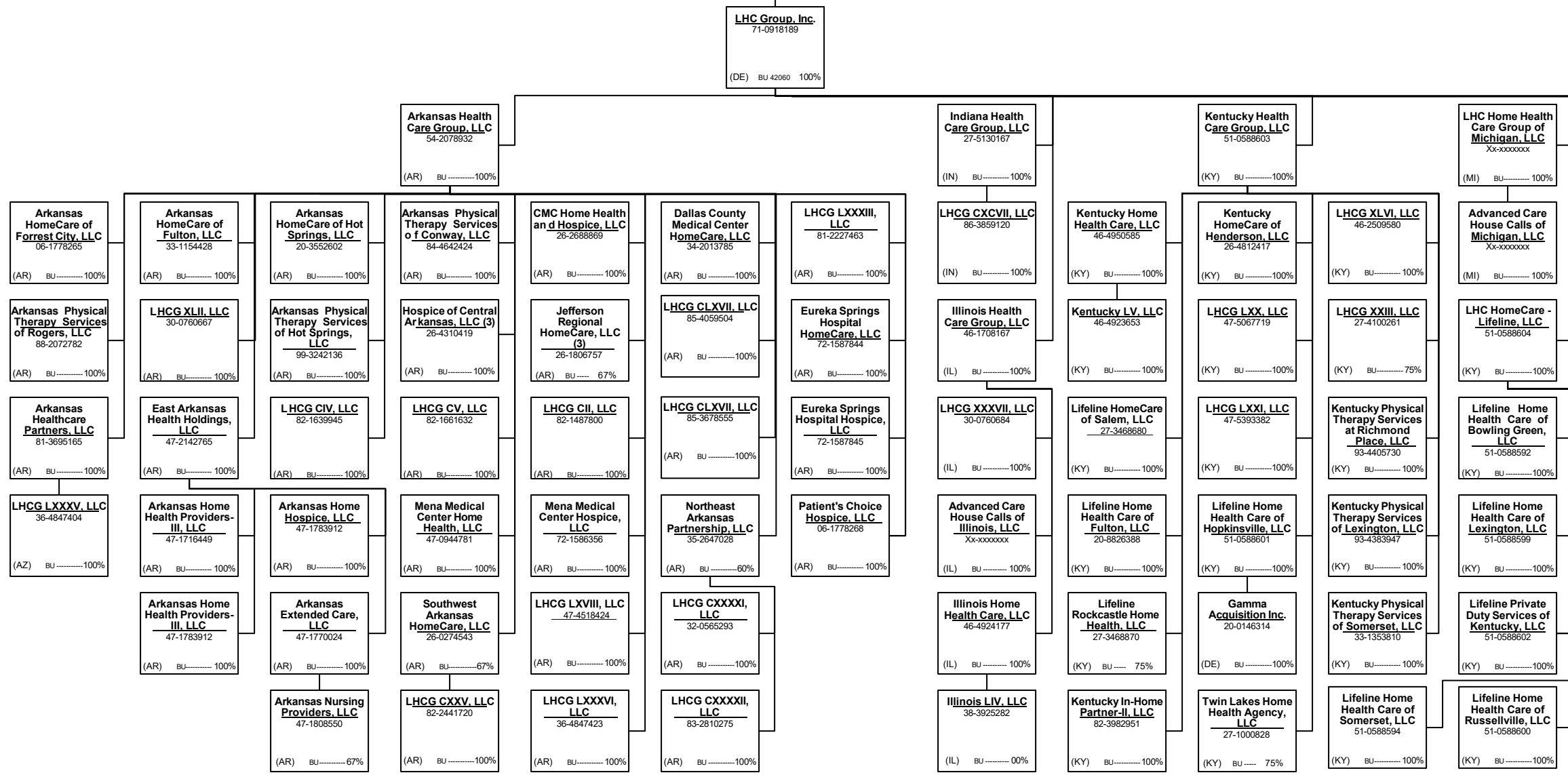
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

40.3



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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Georgia Health Care Group, LLC
 04-3826206
 (GA) BU 100%

LHC Health Care Group of Florida, LLC
 20-3840328
 (FL) BU 100%

ACF Group, Inc.
 99-4163615
 (DE) BU 100%

LHCG CLXIV, LLC
 85-2474241
 (GA) BU 100%

LHCG LXXIV, LLC
 81-1105754
 (GA) BU 100%

LHCG XL, LLC
 46-2509518
 (GA) BU 100%

Advanced Care House Calls of Georgia, LLC
 Xx-xxxxxx
 (GA) BU 100%

Advanced Care House Calls of Florida, LLC
 30-1111990
 (FL) BU 100%

Florida Physical Therapy Services of Miramar, LLC
 85-2890611
 (FL) BU 100%

Florida Physical Therapy Services of Panama City, LLC
 85-2890874
 (FL) BU 100%

LHCG XIX, LLC
 27-3529253
 (FL) BU 75%

Munroe Regional HomeCare, LLC
 77-0670885
 (FL) BU 51%

Florida Physical Therapy Services of Orlando, LLC
 87-2819939
 (FL) BU 100%

Atlantic Homeaid, Inc.
 58-1863635
 (GA) BU 100%

LHCG CLVIII, LLC
 84-4811662
 (GA) BU 100%

Halcyon Healthcare, LLC
 27-4237248
 (DE) BU 100%

Central Florida Partnership, LLC
 84-4741808
 (FL) BU 60%

Florida Physical Therapy Services of Sarasota II, LLC
 85-4184074
 (FL) BU 100%

LHCG CCX, LLC
 87-2695298
 (FL) BU 100%

Florida Physical Therapy Services of Pensacola, LLC
 38-4077716
 (FL) BU 100%

Lifeline Home Health Care of Lady Lake, LLC
 314-1975227
 (FL) BU 100%

Florida Physical Therapy Services of Sun City, LLC
 88-2870661
 (FL) BU 100%

Chesterfield Visiting Nurses Services, Inc.
 57-0876493
 (SC) BU 100%

LHCG LXXV, LLC
 Xx-xxxxxx
 (GA) BU 100%

Altus Hospice of Georgia, LLC
 45-3437288
 (DE) BU 40512 100%

Community Hospice, LLC
 20-0896023
 (MS) BU 100%

Bayfront HMA Home Health LLC
 46-1642468
 (FL) BU 100%

Florida Physical Therapy Services of Orange City, LLC
 99-4674628
 (FL) BU 100%

Florida Physical Therapy Services of Ormond Beach, LLC
 87-2820055
 (FL) BU 100%

LHCG LXXXII, LLC
 61-1788793
 (FL) BU 75%

Florida Physical Therapy Services of Fort Myers, LLC
 86-3177130
 (FL) BU 100%

Florida Physical Therapy Services of Ocala, LLC
 88-2854101
 (FL) BU 75%

Florence Visiting Nurses Services, Inc.
 57-0876491
 (SC) BU 100%

Southern Georgia Partnership, LLC
 88-0998884
 (GA) BU 75%

Cornerstone Palliative and Hospice, LLC
 45-4845966
 (MS) BU 67%

Covenant Palliative and Hospice, LLC
 45-4845621
 (MS) BU 100%

LHCG CLIV, LLC
 84-4776384
 (FL) BU 100%

Florida Physical Therapy Services of Deland, LLC
 33-3109994
 (FL) BU 100%

Florida Physical Therapy Services of Sarasota, LLC
 85-3733455
 (FL) BU 100%

Suncoast Healthcare Partnership, LLC
 Xx-xxxxxx
 (FL) BU 60%

Florida Physical Therapy Services of Gainesville, LLC
 86-1936043
 (FL) BU 100%

Lifeline Home Health Care of Lakeland, LLC
 14-1975232
 (FL) BU 51%

LHCG CCXXII, LLC
 88-0998942
 (GA) BU 100%

Compassionate Hospice of Georgia, Inc.
 45-3245661
 (DE) BU 100%

Grace Hospice, LLC
 20-3301932
 (GA) BU 100%

LHCG CLV, LLC
 84-4829877
 (FL) BU 100%

LHCG CLVI, LLC
 84-4829979
 (FL) BU 100%

LHC Miami Home Health, LLC
 99-4539287
 (FL) BU 100%

Suncoast Partnership-I, LLC
 Xx-xxxxxx
 (FL) BU 100%

Suncoast Partnership-II, LLC
 Xx-xxxxxx
 (FL) BU 100%

Suncoast Partnership-III, LLC
 Xx-xxxxxx
 (FL) BU 600%

Lifeline Home Health Care of Marathon, LLC
 14-1975234
 (FL) BU 100%

Compassionate Healthcare Management Group, Inc.
 20-4591877
 (GA) BU 100%

Halcyon Hospice of Aiken, LLC
 27-0380864
 (FL) BU 100%

LHCG CLIII, LLC
 84-4776234
 (FL) BU 100%

LHCG CLX, LLC
 85-0792455
 (FL) BU 100%

LHCG CLVII, LLC
 85-0778549
 (FL) BU 100%

Suncoast Partner-I, LLC
 Xx-xxxxxx
 (FL) BU 100%

Suncoast Partner-II, LLC
 Xx-xxxxxx
 (FL) BU 100%

Suncoast Partner-III, LLC
 Xx-xxxxxx
 (FL) BU 100%

Lifeline Home Health Care of Port Charlotte, LLC
 14-1975231
 (FL) BU 100%

40.4

Continued from Previous Page

Continued on Next Page

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

Maryland Health Care Group, LLC
26-3598092
(MD) BU 100%

Mississippi Health Care Group, LLC
68-0490418
(MS) BU 100%

LHC Group Pharmaceutical Services II, LLC
81-2871053
(LA) BU 100%

LHC Physician Services, LLC
47-5289323
(LA) BU 100%

LHCG New York Holdings, LLC
84-3090589
(DE) BU 100%

Nebraska Health Care Group, LLC
46-5008635
(NE) BU 100%

LHCG Partner, LLC
81-4453882
(DE) BU 100%

HomeCall, LLC
52-0998217
(MD) BU 100%

Maryland Healthcare Partnership, LLC (3)
88-3736162
(MD) BU 80%

Able Home Health, Inc.
64-0917990
(MS) BU 100%

Advanced Care House Calls of Mississippi, LLC
84-4014730
(MS) BU 100%

LHC Group Pharmaceutical Services III, LLC
81-5023883
(LA) BU 100%

LHC Real Estate I, LLC
20-8308248
(LA) BU 100%

Willcare Consumer Directed, Inc.
Xx-xxxxxxx
(NY) BU 100%

In-Home Healthcare Partnership, LLC
38-4019518
(DE) BU 80%

LHCG CL, LLC
84-2121644
(MD) BU 100%

Maryland Intermediary-I, LLC
88-4115077
(MD) BU 100%

Maryland Intermediary-III, LLC
88-4115305
(MD) BU 100%

Leaf River Home Health Care, LLC
20-1257620
(MS) BU 100%

LHCG CXCV, LLC
86-3319565
(MS) BU 100%

Primary Care at Home of Louisiana, LLC
81-3720899
(LA) BU 100%

LHC Real Estate II, LLC
47-4185991
(LA) BU 100%

Indiana In-Home Healthcare Partnership-I, LLC
Xx-xxxxxxx
(IN) BU 100%

Arkansas In-Home Healthcare Partnership-I, LLC
84-2216080
(AR) BU 100%

Arizona In-Home Healthcare Partnership-III, LLC
84-2209152
(AZ) BU 100%

Ohio In-Home Healthcare Partnership-I, LLC
84-2230289
(OH) BU 100%

Pennsylvania In-Home Healthcare Partnership-III, LLC
32-0515193
(PA) BU 100%

Maryland Physical Therapy Services of Frederick, LLC
85-2244241
(MD) BU 100%

LHCG CCXXIV, LLC
88-3537696
(MD) BU 100%

LHCG CCXXV, LLC
88-3537979
(MD) BU 100%

Mississippi HomeCare of Jackson II, LLC
26-0784038
(MS) BU 100%

Mississippi HomeCare, LLC
01-0689757
(MS) BU 100%

Primary Care at Home of Louisiana II, LLC
82-1032626
(LA) BU 100%

Minnesota Health Care Group, LLC
46-2511957
(MN) BU 100%

Indiana In-Home Partner-I, LLC
Xx-xxxxxxx
(IN) BU 100%

Arkansas In-Home Partner-I, LLC
84-2301559
(AR) BU 100%

Arizona In-Home Partner-III, LLC
84-2275631
(AZ) BU 100%

Idaho In-Home Healthcare Partnership-I, LLC
84-2230243
(ID) BU 100%

Pennsylvania In-Home Partner-III, LLC
82-3662886
(PA) BU 100%

Maryland Intermediary-II, LLC
88-4115213
(MD) BU 100%

Maryland Intermediary-IV, LLC
88-4115420
(MD) BU 100%

Mississippi Physical Therapy Services of Biloxi, LLC
85-1606644
(MS) BU 100%

Picayune HomeCare, LLC
64-0938601
(MS) BU 100%

Primary Care at Home of Louisiana III, LLC
82-2405320
(LA) BU 100%

LHCG XLVIII, LLC
61-1710815
(MN) BU 100%

Arizona In-Home Healthcare Partnership-I, LLC
81-40603540
(AZ) BU 100%

Arkansas In-Home Healthcare Partnership-II, LLC
84-2221004
(AR) BU 100%

Virginia In-Home Healthcare Partnership-III, LLC
32-0513440
(VA) BU 100%

Arizona In-Home Healthcare Partnership-II, LLC
35-2581228
(AZ) BU 100%

Virginia In-Home Healthcare Partnership-I, LLC
38-4021697
(VA) BU 100%

LHCG CXLIX, LLC
84-2108475
(MD) BU 100%

Chester River Home Care & Hospice, LLC
52-2008916
(MD) BU 100%

South Mississippi Home Health, Inc.
64-0736426
(MS) BU 100%

LHCG XXVI, LLC
Xx-xxxxxxx
(MS) BU 100%

Primary Care at Home of Louisiana IV, LLC
82-3253877
(LA) BU 100%

Integrity Clinical Partners, LLC
Xx-xxxxxxx
(MN) BU 100%

Arizona In-Home Partner-I, LLC
38-4023101
(AZ) BU 100%

Arkansas In-Home Partner-II, LLC
84-2311081
(AR) BU 100%

Virginia In-Home Partner-III, LLC
81-4888094
(VA) BU 100%

Arizona In-Home Partner-II, LLC
81-5027397
(AZ) BU 100%

Virginia In-Home Partner-I, LLC
81-4811317
(VA) BU 100%

South Mississippi Home Health, Inc. - Region II
64-0736424
(MS) BU 100%

South Mississippi Home Health, Inc. - Region I
64-0736425
(MS) BU 100%

South Mississippi Home Health, Inc. - Region III
64-0935599
(MS) BU 100%

40.5

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

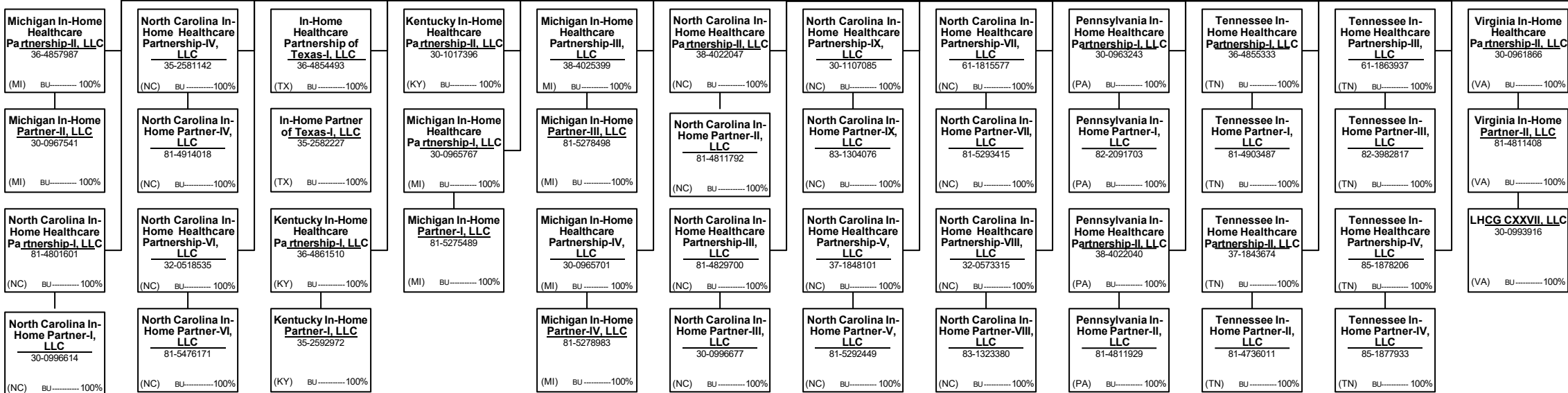
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LHC Group, Inc.
 71-0918189
 (DE) BU-----100%

LHCG Partner, LLC
 81-4453882
 (DE) BU-----100%

In-Home Healthcare Partnership, LLC
 38-4019518
 (DE) BU-----80%



40.6

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU----- 100%

LHCG Partner, LLC
 81-4453882
 (DE) BU----- 100%

In-Home Healthcare Partnership, LLC
 38-4019518
 (DE) BU----- 80%

LHCG Partner II, LLC
 82-1485228
 (TX) BU----- 100%

Southwest Post-Acute Care Partnership, LLC
 61-1846018
 (TX) BU----- 60%

Virginia In-Home Healthcare Partnership-IX, LLC
 32-0516972
 (VA) BU----- 100%

Virginia In-Home Healthcare Partnership-VII, LLC
 37-1844686
 (VA) BU----- 100%

Virginia In-Home Healthcare Partnership-XI, LLC
 36-4908131
 (VA) BU----- 100%

Louisiana In-Home Healthcare Partnership-II, LLC
 36-4886826
 (LA) BU----- 100%

Virginia In-Home Healthcare Partnership-VI, LLC
 37-1843673
 (VA) BU----- 100%

Virginia In-Home Healthcare Partnership-IV, LLC
 61-1810641
 (VA) BU----- 100%

GSHS Home Health, LLC
 16-1727633
 (TX) BU----- 100%

LHCG CCXIII, LLC
 87-3155545
 (LA) BU----- 100%

LHCG CIX, LLC
 82-2084222
 (LA) BU----- 100%

LHCG CLI, LLC
 85-1221268
 (TX) BU----- 100%

LHCG CVI, LLC
 82-2020284
 (LA) BU----- 100%

LHCG CVII, LLC
 82-2044952
 (LA) BU----- 100%

Virginia In-Home Partner-IX, LLC
 81-5294732
 (VA) BU----- 100%

Virginia In-Home Partner-VII, LLC
 81-4888210
 (VA) BU----- 100%

Virginia In-Home Partner-XI, LLC
 83-2040583
 (VA) BU----- 100%

Louisiana In-Home Partner-II, LLC
 35-2616195
 (LA) BU----- 100%

Virginia In-Home Partner-VI, LLC
 81-4737281
 (VA) BU----- 100%

Virginia In-Home Partner-IV, LLC
 32-0516324
 (VA) BU----- 100%

LHCG CXII, LLC
 82-2146037
 (TX) BU----- 100%

LHCG CXIII, LLC
 82-2159030
 (TX) BU----- 100%

LHCG CXIV, LLC
 82-2174970
 (TX) BU----- 100%

LHCG CXXIII, LLC
 82-2301047
 (GA) BU----- 100%

LHCG CX, LLC
 82-2098229
 (LA) BU----- 100%

LHCG CCXVI, LLC
 88-0582397
 (LA) BU----- 100%

Virginia In-Home Healthcare Partnership-V, LLC
 38-4020777
 (VA) BU----- 100%

Virginia In-Home Healthcare Partnership-VIII, LLC
 61-1814029
 (VA) BU----- 100%

Virginia In-Home Healthcare Partnership-XII, LLC
 86-2505437
 (VA) BU----- 100%

Louisiana In-Home Healthcare Partnership-III, LLC
 35-2614777
 (LA) BU----- 100%

Virginia In-Home Healthcare Partnership-X, LLC
 32-0580044
 (VA) BU----- 100%

LHCG CXV, LLC
 82-2187727
 (TX) BU----- 100%

LHCG CXVI, LLC
 82-2206275
 (TX) BU----- 100%

LHCG CXVII, LLC
 82-2217874
 (TX) BU----- 100%

Texas Health Care Group of Texarkana, LLC
 41-2076211
 (TX) BU----- 100%

LHCG CCIII, LLC
 87-0969466
 (LA) BU----- 100%

LHCG CXI, LLC
 82-2140184
 (TX) BU----- 100%

Virginia In-Home Partner-V, LLC
 81-4737123
 (VA) BU----- 100%

Virginia In-Home Partner-VIII, LLC
 81-5294131
 (VA) BU----- 100%

Virginia In-Home Partner-XII, LLC
 86-2445798
 (VA) BU----- 100%

Louisiana In-Home Partner-III, LLC
 82-4146470
 (LA) BU----- 100%

Virginia In-Home Partner-X, LLC
 83-2555935
 (VA) BU----- 100%

LHCG CXXIV, LLC
 82-2261569
 (TX) BU----- 100%

LHCG CXXX, LLC
 82-2276690
 (TX) BU----- 100%

LHCG CXXXI, LLC
 82-2469676
 (TX) BU----- 100%

Marshall HomeCare, LLC
 02-0732705
 (TX) BU----- 100%

LHCG CCXXXIII, LLC
 32-0540219
 (TX) BU----- 100%

LHCG CVIII, LLC
 82-1666299
 (LA) BU----- 100%

LHC Lufkin Home Health I, LLC
 99-2735771
 (TX) BU----- 100%

LHC Onalaska Home Health I, LLC
 99-2735959
 (TX) BU----- 100%

LHCG CCXXXII, LLC
 82-2244399
 (TX) BU----- 100%

40.7

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

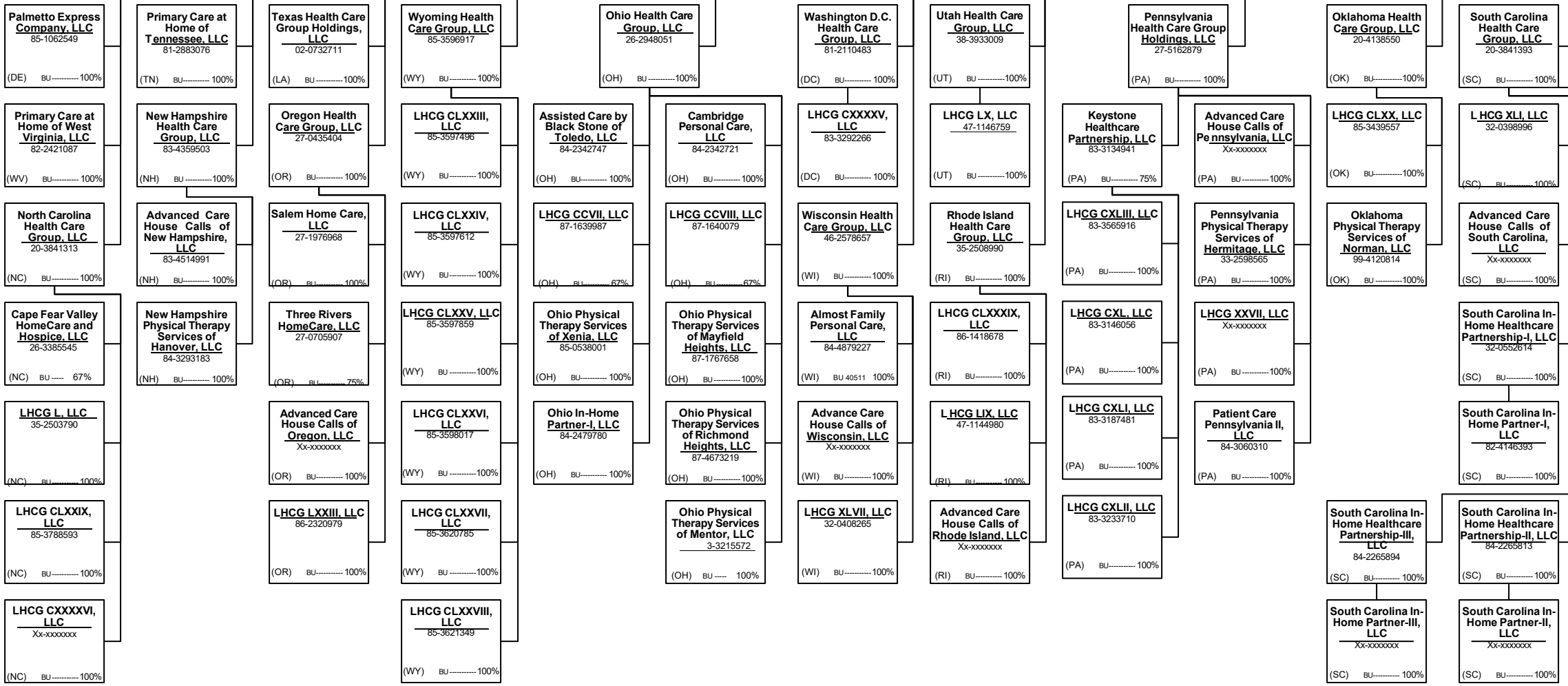
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

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LHC Group, Inc.
71-0918189
(DE) BU 42060 100%



40.9

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

PART 1 – ORGANIZATIONAL CHART

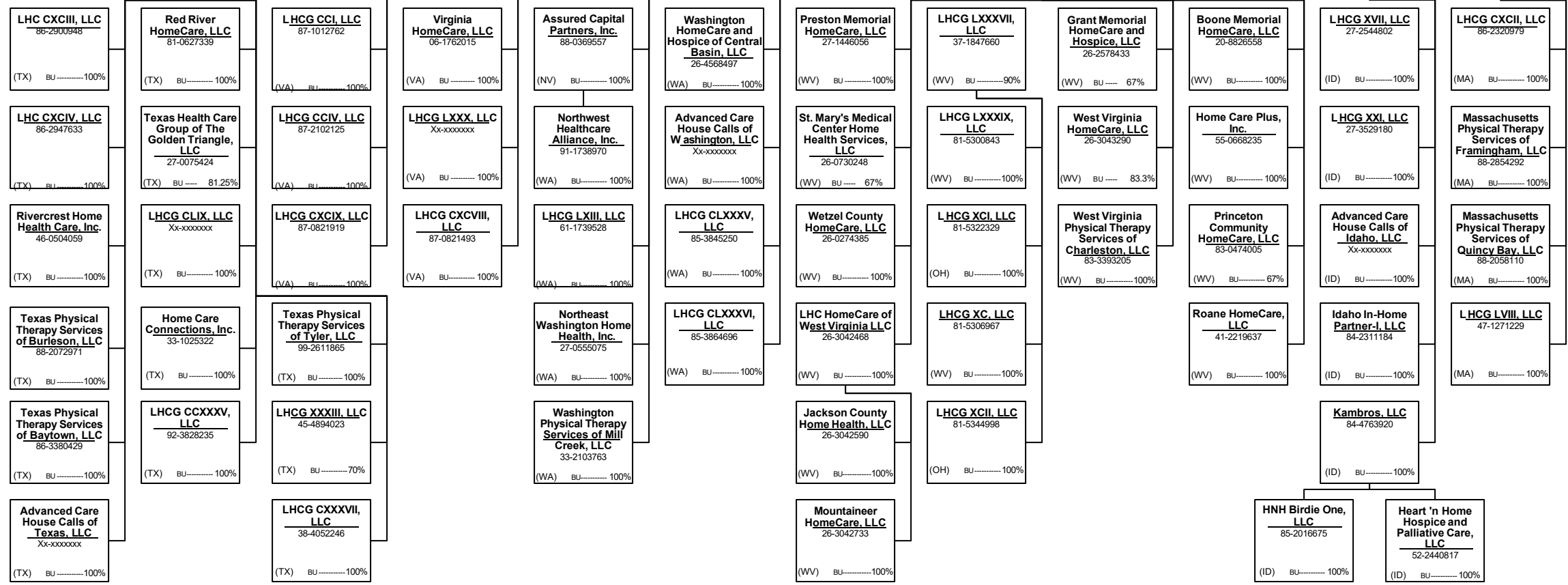
UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

<p>Texas Health Care Group, LLC 62-1850044 (TX) BU 100%</p>	<p>Virginia Health Care Group, LLC 06-1762010 (VA) BU 100%</p>	<p>Washington Health Care Group, LLC 26-3811771 (WA) BU 100%</p>	<p>West Virginia Health Care Group, LLC 87-0748651 (WV) BU 100%</p>	<p>Idaho Health Care Group, LLC 27-2498964 (ID) BU 100%</p>	<p>Massachusetts Health Care Group, LLC 38-3932998 (MA) BU 100%</p>
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40.10

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

Tennessee Health Care Group, LLC
20-3427231
(TN) BU 100%

Elk Valley Professional Affiliates, Inc.
62-1193858
(TN) BU 100%

Lifeline Home Health Care of Springfield, LLC
20-8826801
(TN) BU 100%

LHCG LXXXVIII, LLC
30-0965267
(TN) BU 67%

Tennessee Physical Therapy Services of Kingsport, LLC
83-2129924
(TN) BU 100%

Tennessee Physical Therapy Services of Memphis, LLC
87-2087086
(TN) BU 100%

Tennessee Physical Therapy Services of Knoxville, LLC
83-2743288
(TN) BU 100%

Innovative Senior Care Home Health of Rhode Island, LLC
45-2502463
(DE) BU 100%

Health at Home Holdings, LLC
87-0934507
(DE) BU 100%

Elk Valley Health Services, LLC
62-1204869
(TN) BU 100%

LHCG CXXXIV, LLC
35-2605467
(TN) BU 100%

Arkansas Home Health Providers-IV, LLC
47-1754828
(AR) BU 100%

LHCG C, LLC
82-1229536
(MS) BU 100%

Tennessee Physical Therapy Services of Mt. Juliet, LLC
86-2321464
(TN) BU 100%

Woods Home Health, LLC
27-1260681
(TN) BU 100%

West Tennessee HomeCare, LLC
26-2947894
(TN) BU 67%

Health at Home Holdings - Charlotte, LLC
87-1136405
(DE) BU 100%

Health at Home Holdings - Alabama, LLC
87-1045915
(DE) BU 100%

Health at Home Holdings - Albuquerque, LLC
87-1045845
(DE) BU 100%

Health at Home Holdings - Arizona, LLC
87-1284003
(DE) BU 100%

Health at Home Holdings - Boston, LLC
87-1166127
(DE) BU 100%

Gericare, LLC
62-1160679
(TN) BU 100%

LHCG CXXXVI, LLC
38-4049205
(TN) BU 100%

LHCG CLXII, LLC
85-2210023
(TN) BU 100%

LHCG XCIII, LLC
81-5266120
(TN) BU 100%

HMC Home Health, LLC
27-1362827
(TN) BU 75%

Lifeline Home Health Care of Union City, LLC
06-1793261
(TN) BU 100%

Innovative Senior Care Home Health of Charlotte, LLC
27-4318872
(DE) BU 100%

Innovative Senior Care Home Health of Alabama, LLC
30-0781533
(DE) BU 100%

Innovative Senior Care Home Health of Albuquerque, LLC
27-2065054
(DE) BU 100%

Nurse on Call of Arizona, LLC
38-3904633
(DE) BU 100%

Innovative Senior Care Home Health of Boston, LLC
26-3445981
(DE) BU 100%

LHCG XCIV, LLC
81-5274714
(TN) BU 100%

LHCG XCIX, LLC
81-5377954
(MS) BU 100%

Innovative Senior Care Home Health of Hartford, LLC
45-2502527
(DE) BU 100%

Lifeline of West Tennessee, LLC
26-0609961
(TN) BU 100%

Health at Home Holdings - Detroit, LLC
87-1107918
(DE) BU 100%

Health at Home Holdings - Durham, LLC
87-1166046
(DE) BU 100%

Health at Home Holdings - Edmond, LLC
87-1166266
(DE) BU 100%

Health at Home Holdings - High Point, LLC
87-1165951
(DE) BU 100%

LHCG XCV, LLC
81-5297025
(TN) BU 100%

LHCG XCVI, LLC
81-5306890
(TN) BU 100%

LHCG CXXIV, LLC
87-3076026
(RI) BU 100%

Medical Center Home Health, LLC
26-2947990
(TN) BU 100%

Innovative Senior Care Home Health of Detroit, LLC
26-2611755
(DE) BU 100%

Innovative Senior Care Home Health of Durham, LLC
27-2620181
(DE) BU 100%

Innovative Senior Care Home Health of Edmond, LLC
27-2619513
(DE) BU 100%

Innovative Senior Care Home Health of High Point, LLC
45-2952600
(DE) BU 100%

LHCG CXI, LLC
86-1394064
(TN) BU 100%

LHCG XCVII, LLC
81-5322529
(TN) BU 100%

LHCG XCVIII, LLC
81-5345526
(MS) BU 100%

LHCG CCXXX, LLC
92-0578697
(TN) BU 100%

40.11

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

Tennessee Health Care Group, LLC
20-3427231
(TN) BU 100%

Missouri Health Care Group, LLC
61-1495255
(MO) BU 100%

New Mexico Health Care Group, LLC
Xx-xxxxxx
(NM) BU 100%

New Jersey Health Care Group, LLC
87-3033261
(NJ) BU 100%

Nevada Health Care Group, LLC
35-2465420
(NV) BU 100%

Health at Home Holdings, LLC
87-0934507
(TN) BU 100%

Access Hospice, LLC
27-1366872
(MO) BU 100%

LHCG CXXXIII, LLC
83-0681232
(MO) BU 80%

Advanced Care House Calls of New Mexico, LLC
Xx-xxxxxx
(NM) BU 100%

LHCG CCIX, LLC
88-3276389
(NJ) BU 100%

LHCG CLII, LLC
84-325549
(NV) BU 100%

Health at Home Hospice - Indianapolis, LLC
87-0862398
(DE) BU 100%

Health at Home Hospice - Columbus, LLC
87-0999298
(DE) BU 100%

Health at Home Hospice - Sacramento, LLC
86-4005194
(DE) BU 100%

Patient Care Hospice - Chicago, LLC
46-2849765
(DE) BU 100%

Health at Home Hospice - Chicago, LLC
87-0835646
(DE) BU 100%

Health at Home Hospice - Cleveland, LLC
87-0999405
(DE) BU 100%

Health at Home Therapy - New Jersey, LLC
87-0934773
(DE) BU 100%

LHCG LXIX, LLC
47-5422639
(MO) BU 100%

LHCG CXLVIII, LLC
83-4482875
(MO) BU 80%

New Mexico Physical Therapy Services of Albuquerque, LLC
88-2854505
(NM) BU 100%

LHCG CCXV, LLC
87-4106973
(NJ) BU 100%

LHCG XXXIX, LLC
37-1711510
(NV) BU 100%

Health at Home Holdings - Portland, LLC
87-1108061
(DE) BU 100%

Health at Home Holdings - Seattle Metro, LLC
87-1043804
(DE) BU 100%

Health at Home Holdings - Chicago, LLC
87-1095513
(DE) BU 100%

Health at Home Holdings - St. Louis, LLC
87-0975245
(DE) BU 100%

Health at Home Hospice - Dayton, LLC
87-0967261
(DE) BU 100%

Health at Home Hospice - Detroit, LLC
86-4005353
(DE) BU 100%

Health at Home Holdings - Ohio, LLC
87-1189068
(DE) BU 100%

LHCG XXV, LLC
27-4604406
(MO) BU 100%

LHCG CXCI, LLC
86-2876981
(MO) BU 100%

LHCG CCXVII, LLC
88-2549028
(NJ) BU 100%

LHCG CXXXIX, LLC
82-5174891
(NV) BU 75%

Innovative Senior Care Home Health of Portland, LLC
26-2863172
(DE) BU 100%

Health at Home - Seattle Metro, LLC
87-0862570
(DE) BU 100%

Innovative Senior Care Home Health of Chicago, LLC
27-0329830
(DE) BU 100%

Innovative Senior Care Home Health of St. Louis, LLC
26-3445898
(DE) BU 100%

Health at Home Hospice - Minnesota, LLC
87-0835290
(DE) BU 100%

Health at Home Hospice - Phoenix, LLC
87-0862211
(DE) BU 100%

Innovative Senior Care Home Health of Ohio, LLC
26-1736377
(DE) BU 100%

Southwest Missouri HomeCare, LLC
26-1496237
(MO) BU 100%

LHCG CXLVI, LLC
83-4387481
(MO) BU 100%

LHCG CCXI, LLC
87-3086258
(NJ) BU 75%

LHCG CXXXVIII, LLC
82-4394415
(NV) BU 100%

Health at Home Holdings - Indianapolis, LLC
87-1081217
(DE) BU 100%

Health at Home Holdings - Philadelphia, LLC
87-1108256
(DE) BU 100%

Health at Home Hospice - Portland, LLC
87-0835486
(DE) BU 100%

ISCHH of Minneapolis Holdings, LLC
87-0915370
(DE) BU 100%

Health at Home Therapy - Atlanta, LLC
87-1080305
(DE) BU 100%

Health at Home Holdings - Tulsa, LLC
87-1136169
(DE) BU 100%

Missouri Physical Therapy Services of Creve Coeur, LLC
88-3684122
(MO) BU 100%

LHCG CXLVII, LLC
83-4414219
(MO) BU 100%

LHCG CXLV, LLC
83-3452180
(NJ) BU 100%

LHCG CCXII, LLC
Xx-xxxxxx
(NJ) BU 100%

LHCG CXXXIV, LLC
38-4085343
(NV) BU 100%

Innovative Senior Care Home Health of Indianapolis, LLC
26-3285980
(DE) BU 100%

Innovative Senior Care Home Health of Philadelphia, LLC
27-2399264
(DE) BU 100%

Health at Home Therapy - Greenville, LLC
87-0999492
(DE) BU 100%

Innovative Senior Care Home Health of Minneapolis, LLC
26-3445808
(DE) BU 100%

Health at Home Therapy - Knoxville, LLC
87-0967144
(DE) BU 100%

Innovative Senior Care Home Health of Tulsa, LLC
27-4586855
(DE) BU 100%

LHCG CXLIV, LLC
83-3472384
(NJ) BU 100%

LHCG CCXVIII, LLC
88-4310496
(NJ) BU 100%

40.12

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Almost Family, Inc.
 06-1153720
 (DE) BU 100%

AFAM Acquisition, LLC
 26-2866404
 (KY) BU 100%

Adult Day Care of America, Inc.
 06-1207175
 (DE) BU 40506 100%

Imperium Health Management, LLC
 45-2788800
 (KY) BU 100%

Ingenios Health Holdings, Inc.
 46-0896098
 (DE) BU 100%

National Health Industries, Inc.
 61-0997496
 (KY) BU 100%

Patient Care, Inc.
 22-2088938
 (DE) BU 100%

AFAM Sub I, LLC
 83-3778263
 (DE) BU 100%

ACO Clinical Partners, LLC
 47-4049515
 (KY) BU 100%

Advanced Clinical Partners, LLC
 86-3179032
 (KY) BU 100%

Apex Clinical Partners, LLC
 86-3255577
 (KY) BU 100%

Ingenios Health Co
 22-3980674
 (DE) BU 90%

AFAM Holding Co II, LLC (4)
 85-3047540
 (DE) BU 80%

AF-CH-HH, LLC
 26-3287805
 (DE) BU 100%

Patient Care Medical Services, Inc.
 22-2170708
 (NJ) BU 10%

Priority Care, Inc.
 06-1482496
 (CT) BU 100%

Bluegrass Accountable Care, LLC
 47-4035861
 (KY) BU 100%

Colorado Clinical Partners, LLC
 47-4049624
 (CO) BU 100%

Commonwealth Clinical Partners, LLC
 46-5758603
 (KY) BU 100%

Petersburg Home Care Services, LLC
 26-3388826
 (DE) BU 100%

Clarksville Home Care Services LLC
 80-0278168
 (DE) BU 100%

Kirksville Home Care Services, LLC
 30-0961579
 (MO) BU 100%

La Porte Home Care Services, LLC
 81-0704452
 (DE) BU 100%

Key West HHA, LLC
 37-1862951
 (FL) BU 100%

Valparaiso Home Care Services LLC
 61-1761960
 (DE) BU 100%

Patient Care Pennsylvania, Inc.
 37-1459396
 (DE) BU 100%

Patient Care Connecticut, LLC
 27-0726569
 (CT) BU 100%

Imperium Clinical Partners, LLC
 86-3255691
 (KY) BU 100%

Imperium Clinical Partners II, LLC
 86-3297432
 (KY) BU 100%

Imperium Clinical Partners III, LLC
 86-3297600
 (KY) BU 100%

Hattiesburg Home Care Services LLC
 26-3376723
 (DE) BU 100%

North Okaloosa Home Health LLC
 20-1574246
 (FL) BU 100%

Victoria Texas Home Care Services, LLC
 26-3404003
 (DE) BU 100%

SJ Home Care LLC
 26-2817959
 (DE) BU 100%

Venice Home Care Services LLC
 32-0449695
 (DE) BU 100%

Patient Care HHA, LLC
 61-1792273
 (CT) BU 100%

Integrity Clinical Partners, LLC
 47-4074288
 (MN) BU 100%

Kentuckiana Clinical Partners, LLC
 47-4074341
 (KY) BU 100%

Kentucky Accountable Care, LLC
 47-4035777
 (KY) BU 100%

Louisa Home Care Holdings, LLC
 81-3825304
 (DE) BU 100%

Tucson Home Care Services, LLC
 30-0838429
 (DE) BU 100%

Kentucky Clinical Partners, LLC
 47-4005600
 (KY) BU 100%

Physicians Accountable Care, LLC
 47-4024935
 (KY) BU 100%

Physicians Accountable Care of Kentucky, LLC
 47-4035828
 (KY) BU 100%

40.13

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Almost Family, Inc.
 06-1153720
 (DE) BU 100%

National Health Industries, Inc.
 61-0997496
 (KY) BU 90%

Berwick Home Care Services LLC
 26-3376776
 (DE) BU 100%

AFAM Holding Co III, LLC (4)
 86-3137505
 (DE) BU 80%

Almost Family PC of SW Florida, LLC
 26-1261522
 (FL) BU 100%

Caretenders Visiting Services of District 6, LLC
 30-0425709
 (KY) BU 100%

Caretenders Visiting Services of Pinellas County, LLC
 20-5826531
 (FL) BU 100%

Almost Family PC of Kentucky, LLC
 26-1259925
 (KY) BU 40508 100%

Caretenders VS of Ohio, LLC
 26-3706241
 (OH) BU 100%

Caretenders VNA of Ohio, LLC
 27-3756374
 (OH) BU 100%

Caretenders VS of Western KY, LLC
 26-1264504
 (KY) BU 100%

Mederi Caretenders VS of Broward, LLC
 26-1264504
 (FL) BU 100%

NP Services of NC, LLC
 82-3026260
 (NC) BU 100%

Long Term Solutions, Inc.
 04-3485196
 (MA) BU 100%

AFAM Holding Co IV, LLC (4)
 92-2908587
 (OK) BU 80%

Almost Family ACO Services of Kentucky, LLC
 61-1166649
 (KY) BU 100%

Almost Family PC of West Palm, LLC
 26-1263982
 (FL) BU 40510 100%

Caretenders Visiting Services of District 7, LLC
 30-0425714
 (KY) BU 100%

Caretenders Visiting Services of Southern Illinois, LLC
 20-5826553
 (IL) BU 100%

Caretenders of Jacksonville, LLC
 20-5890994
 (FL) BU 100%

IN Homecare Network North, LLC
 46-3020499
 (IN) BU 100%

Caretenders VS of Boston, LLC
 26-1258759
 (MA) BU 100%

HHA of Wisconsin, LLC
 37-1826396
 (WI) BU 100%

Mederi Caretenders VS of SE FL, LLC
 26-1264234
 (FL) BU 100%

NP Services of OH, LLC
 82-4255048
 (OH) BU 100%

LTS At Home, LLC
 85-1275334
 (DE) BU 100%

Clinton Home Health & Hospice LLC
 45-4406745
 (OK) BU 100%

AFAM Holding Co V, LLC (4)
 93-2670946
 (DE) BU 80%

BHC Services, Inc.
 06-1137222
 (NY) BU 80%

Caretenders Visiting Services of Gainesville, LLC
 30-0425715
 (FL) BU 100%

Almost Family PC of Ft. Lauderdale, LLC
 26-1260724
 (FL) BU 40507 100%

Caretenders Visiting Services of St. Augustine, LLC
 20-2910357
 (FL) BU 100%

Caretenders Visiting Services of Ocala, LLC
 20-4522444
 (FL) BU 100%

Caretenders VS of Central KY, LLC
 26-1259391
 (KY) BU 100%

Home Health of Jefferson Co, LLC
 38-4003190
 (KY) BU 60%

Mederi Caretenders VS of SW FL, LLC
 26-1264384
 (FL) BU 100%

Princeton Home Health, LLC
 20-5081107
 (AL) BU 100%

Cambridge Home Health Care Holdings, Inc.
 20-0591577
 (DE) BU 100%

Woodward Home Care Services LLC
 26-3375945
 (DE) BU 100%

El Dorado Home Care Services, LLC
 26-4626302
 (DE) BU 100%

Caretenders of Cleveland, Inc.
 61-1306845
 (KY) BU 100%

Caretenders Visiting Services of Hernando County, LLC
 20-5826497
 (FL) BU 100%

Almost Family ACO Services of South Florida, LLC
 46-5765971
 (FL) BU 100%

Caretenders Visiting Services of St. Louis, LLC
 20-5826598
 (MO) BU 100%

Caretenders VS of Lincoln Trail, LLC
 26-3632764
 (KY) BU 100%

Caretenders VS of Louisville, LLC
 26-1264112
 (KY) BU 100%

Mederi Caretenders VS of Tampa, LLC
 26-1248096
 (FL) BU 100%

Cambridge Home Health Care, Inc.
 34-1772291
 (OH) BU 100%

Ponca City Home Care Services LLC
 20-4345976
 (OK) BU 100%

Springdale Home Care Services, LLC
 26-3389049
 (DE) BU 100%

Caretenders of Columbus, Inc.
 61-1302995
 (KY) BU 100%

Caretenders Visiting Services of Kentuckiana, LLC
 20-3021812
 (KY) BU 100%

Caretenders Visiting Services Employment Company, Inc.
 61-1326749
 (KY) BU 100%

Illinois Home Care Holdings, LLC
 32-0505528
 (DE) BU 80%

IN HomeCare Network Central, LLC
 46-3029953
 (IN) BU 100%

Mederi Private Care, LLC
 83-4371904
 (FL) BU 100%

Cambridge Home Health Care, Inc./ Private
 34-1772292
 (OH) BU 100%

40.14

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

Almost Family, Inc.
06-1153720
(DE) BU 100%

National Health Industries, Inc.
61-0997496
(KY) BU 90%

Black Stone Operations, LLC
90-1028083
(OH) BU 100%

OMNI Home Health Holdings, Inc.
45-2638400
(DE) BU 100%

Black Stone of Northeast Ohio, LLC
47-2166181
(OH) BU 100%

Blackstone Group, LLC
20-1902460
(OH) BU 100%

Black Stone of Cincinnati, LLC
27-4109221
(OH) BU 100%

Blackstone Health Care, LLC
31-1462432
(OH) BU 100%

Black Stone of Dayton, LLC
27-4109305
(OH) BU 100%

OMNI Home Health Services, LLC
26-2010556
(DE) BU 100%

Black Stone of Northwest Ohio, LLC
90-1020734
(OH) BU 100%

Black Stone of Central Ohio, LLC
27-1746397
(OH) BU 100%

Assisted Care by Black Stone of Cincinnati, LLC
27-4109484
(OH) BU 100%

Home Health Care by Black Stone of Cincinnati, LLC
27-4109403
(OH) BU 100%

Advanced Geriatric Education & Consulting, LLC
26-1666243
(OH) BU 100%

Assisted Care by Black Stone of Dayton, LLC
27-4109638
(OH) BU 100%

OMNI Home Health- District 4, LLC
20-1657488
(FL) BU 100%

Home Health Agency- Central Pennsylvania, LLC
20-1497787
(FL) BU 100%

Home Health Agency- Collier, LLC
20-0832146
(FL) BU 100%

Home Health Agency- Hillsborough, LLC
59-3757325
(FL) BU 100%

OMNI Home Health- Jacksonville, LLC
59-3754764
(FL) BU 100%

Assisted Care by Black Stone of Northwest Ohio, LLC
47-3253280
(OH) BU 100%

Assisted Care by Black Stone of Central Ohio, LLC
27-1755138
(OH) BU 100%

Care Advisors by Black Stone, LLC
27-0564326
(OH) BU 100%

S&B Health Care, LLC
31-1487353
(OH) BU 100%

Home Health Care by Black Stone of Dayton, LLC
27-4109553
(OH) BU 100%

OMNI Home Health- Hernando, LLC
59-3741300
(FL) BU 100%

Home Health Agency- Indiana, LLC
20-1408322
(FL) BU 100%

Home Health Agency- Pinellas, LLC
59-3757320
(FL) BU 100%

OMNI Health Management, LLC
04-3630085
(FL) BU 100%

OMNI Home Health- District 2, LLC
20-0527566
(FL) BU 100%

Home Health Care by Black Stone of Northwest Ohio, LLC
34-1708719
(OH) BU 100%

Home Health Care by Black Stone of Central Ohio, LLC
27-1755342
(OH) BU 100%

40.15

Continued from Previous Page

Continued on Next Page

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Almost Family, Inc.
 06-1153720
 (DE) BU 100%

National Health Industries, Inc.
 61-0997496
 (KY) BU 90%

BRACOR, Inc.
 16-1270177
 (NY) BU 100%

AFAM Holding Co, LLC (4)
 83-3778238
 (DE) BU 80%

AFAM Holding Co VI, LLC (4)
 99-1645529
 (NC) BU 80%

Patient's Choice Homecare, LLC
 55-0832250
 (CT) BU 100%

Connecticut Home Health Care, Incorporated
 06-1254084
 (CT) BU 100%

Scranton Quincy Home Care Services LLC
 38-3857848
 (DE) BU 100%

Helena Home Care Services LLC
 26-3384769
 (DE) BU 100%

Brevard HMA Home Health LLC
 27-3142265
 (FL) BU 100%

Brevard HMA Hospice LLC
 27-3142339
 (FL) BU 100%

Galesburg Home Care LLC
 20-4828017
 (DE) BU 99%

Crossroads Home Care Services, LLC
 26-3376835
 (DE) BU 99%

Tomball Texas Home Care Services, LLC
 45-2856177
 (DE) BU 99%

Youngstown Home Care Services LLC
 27-5284765
 (DE) BU 100%

Mooresville Home Care Services, LLC
 36-4794488
 (DE) BU 100%

Western Region Health Corporation
 16-1365147
 (NY) BU 100%

Willcare, Inc.
 16-1202250
 (NY) BU 100%

Wilkes-Barre Home Care Services LLC
 26-3594822
 (DE) BU 100%

Oklahoma City Home Care Services LLC
 26-3388890
 (DE) BU 100%

Fort Payne Home Care LLC
 20-4408510
 (AL) BU 100%

Fort Smith HMA Home Health, LLC
 27-1014059
 (AR) BU 100%

Louisa Home Care Services LLC
 26-3385143
 (DE) BU 100%

Granite City Home Care Services LLC
 26-3376889
 (DE) BU 99%

Waukegan Hospice LLC
 20-4885028
 (DE) BU 99%

York Home Care Services LLC
 30-0708462
 (DE) BU 100%

AFAM Holding Co VII, LLC (4)
 99-4147356
 (DE) BU 80%

Litson Certified Care, Inc.
 13-3792263
 (NY) BU 100%

Litson Health Care, Inc.
 14-1630316
 (NY) BU 100%

Wichita Falls Texas Home Care, LLC
 20-5280925
 (TX) BU 100%

Jourdanton Home Care Services, LLC
 26-3388719
 (DE) BU 100%

Red Bud Home Care Services, LLC
 26-3385035
 (DE) BU 99%

Sharon Home Care Services LLC
 37-1745728
 (DE) BU 100%

Northampton Home Care LLC
 26-1266166
 (DE) BU 100%

West Grove Home Care, LLC
 26-1266308
 (DE) BU 100%

AFAM Holding Co VIII, LLC (4)
 99-4712866
 (DE) BU 80%

Pottstown Home Care Services, LLC
 26-3385581
 (DE) BU 100%

Spokane Home Care Services LLC
 27-3788721
 (DE) BU 100%

Lakeland Home Care Services LLC
 27-3073250
 (DE) BU 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Almost Family, Inc.
 06-1153720
 (DE) BU 100%

National Health Industries, Inc.
 61-0997496
 (KY) BU 90%

OMNI Home Health Holdings, Inc.
 45-2638400
 (DE) BU 100%

SunCrest Healthcare, Inc.
 20-3701127
 (GA) BU 100%

SunCrest Companion Services, LLC
 26-3549012
 (TN) BU 100%

Almost Family ACO Services of Tennessee, LLC
 47-0979130
 (TN) BU 100%

BGR Acquisition, LLC
 51-0606314
 (FL) BU 100%

SunCrest Home Health of MO, Inc.
 27-0678903
 (MO) BU 100%

SunCrest Healthcare of Middle TN, LLC
 71-1017674
 (TN) BU 100%

SunCrest Home Health - Southside, LLC
 45-2283548
 (GA) BU 60%

SunCrest LBL Holdings, Inc.
 27-3742739
 (TN) BU 100%

SunCrest Healthcare of West Tennessee, LLC
 37-1550880
 (TN) BU 100%

SunCrest Outpatient Rehab Services of TN, LLC
 27-0311512
 (TN) BU 100%

SunCrest Home Health of Nashville, Inc.
 27-2258905
 (TN) BU 100%

SunCrest Telehealth Services, Inc.
 27-4199760
 (TN) BU 100%

Trigg County Home Health, Inc.
 26-3539405
 (KY) BU 100%

SunCrest Home Health of Tampa, LLC
 27-3742788
 (FL) BU 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

Amedisys, Inc.
 11-3131700
 (DE) BU 44623 100%

Amedisys PAC, LLC
 26-0446727
 (LA) BU 100%

Amedisys Holding, L.L.C.
 36-4576454
 (LA) BU 100%

AccuMed Home Health of Georgia, L.L.C.
 52-2363705
 (GA) BU 100%

Adventa Hospice, L.L.C.
 02-0674282
 (FL) BU 100%

Amedisys Alabama, L.L.C.
 36-4751522
 (AL) BU 100%

Amedisys Arizona, L.L.C.
 20-5611419
 (AZ) BU 100%

Amedisys Illinois, L.L.C.
 20-8349848
 (IL) BU 100%

Amedisys Ba, LLC
 45-1646852
 (DE) BU 100%

Amedisys Delaware, L.L.C.
 26-1367795
 (DE) BU 100%

Amedisys District of Columbia, LLC
 20-1032641
 (DC) BU 100%

Amedisys Florida, L.L.C.
 59-3678437
 (FL) BU 100%

Amedisys Georgia, L.L.C.
 72-1428476
 (GA) BU 100%

Amedisys Maine, P.L.L.C.
 26-1477601
 (ME) BU 100%

Amedisys Home Health of Maryland, LLC
 99-4782413
 (MD) BU 100%

Amedisys Home Health of Nebraska, L.L.C.
 86-2827212
 (NE) BU 100%

Amedisys Home Health of South Carolina, L.L.C.
 57-1119857
 (SC) BU 100%

Amedisys Home Health of Virginia, L.L.C.
 62-1818333
 (VA) BU 100%

Amedisys Idaho, L.L.C.
 26-0458719
 (ID) BU 100%

Amedisys North Carolina, L.L.C.
 72-1428474
 (NC) BU 100%

Beacon Hospice, L.L.C.
 20-1916796
 (DE) BU 100%

Amedisys Indiana, L.L.C.
 20-8718537
 (IN) BU 100%

Amedisys Kansas, L.L.C.
 20-8307808
 (KS) BU 100%

Amedisys LA Acquisitions, L.L.C.
 91-2197557
 (LA) BU 100%

Amedisys Louisiana, L.L.C.
 72-1429887
 (LA) BU 100%

Amedisys Personal Care, L.L.C.
 37-1750018
 (DE) BU 100%

Amedisys Missouri, L.L.C.
 20-3333939
 (MO) BU 100%

Amedisys Nebraska, L.L.C.
 30-1263673
 (NE) BU 100%

Amedisys New Hampshire, L.L.C.
 26-0590826
 (NH) BU 100%

Amedisys Home Health of Virginia Sub 1, L.L.C.
 39-4585914
 (VA) BU 100%

Amedisys New Jersey, L.L.C.
 27-0797096
 (NJ) BU 100%

Amedisys Texas, L.L.C.
 04-35296203
 (TX) BU 100%

Amedisys Northwest, L.L.C.
 58-2567724
 (GA) BU 100%

Amedisys Ohio, L.L.C.
 20-5509220
 (OH) BU 100%

Amedisys Oklahoma, L.L.C.
 62-1752120
 (OK) BU 100%

Amedisys Oregon, L.L.C.
 26-0528775
 (OR) BU 100%

Amedisys Pennsylvania, L.L.C.
 20-8619703
 (PA) BU 100%

Amedisys Washington, L.L.C.
 26-0557106
 (WA) BU 100%

Amedisys Rhode Island, L.L.C.
 26-1828505
 (RI) BU 100%

Amedisys SC, L.L.C.
 20-1968800
 (SC) BU 100%

Wentworth Homecare and Hospice, LLC (3)
 03-0443397
 (NH) BU 50%

Amedisys Home Health of Virginia Sub 2, L.L.C.
 39-4565246
 (VA) BU 100%

Amedisys Sp-OH, L.L.C.
 20-3217688
 (OH) BU 100%

UMC Home Health and Hospice, An Amedisys Partner, L.L.C.(3)
 85-0633484
 (TX) BU 50%

Morgantown Hospice, LLC
 38-3913146
 (DE) BU 100%

Marietta Home Health and Hospice, L.L.C.(3)
 26-1480799
 (OH) BU 50%

Amedisys Wisconsin, L.L.C.
 26-1457534
 (WI) BU 100%

Comprehensive Home Healthcare Services, L.L.C.
 62-1151058
 (TN) BU 100%

Amedisys Virginia, L.L.C.
 27-1822539
 (VA) BU 100%

Tri-Cities Home Health, LLC (3)
 45-0506431
 (DE) BU 50%

Home Health of Alexandria, L.L.C.
 72-1220546
 (LA) BU 100%

Georgetown Hospital Home Health, LLC (3)
 36-4754427
 (DE) BU 70%

Beaufort Home Health Partners, L.L.C. (3)
 86-2698284
 (DE) BU 70%

Home Health Partnership Operating Company, L.L.C.
 85-0667073
 (TX) BU 100%

Hospice Partnership Operating Company, L.L.C.
 85-0683297
 (TX) BU 100%

Horizons Hospice Care, L.L.C.
 20-1071691
 (AL) BU 100%

Nine Palms 1, L.L.C.
 74-3010642
 (VA) BU 100%

40.18

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

Amedisys, Inc.
11-3131700

(DE) BU 44623 100%

Amedisys Holding, L.L.C.
36-4576454

(LA) BU 100%

Amedisys Hospice, L.L.C.
27-0078073

(LA) BU 100%

Homecare Preferred Choice, Inc.
62-1702864
(DE) BU 100%

Avenir Ventures, L.L.C.
27-1689002
(LA) BU 100%

Compassionate Care Hospice of Central Florida, Inc.
26-3668452
(FL) BU 100%

Compassionate Care Hospice of Lake and Sumter, Inc.
45-5280770
(FL) BU 100%

Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.
27-1062621
(FL) BU 100%

Compassionate Care Hospice Group, Inc.
90-0080458
(FL) BU 100%

Hospice Preferred Choice, Inc.
71-0761314
(DE) BU 100%

Hospice of Eastern Carolina, Inc.
56-1951841
(NC) BU 100%

Compassionate Care Hospice of Bryan Texas, LLC
27-2895644
(TX) BU 100%

Compassionate Care Hospice of Central Georgia, LLC
27-2894481
(GA) BU 100%

Compassionate Care Hospice of Central Louisiana, LLC
27-2894481
(LA) BU 100%

Compassionate Care Hospice of Central Texas, LLC
27-3195141
(TX) BU 100%

Compassionate Care Hospice of Clifton, LLC
22-3345884
(NJ) BU 100%

Compassionate Care Hospice of Delaware, LLC
23-2755148
(DE) BU 100%

Compassionate Care Hospice of Gwynedd, Inc.
23-2794896
(PA) BU 100%

Compassionate Care Hospice of Houston, LLC
03-0453874
(TX) BU 100%

Compassionate Care Hospice of Illinois, LLC
26-2591754
(IL) BU 100%

AseraCare Hospice – Demopolis, LLC
20-1187474
(DE) BU 100%

AseraCare Hospice – Hamilton, LLC
20-1187948
(DE) BU 100%

AseraCare Hospice – Jackson, LLC
20-1187986
(DE) BU 100%

Compassionate Care Hospice of Kansas City, LLC
26-2816703
(KS) BU 100%

Compassionate Care Hospice of Marlton, LLC
22-3329276
(NJ) BU 100%

Compassionate Care Hospice of Massachusetts, LLC
26-0268927
(MA) BU 100%

Compassionate Care Hospice of Michigan, LLC
26-2591799
(MI) BU 100%

Compassionate Care Hospice of Minnesota, LLC
20-5904753
(MN) BU 100%

Compassionate Care Hospice of New Hampshire, LLC
27-2628612
(NH) BU 100%

Compassionate Care Hospice of North Texas, LLC
27-1623197
(TX) BU 100%

Compassionate Care Hospice of Northern Georgia, LLC
27-3195081
(GA) BU 100%

Compassionate Care Hospice of Northern New Jersey, LLC
20-3106714
(NJ) BU 100%

AseraCare Hospice – Monroeville, LLC
20-1188030
(DE) BU 100%

AseraCare Hospice – New Horizons, LLC
20-1188150
(DE) BU 100%

AseraCare Hospice – Russellville, LLC
20-1188073
(DE) BU 100%

Compassionate Care Hospice of Northwestern Pennsylvania, LLC
13-4290388
(PA) BU 100%

Compassionate Care Hospice of Ohio, LLC
27-3351959
(OH) BU 100%

Compassionate Care Hospice of Pittsburgh, LLC
27-2385415
(PA) BU 100%

Compassionate Care Hospice of Savannah, LLC
Xx-xxxxxx
(GA) BU 100%

Compassionate Care Hospice of South Carolina, LLC
27-2052580
(SC) BU 100%

Compassionate Care Hospice of Southeastern Massachusetts, LLC
27-0704484
(MA) BU 100%

Compassionate Care Hospice of Southeastern Texas, LLC
26-2816779
(TX) BU 100%

Compassionate Care Hospice of Southern Mississippi, LLC
27-4259128
(MS) BU 100%

Compassionate Care Hospice of the Chesapeake Bay, LLC
27-1765719
(VA) BU 100%

AseraCare Hospice – Senatobia, LLC
20-1187538
(DE) BU 100%

Compassionate Care Hospice of the Delmar Peninsula, LLC
20-4504902
(DE) BU 100%

Compassionate Care Hospice of the Midwest, LLC
90-0128301
(SD) BU 100%

Compassionate Care Hospice of Wisconsin, LLC
26-3801240
(WI) BU 100%

Compassionate Care Hospice, LLC
23-2767007
(PA) BU 100%

Pathways to Compassion, LLC
80-0479616
(NE) BU 100%

Pathways to Compassion, LLC
26-3256716
(NJ) BU 100%

40.19

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

Amedisys, Inc.
 11-3131700

(DE) BU 44623 100%

Amedisys Holding, L.L.C.
 36-4576454

(LA) BU ----- 100%

Amedisys Hospice, L.L.C.
 27-0078073

(LA) BU ----- 100%

Amedisys TLC Acquisition, L.L.C.
 26-2040823

(LA) BU ---- 100%

TLC Holdings I, L.L.C.
 20-1042010

(DE) BU ----- 100%

TLC Health Care Services, L.L.C.
 20-1031840

(DE) BU ----- 100%

Infinity Home Care of Lakeland, LLC
 20-5782871

(FL) BU ---- 100%

Infinity Home Care of Ocala, LLC
 27-0380782

(FL) BU ---- 100%

Infinity Home Care of Port Charlotte, LLC
 20-5152080

(FL) BU ---- 100%

Infinity Home Care of District 9, LLC
 26-1520109

(FL) BU ---- 100%

Agape Health Care Agency, LLC
 87-083724

(OH) BU ----- 100%

Care Connection of Cincinnati, LLC
 42-1560010

(OH) BU ---- 100%

Gem City Home Care, LLC
 31-172490

(OH) BU ----- 100%

Guardian Ohio NewCo, LLC
 61-1678861

(OH) BU ---- 100%

Amedisys Health Care West, L.L.C.
 38-3923987

(DE) BU ----- 100%

Infinity Home Care, L.L.C.
 20-4540750

(FL) BU ----- 100%

Evolution Health, LLC
 37-1700695

(DE) BU ----- 100%

Guardian Healthcare Holdings, Inc.
 20-5470661

(DE) BU ---- 100%

Albert Gallatin Home Care and Hospice Services, LLC
 20-1031909

(DE) BU ---- 100%

Tender Loving Care Health Care Services International, LLC
 20-1032031

(DE) BU ----- 100%

Tender Loving Care Health Care Services of Erie Niagara, LLC
 20-1522536

(NY) BU ----- 100%

Tender Loving Care Health Care Services of Georgia, LLC
 20-1032823

(DE) BU ----- 100%

Tender Loving Care Health Care Services of Nassau Suffolk, LLC
 20-1519257

(NY) BU ---- 100%

Infinity Home Care Acquisition Corp.
 45-3061457

(FL) BU ---- 100%

Infinity Home Care of Jacksonville, LLC
 27-0380961

(FL) BU ---- 100%

Guardian Health Care, Inc.
 75-1685521

(TX) BU ---- 100%

JLM Healthcare, Inc.
 83-0385819

(TX) BU ---- 100%

Oherbst, Inc.
 74-2784940

(TX) BU ----- 100%

S. Fisher & S. Thomas, Inc.
 75-2512658

(TX) BU ---- 100%

Tender Loving Care Health Care Services of New England, LLC
 20-1033012

(DE) BU ----- 100%

Tender Loving Care Health Care Services Southeast, LLC
 20-1032665

(DE) BU ----- 100%

Tender Loving Care Health Care Services Western, LLC
 73-1709953

(DE) BU ----- 100%

Tucson Home Health, LLC
 30-0809819

(DE) BU ----- 100%

Hi-Tech Care, Inc.
 59-3584808

(FL) BU ----- 100%

Angel Watch Home Care, L.L.C.
 30-0226774

(FL) BU ---- 100%

Velita Smith Home Health, Inc.
 75-2500276

(TX) BU ---- 100%

Health Priority Home Care, Inc.
 76-0467249

(TX) BU ---- 100%

TKG, Inc.
 73-1621147

(OK) BU ----- 100%

40.20

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

Amedisys, Inc.
 11-3131700

(DE) BU 44623 100%

Amedisys Holding, L.L.C.
 36-4576454

(LA) BU 100%

Amedisys Hospice, L.L.C.
 27-0078073

(LA) BU 100%

Contessa Health, Inc.
 81-0712898

(DE) BU 100%

Texas Hospice Holdings, LLC
 47-1128347

(DE) BU 100%

Contessa Health Management, LLC
 61-1792471

(DE) BU 100%

Contessa Health Holding Company, LLC
 37-1826441

(DE) BU 100%

Contessa Health of Tennessee, LLC
 82-4720610

(TN) BU 100%

Contrado Claim, LLC
 61-1792156

(DE) BU 100%

Hospice Holdings DFW, LLC
 47-2380653

(TX) BU 100%

Missouri Hospice Holdings, LLC
 81-2948512

(MO) BU 100%

Contessa Health of Florida, LLC
 34-2604371

(DE) BU 100%

Dignity Home Recovery Care, LLC
 83-2832522

(DE) BU 100%

Henry Ford Home Recovery Care, LLC (3)
 887-1165650

(DE) BU 51%

Home Recovery Care, LLC (3)
 83-3642399

(DE) BU 51%

Ohio Hospice Holdings, LLC
 32-0549633

(DE) BU 100%

Pennsylvania Hospice Holdings, LLC
 47-4815657

(PA) BU 100%

Memorial Hermann Home-Based Services, L.L.C. (3)
 88-3013575

(DE) BU 50.1%

One Gustave L. Levy Place, LLC (3)
 37-1860554

(DE) BU 51%

Personalized Recovery Care, LLC (3)
 81-3166271

(DE) BU 51%

Penn State Health Home Recovery Care, LLC (3)
 87-3828291

(DE) BU 51%

Asana Hospice Cleveland, L.L.C.
 82-4813543

(DE) BU 100%

Hospice Holdings Harrisburg, LLC
 47-4673071

(PA) BU 100%

WT Hospice Holdings, LLC
 47-4558331

(PA) BU 100%

OGL Holdings, LLC
 87-1379590

(NY) BU 100%

One Gustave L. Levy Place Independent Practice Association, LLC
 82-2646285

(NY) BU 100%

Gunderson Hospital at Home, LLC (3)
 85-3837077

(DE) BU 51%

Prisma Health Home Recovery Care, LLC (3)
 84-3029120

(DE) BU 51%

Asana Palliative Cleveland, L.L.C.
 82-4832162

(DE) BU 100%

Taylor Hospice Holdings, LLC
 82-2688550

(PA) BU 100%

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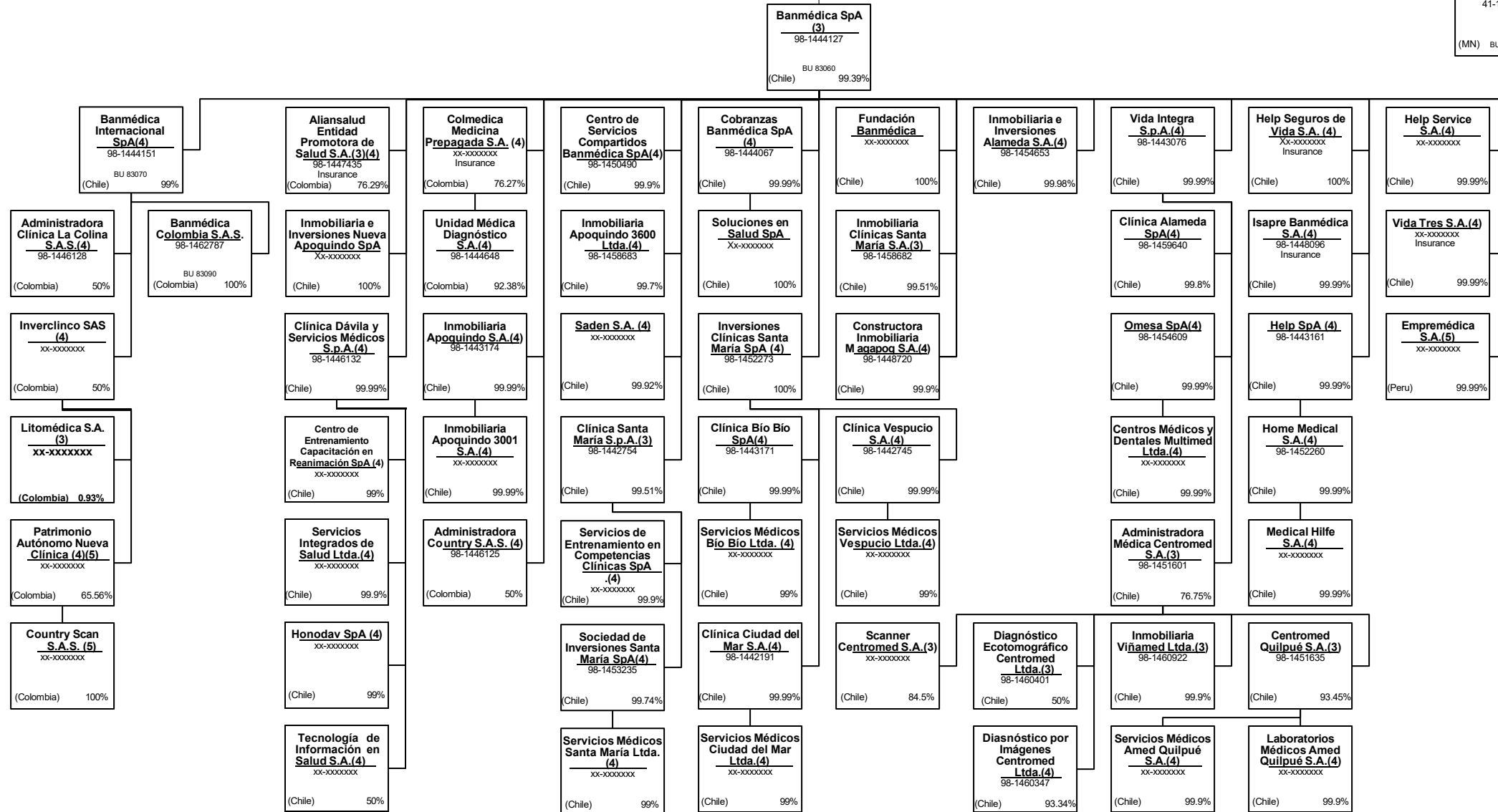
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

United HealthCare Services, Inc.
 41-1289245
 (MN) BU 20020 100%

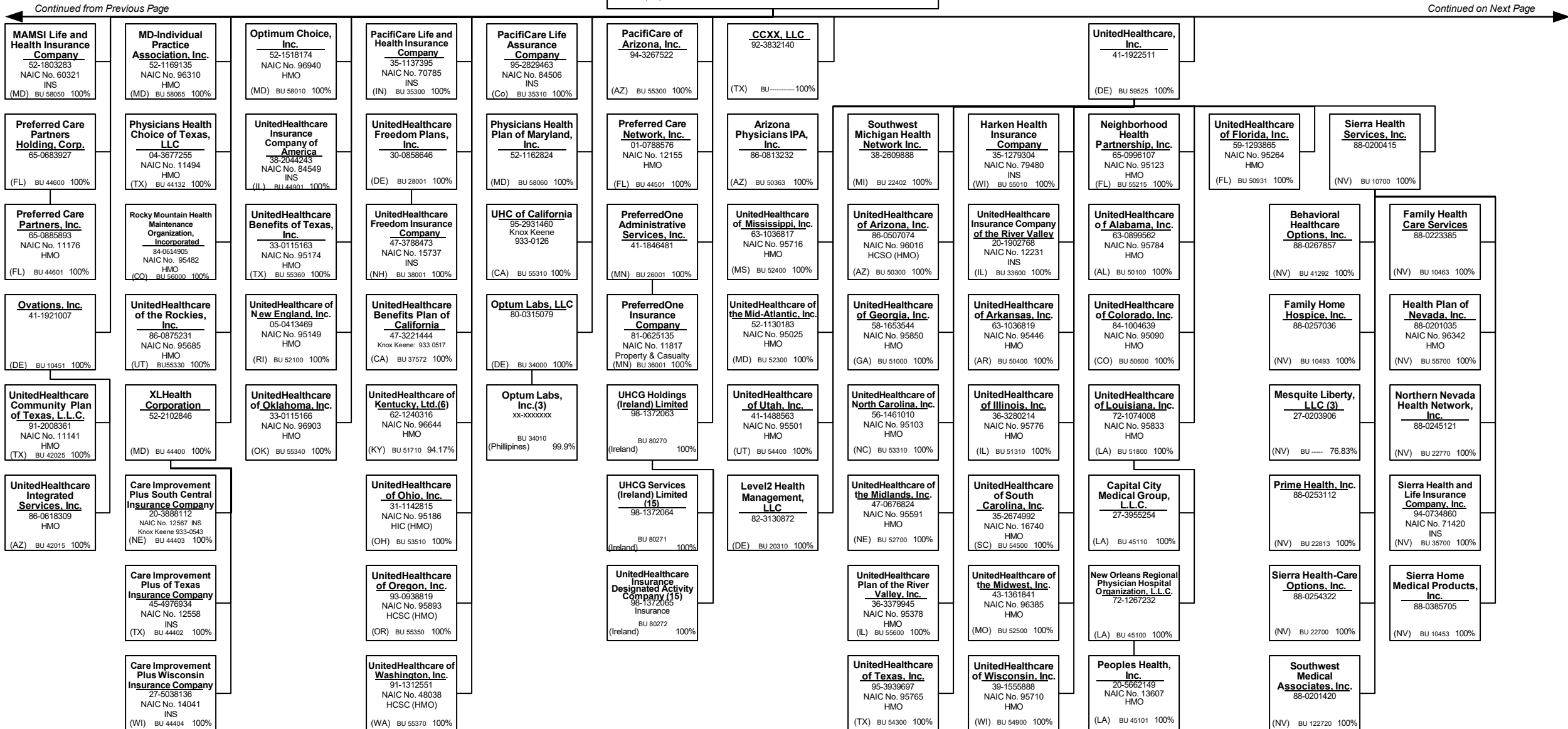
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

United HealthCare Services, Inc.
(MN) 41-1289245 100%



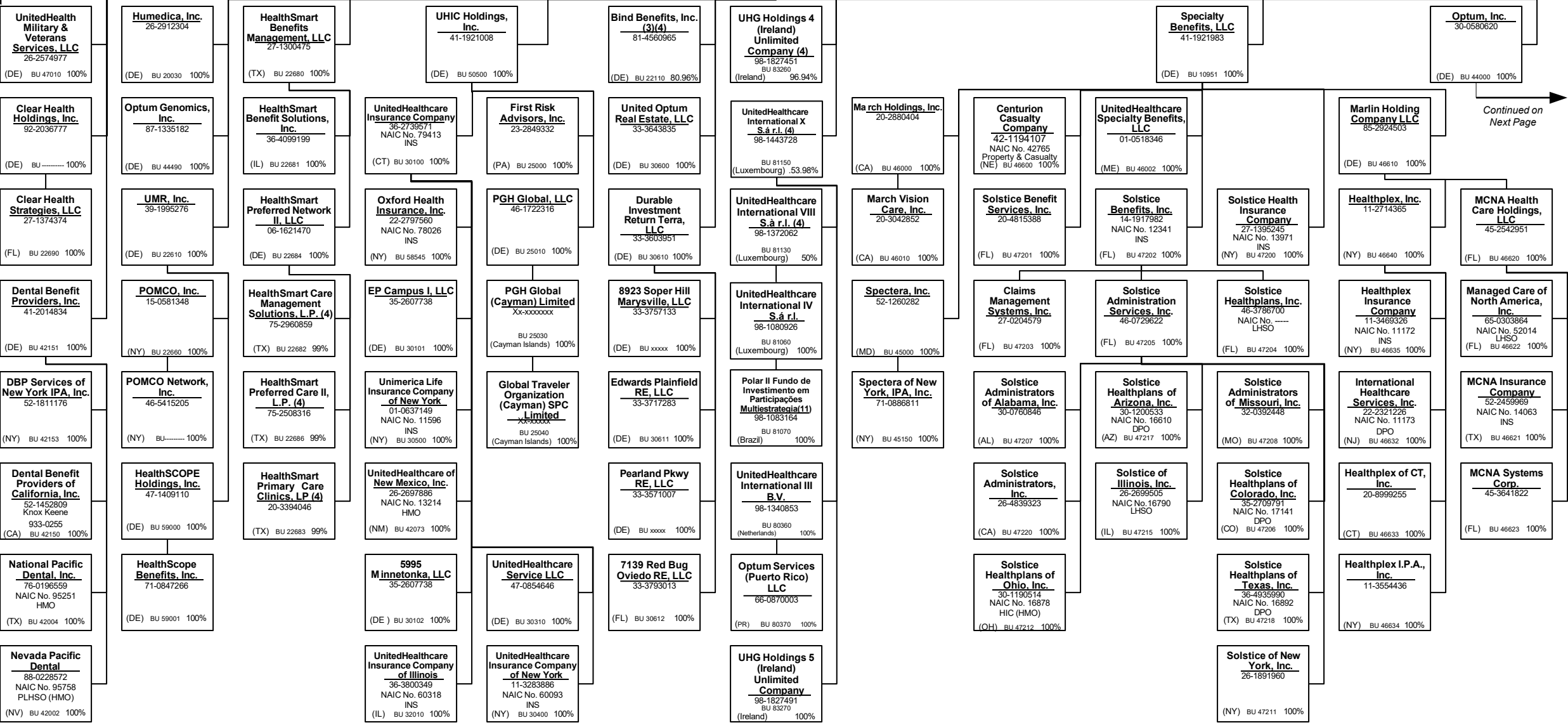
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

United HealthCare Services, Inc.
(MN) 41-1289245 100%

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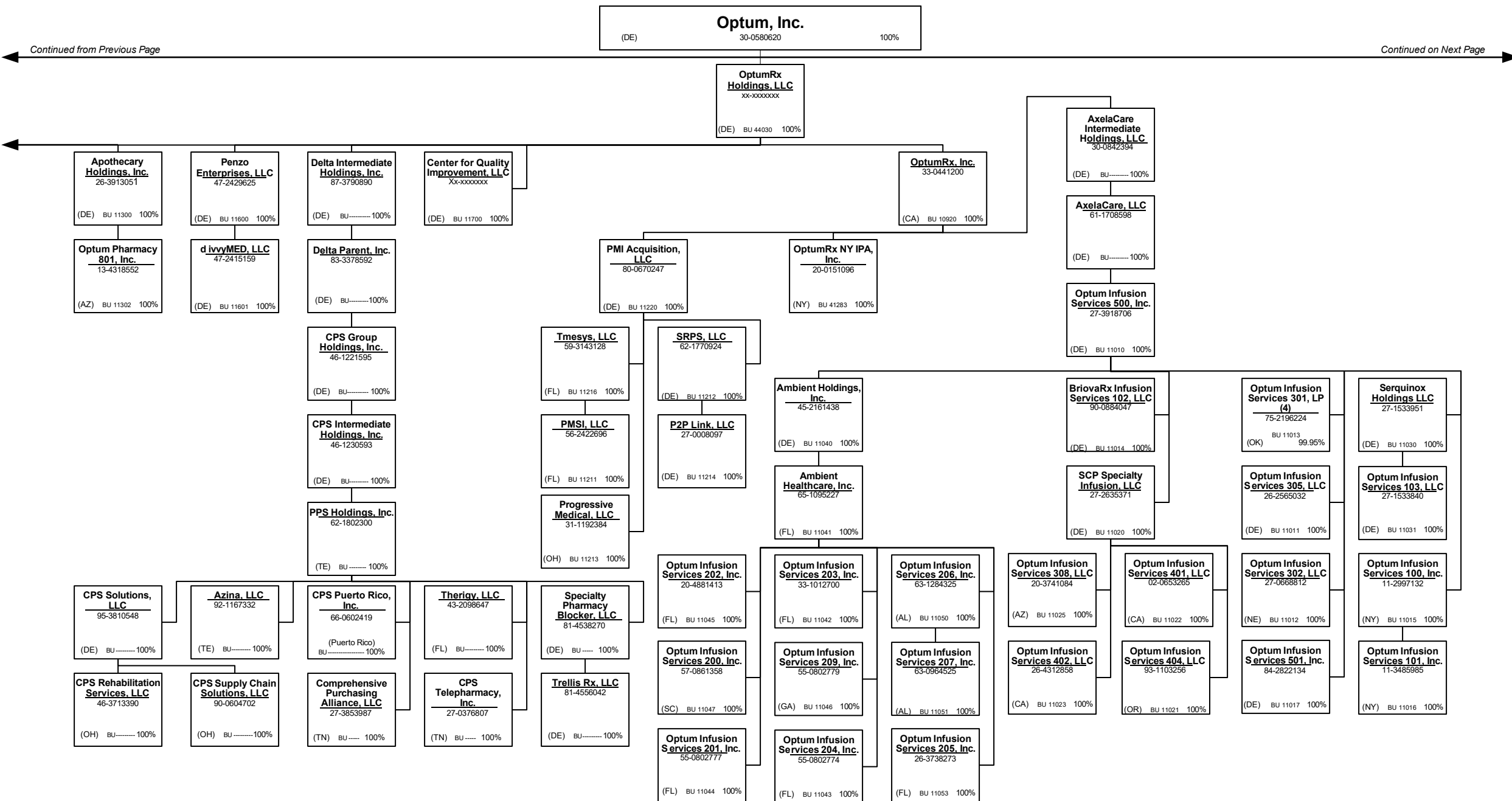
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

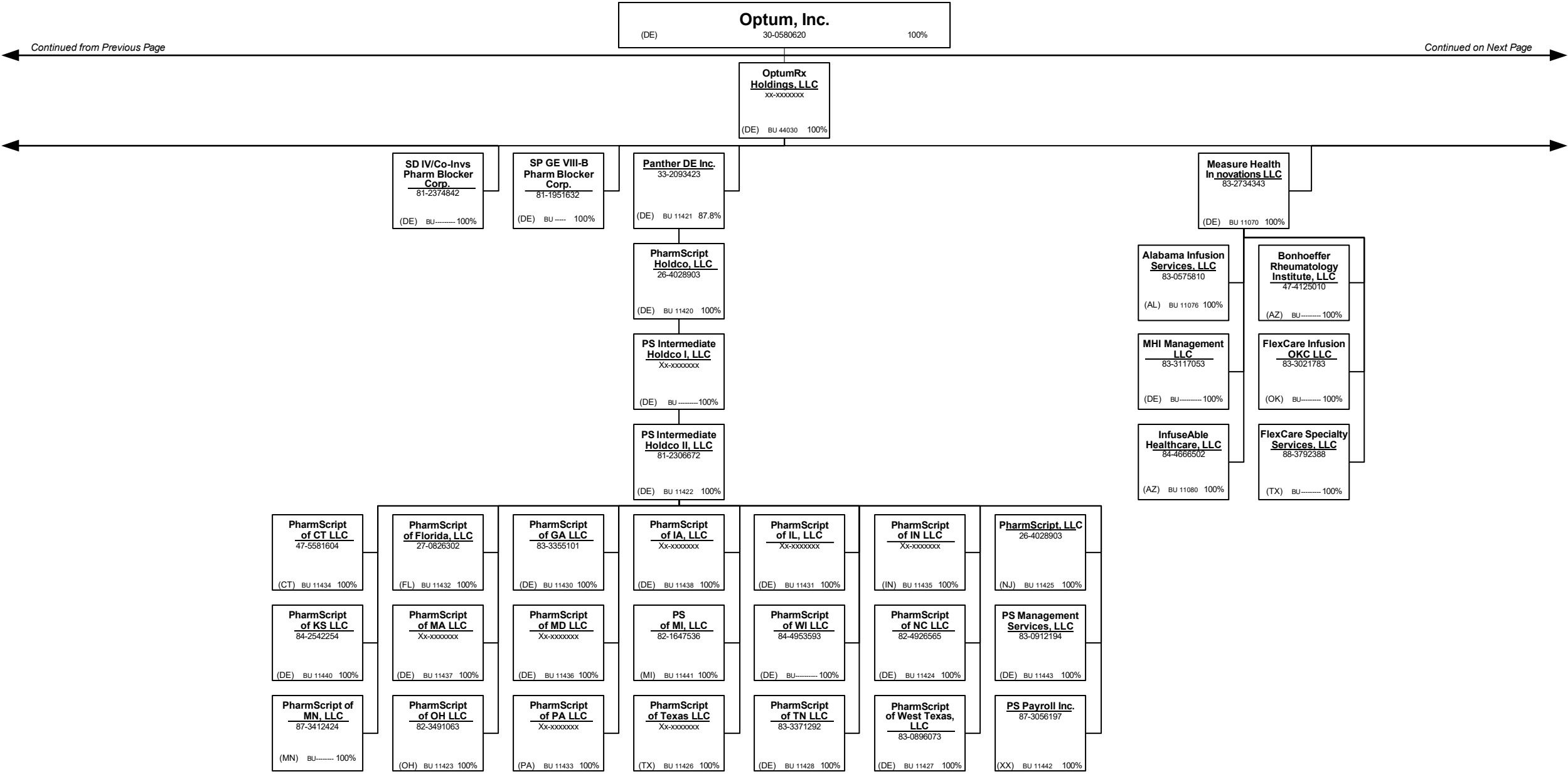
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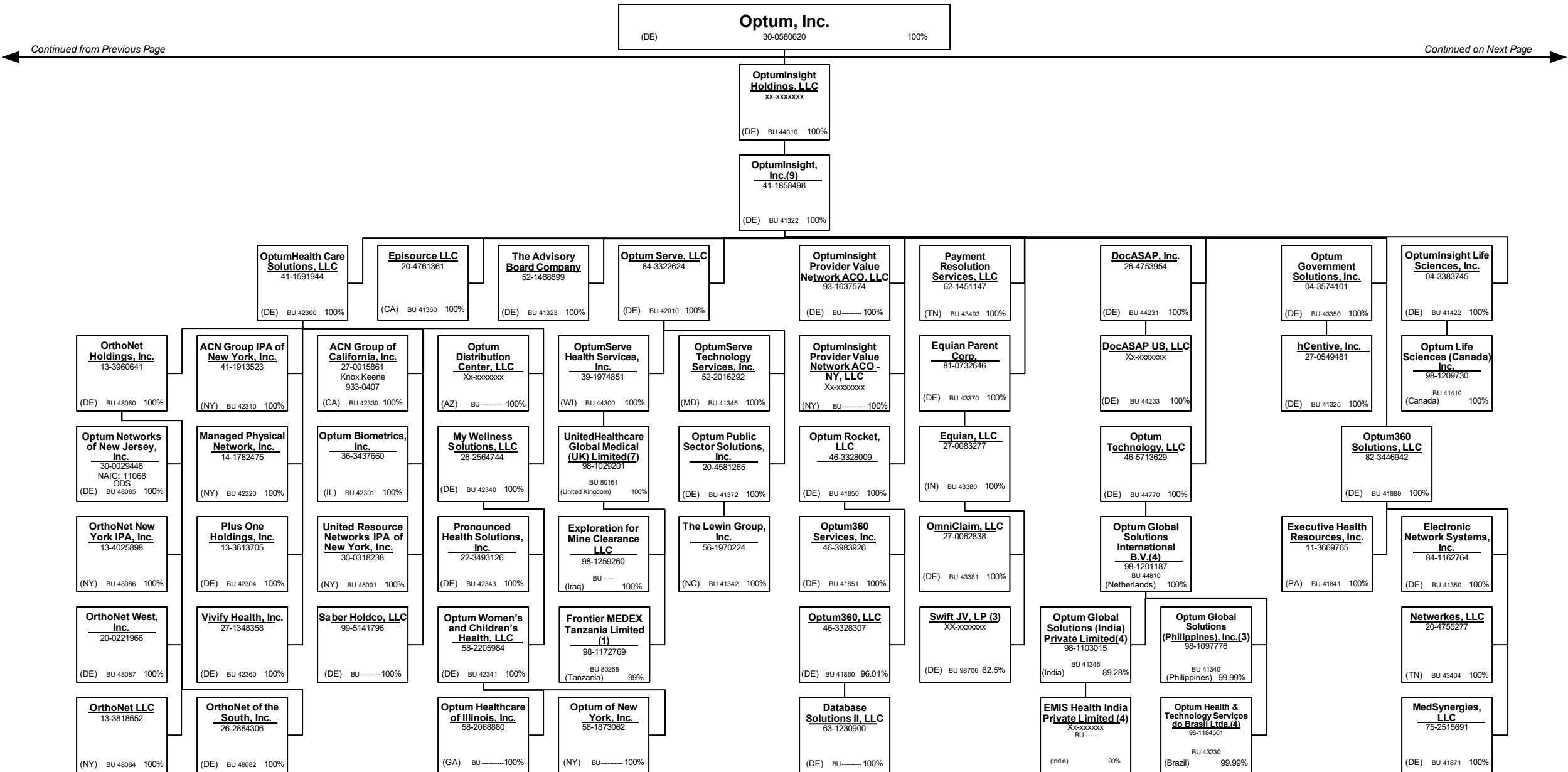
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



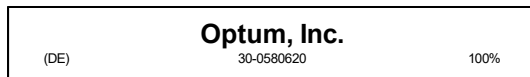
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



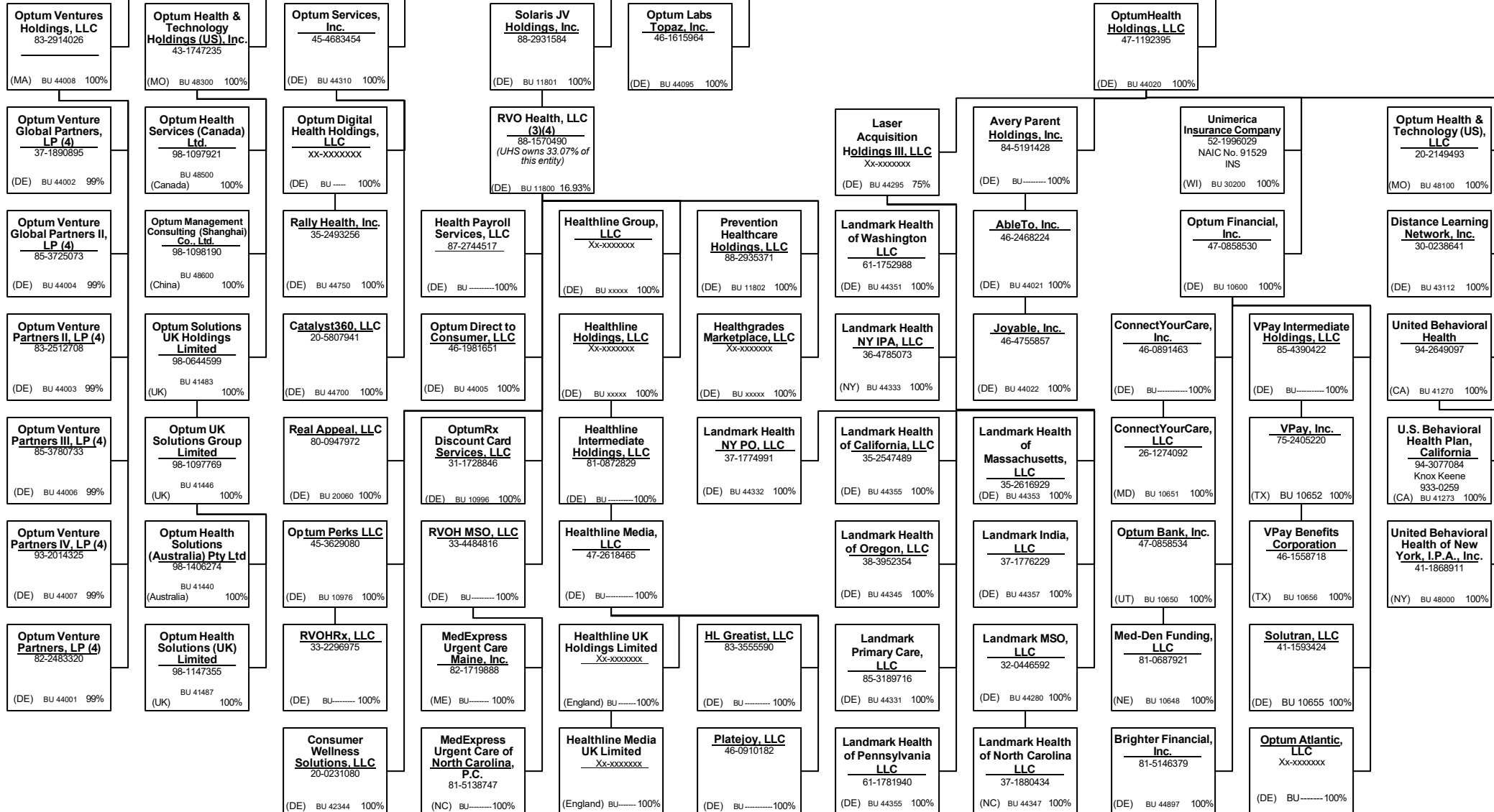
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



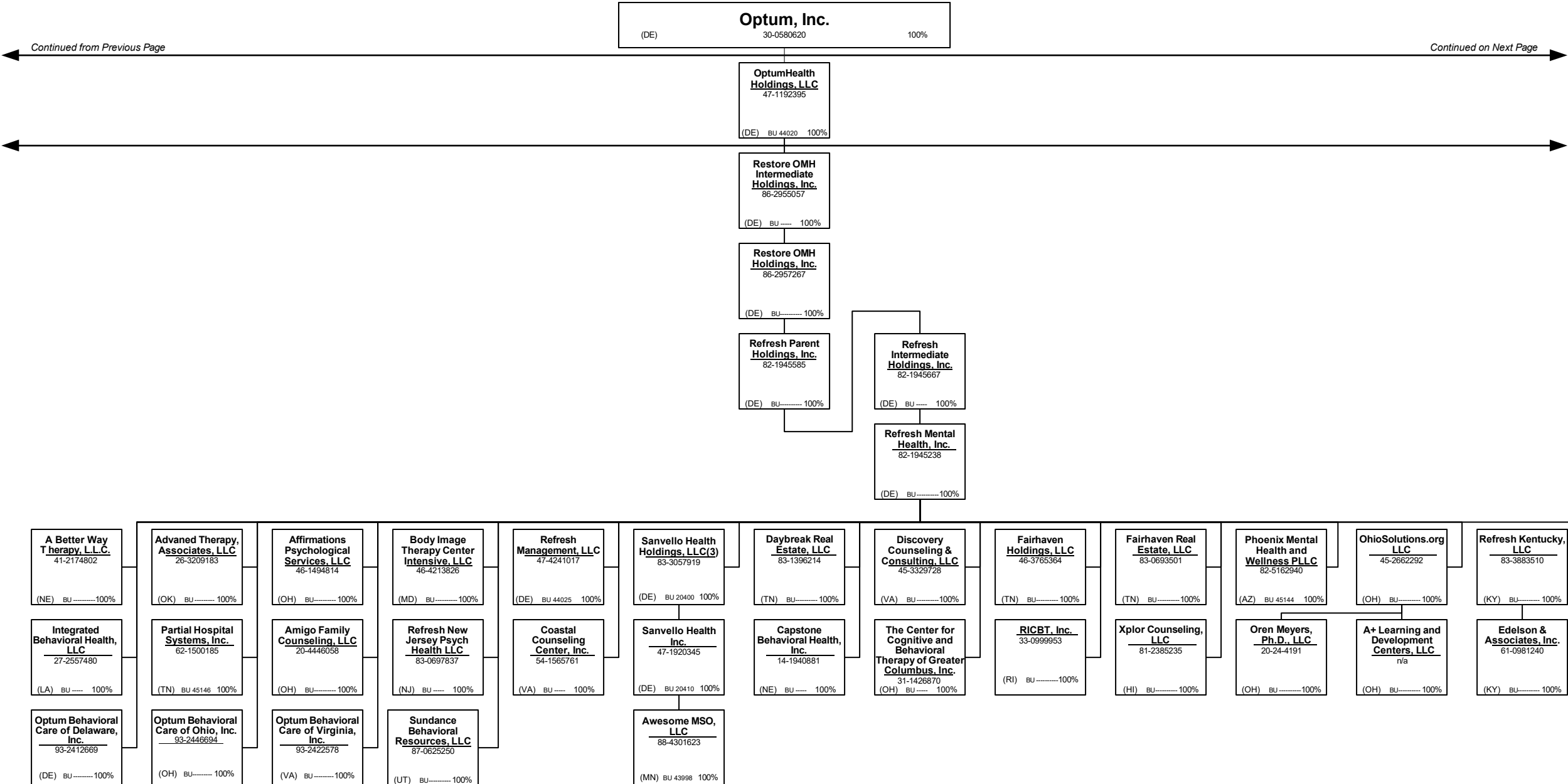
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

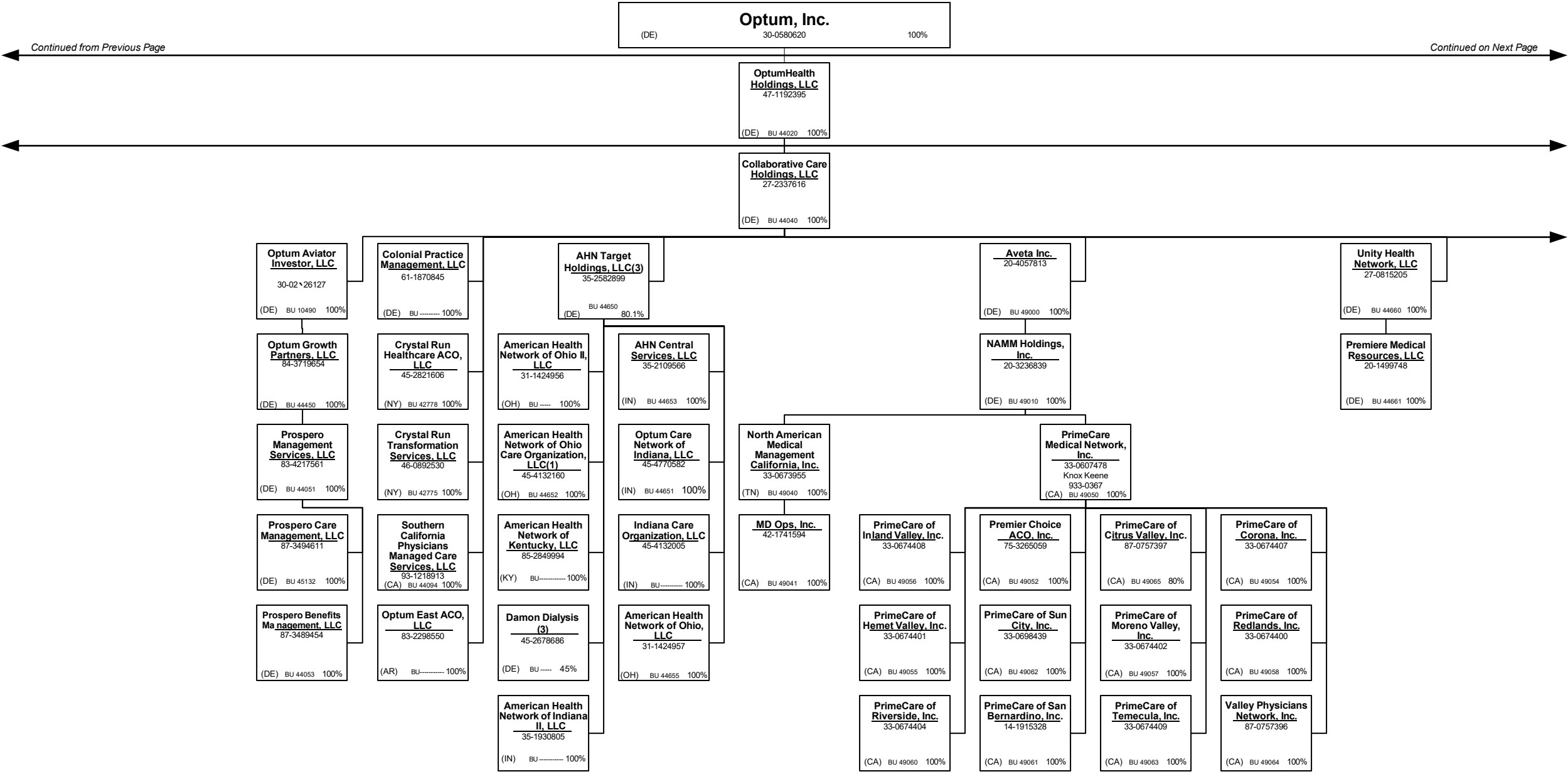


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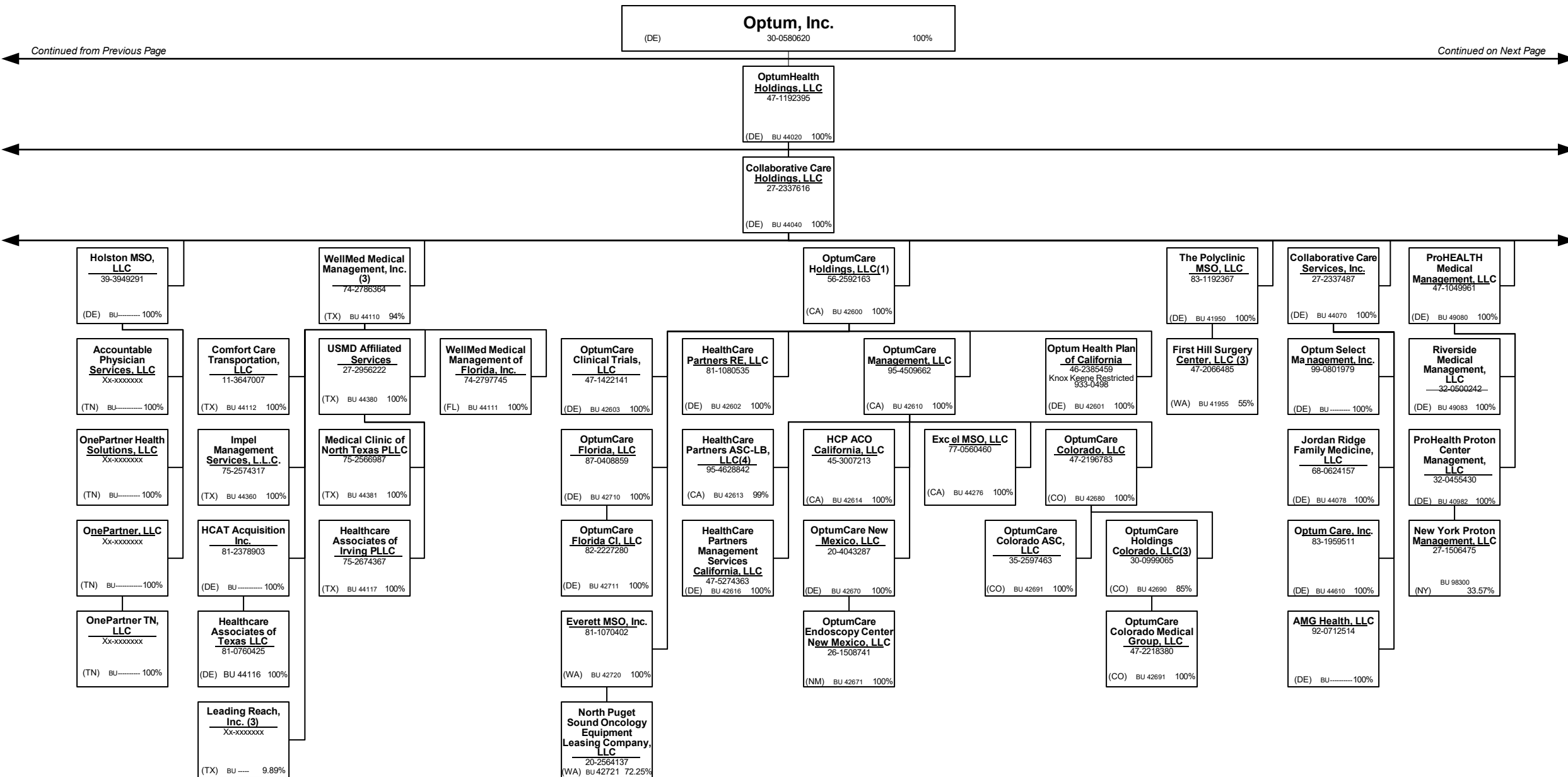
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



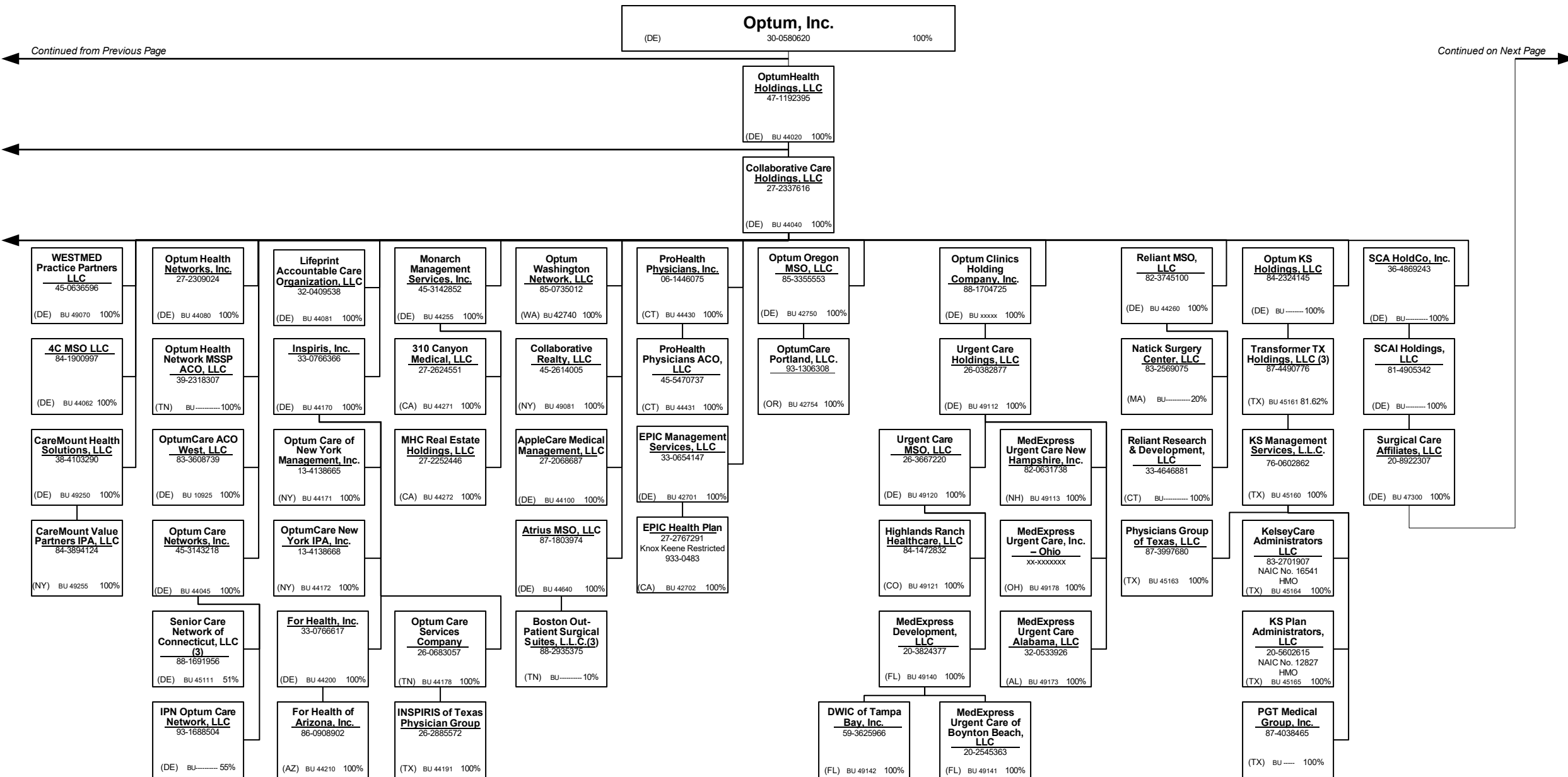
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Continued from Previous Page

Continued on Next Page

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

PART 1 – ORGANIZATIONAL CHART



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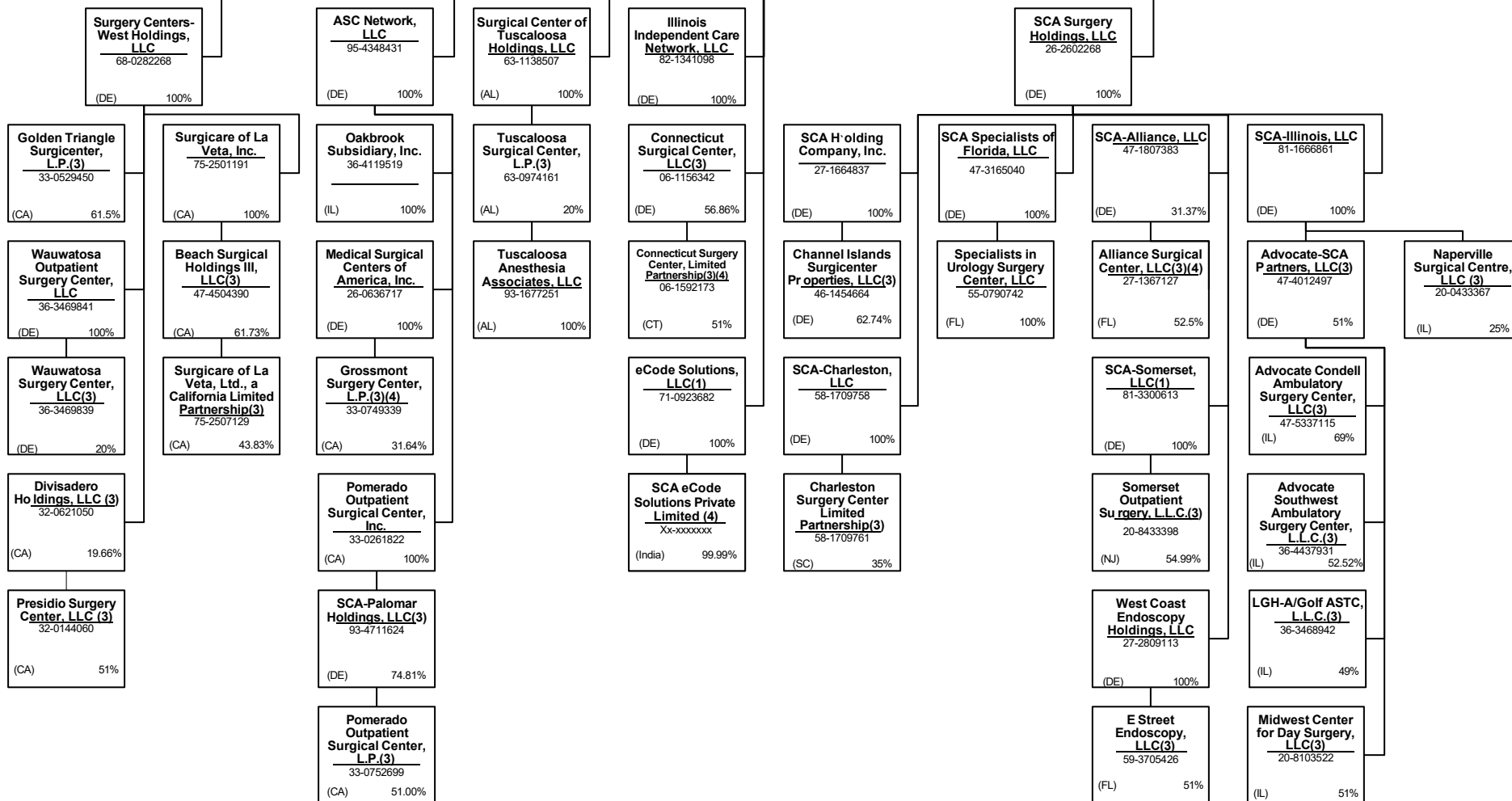
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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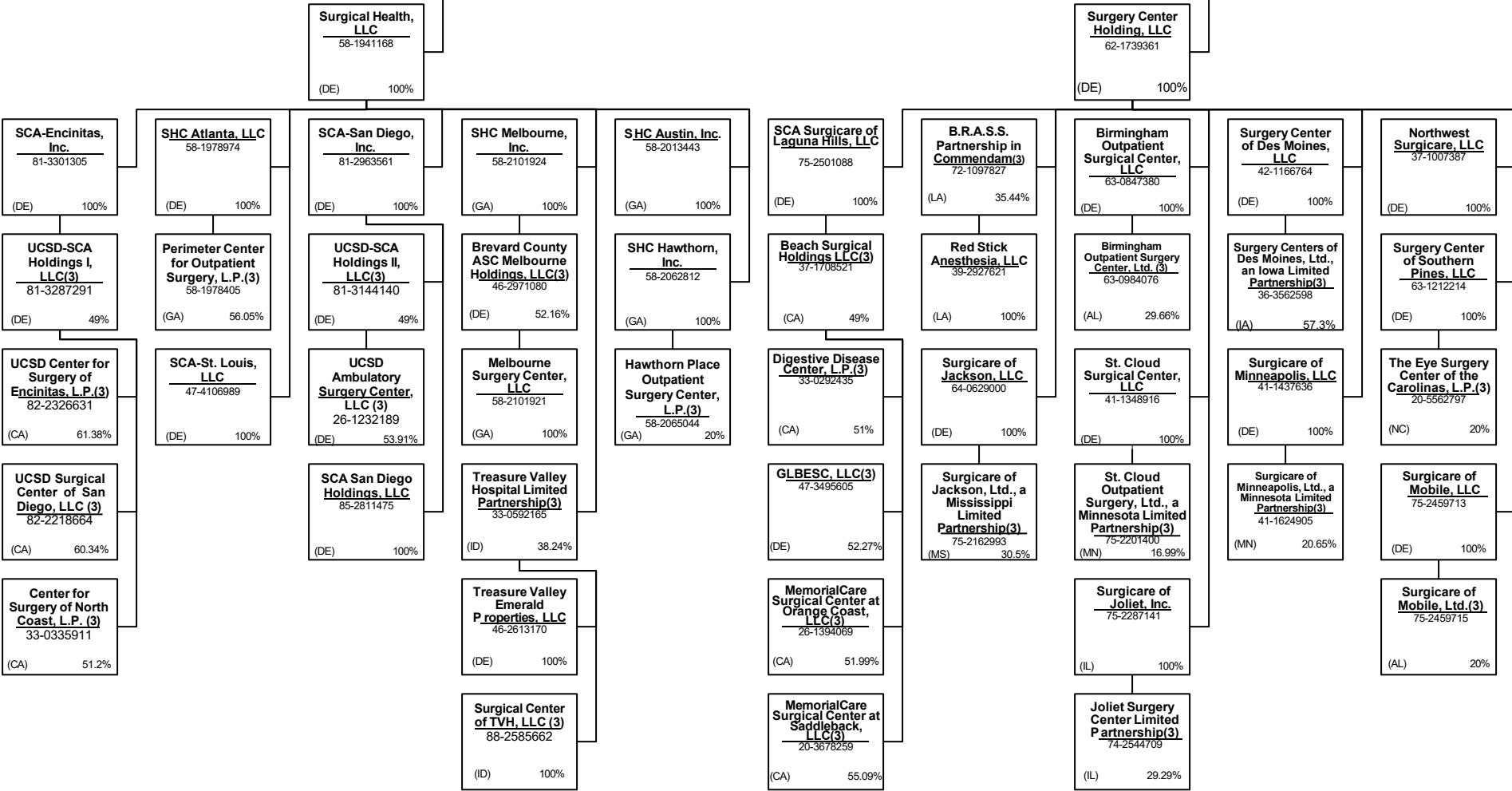


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

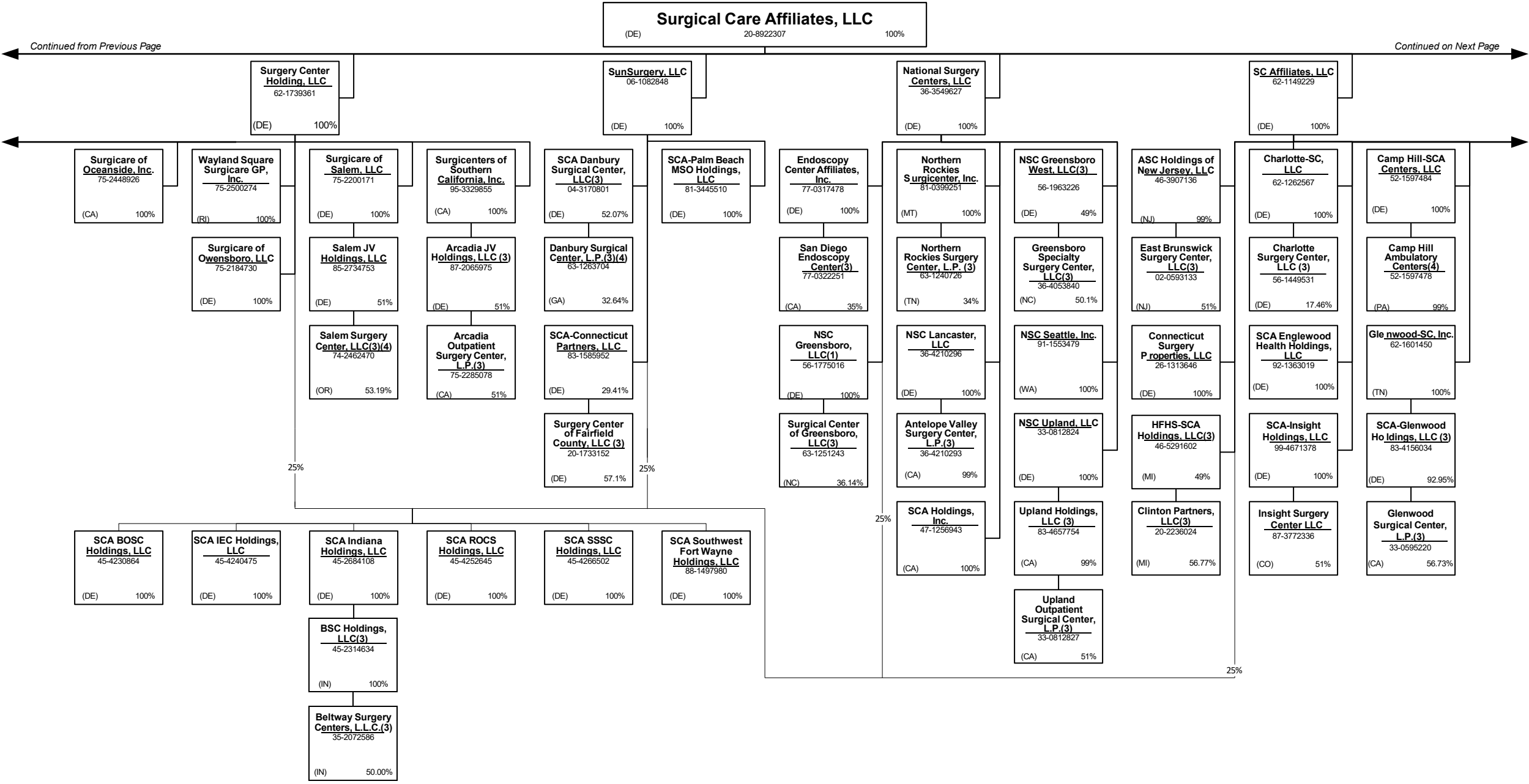
Surgical Care Affiliates, LLC
 (DE) 20-8922307 100%

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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



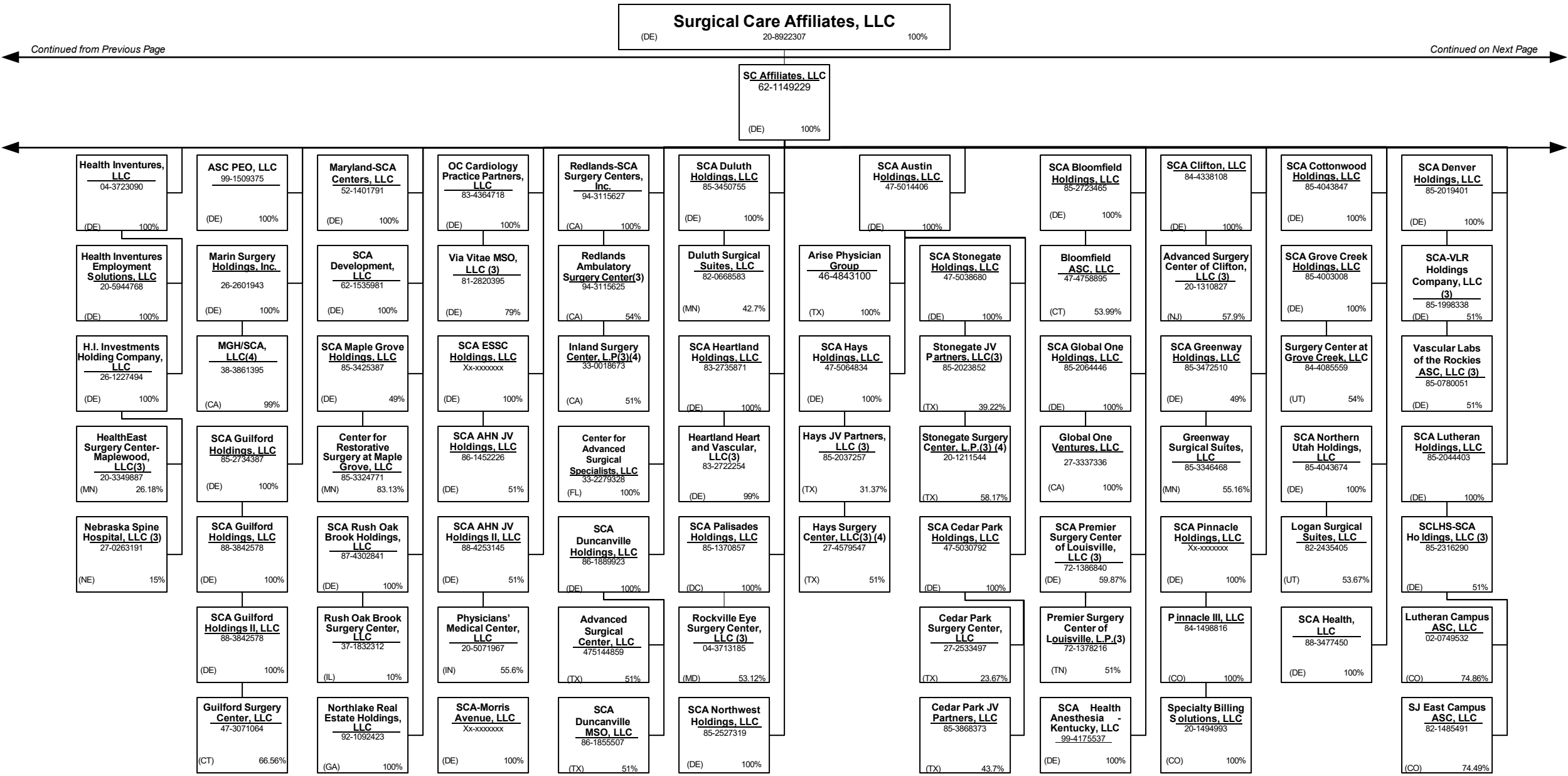
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



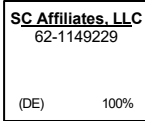
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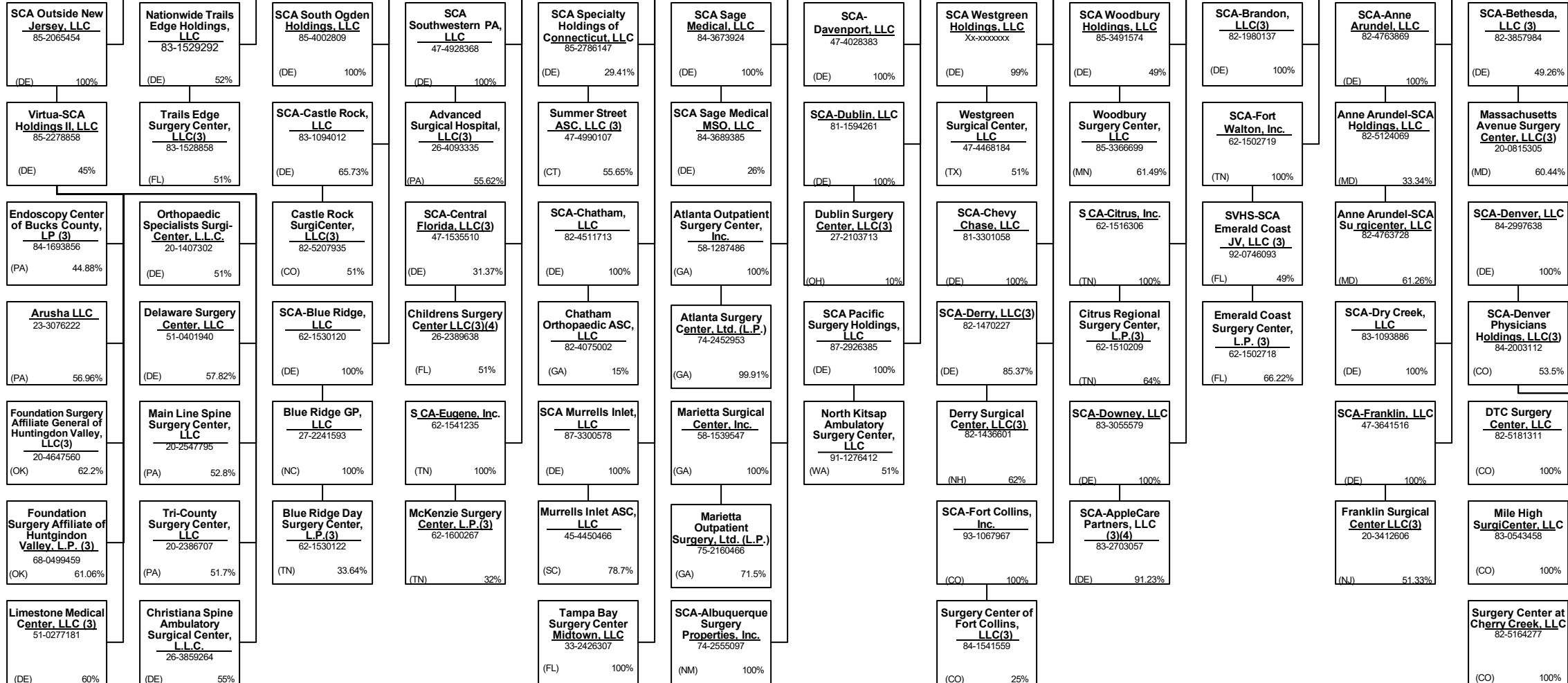
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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

PART 1 – ORGANIZATIONAL CHART

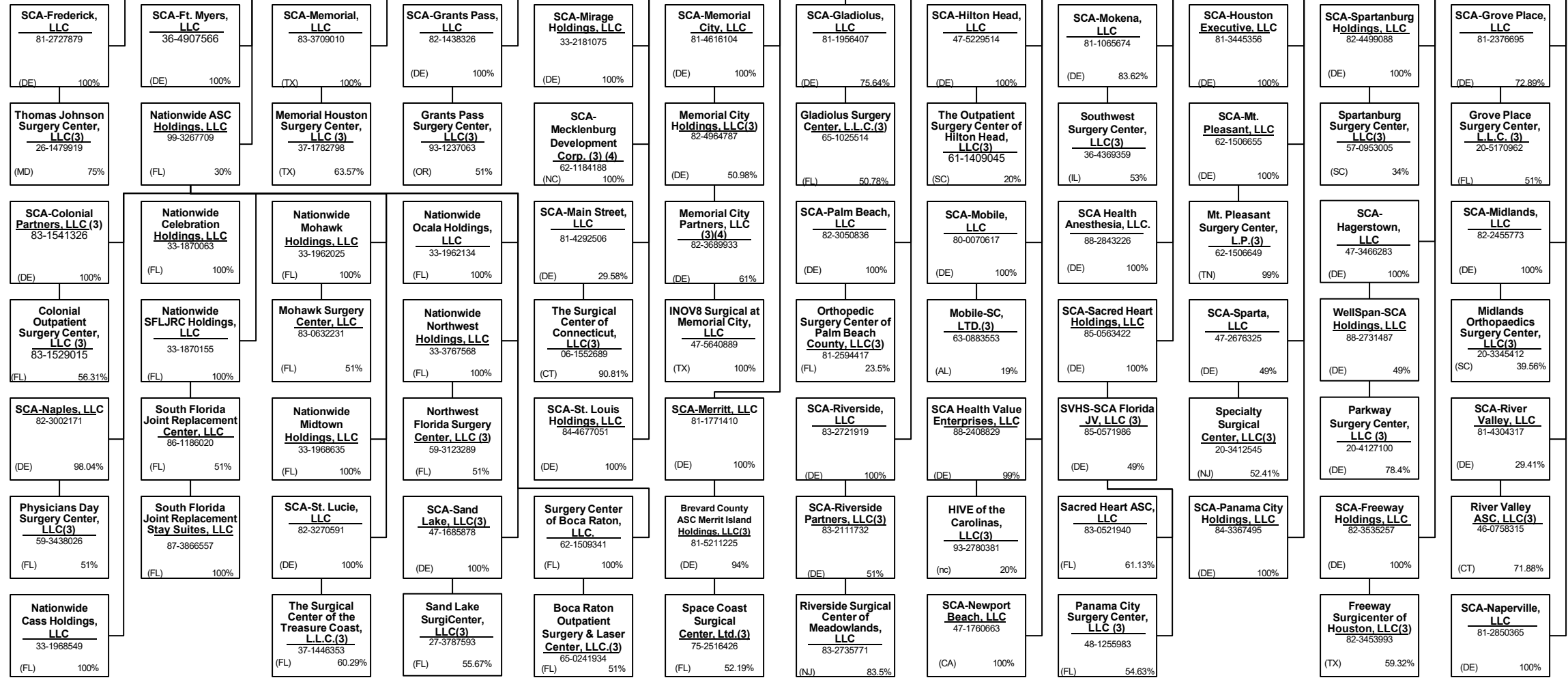
Surgical Care Affiliates, LLC
(DE) 20-8922307 100%

SC Affiliates, LLC
62-1149229
(DE) 100%

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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

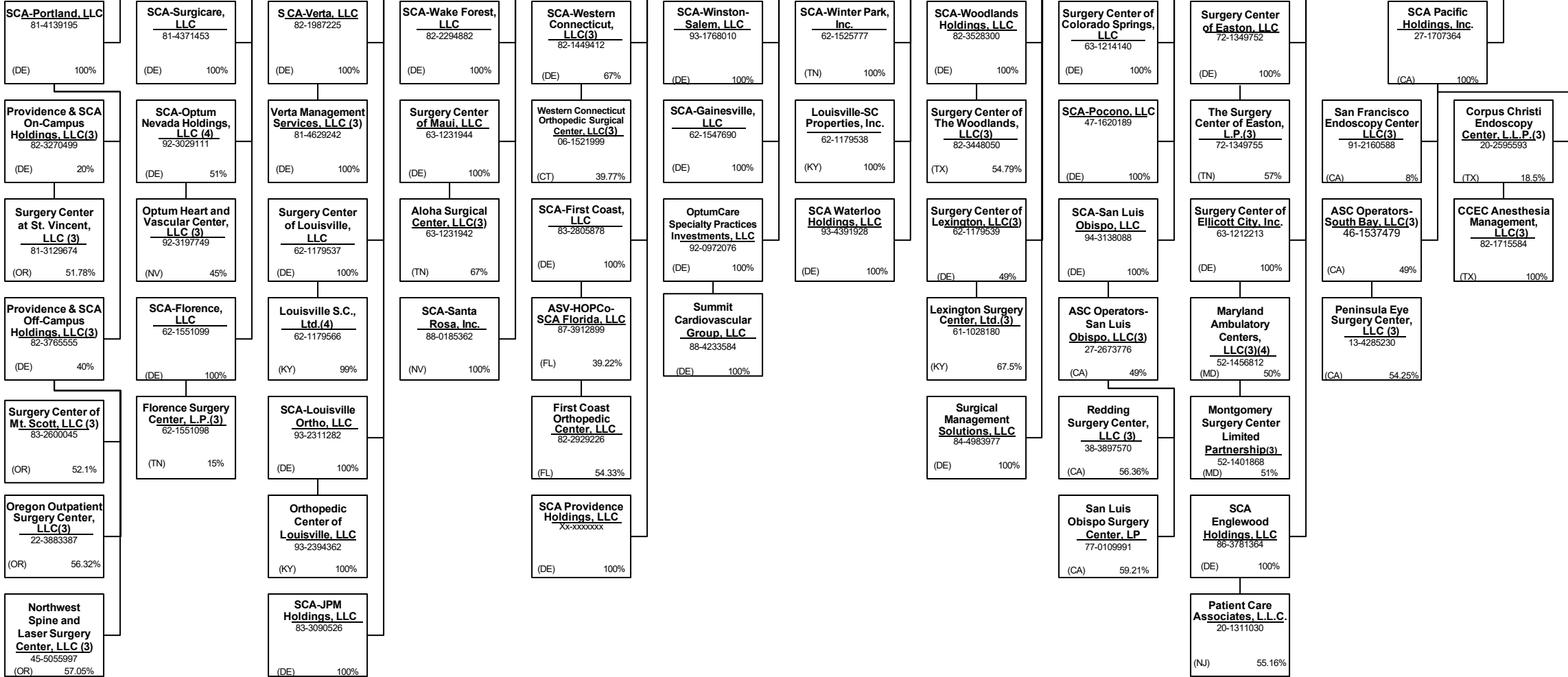
Surgical Care Affiliates, LLC
 (DE) 20-8922307 100%

SC Affiliates, LLC
 62-1149229
 (DE) 100%

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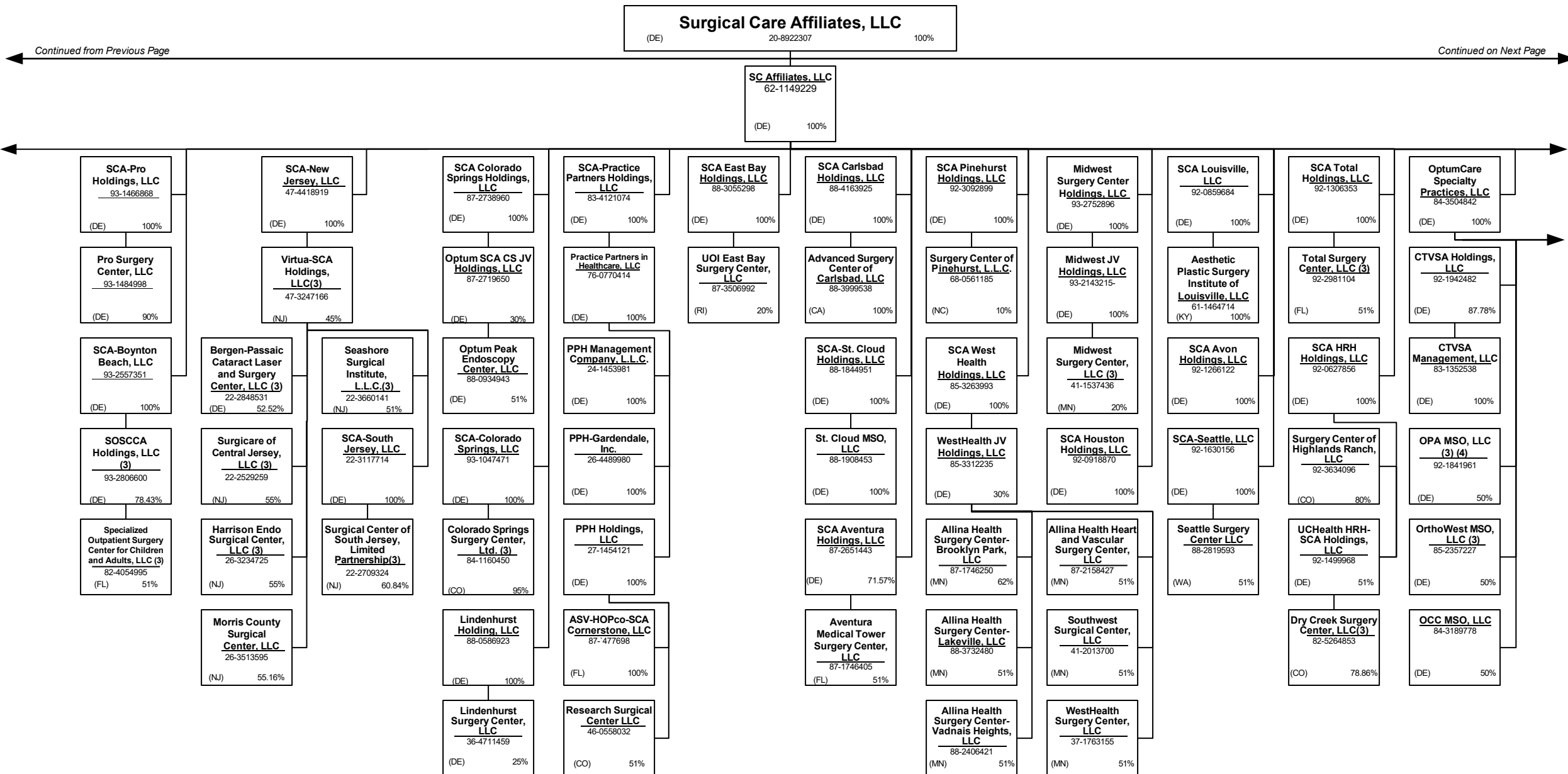
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

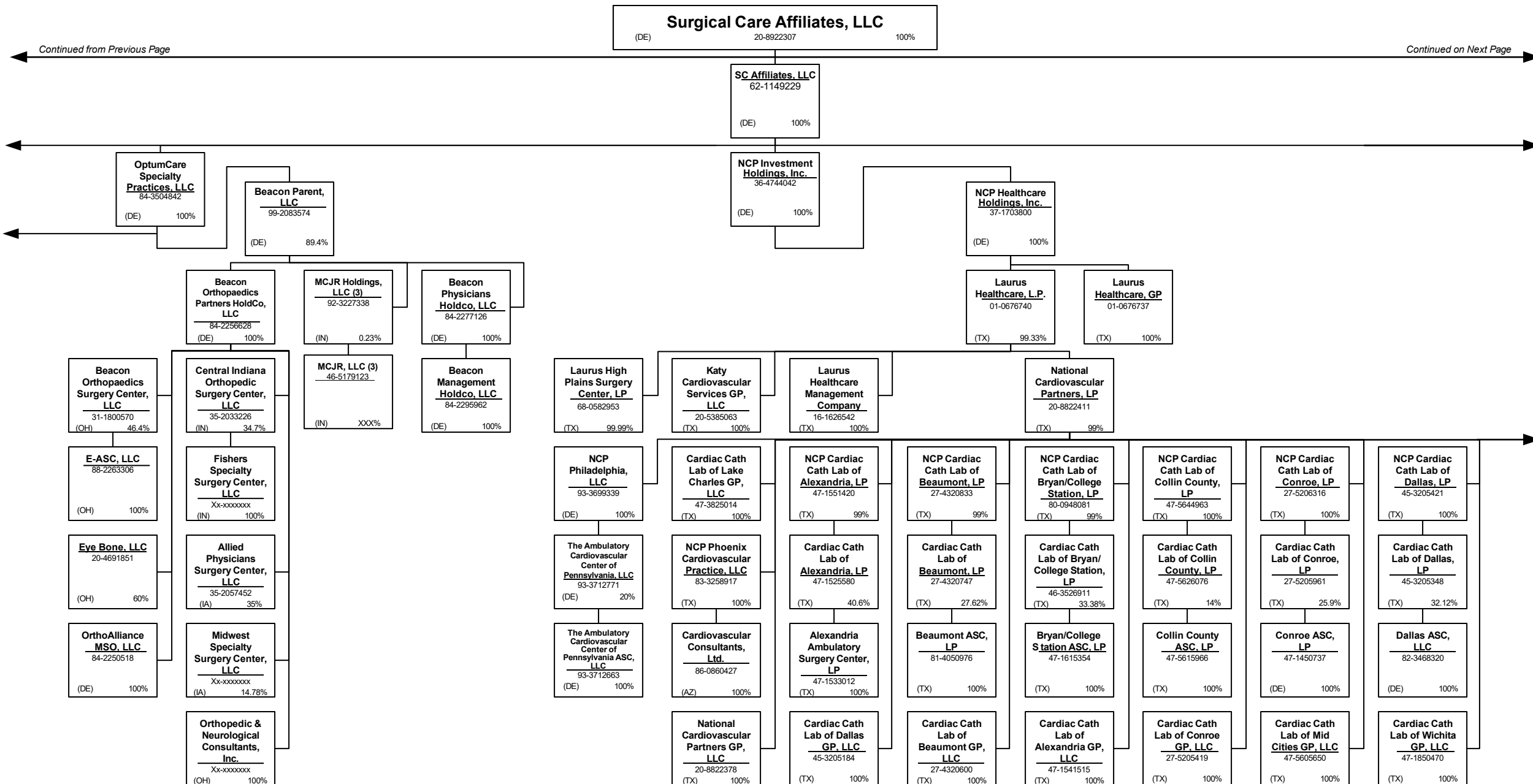
PART 1 – ORGANIZATIONAL CHART



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

PART 1 – ORGANIZATIONAL CHART

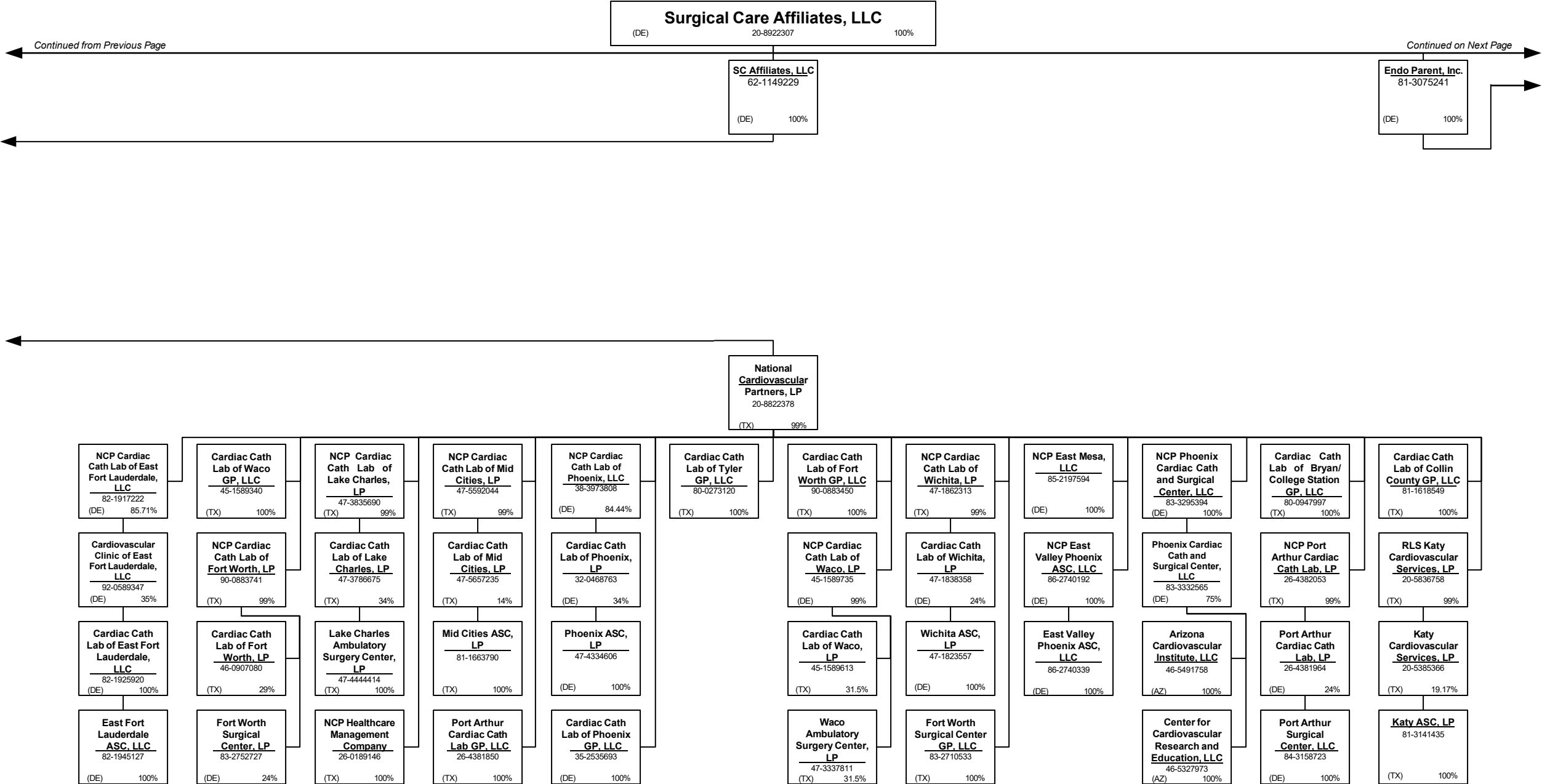


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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



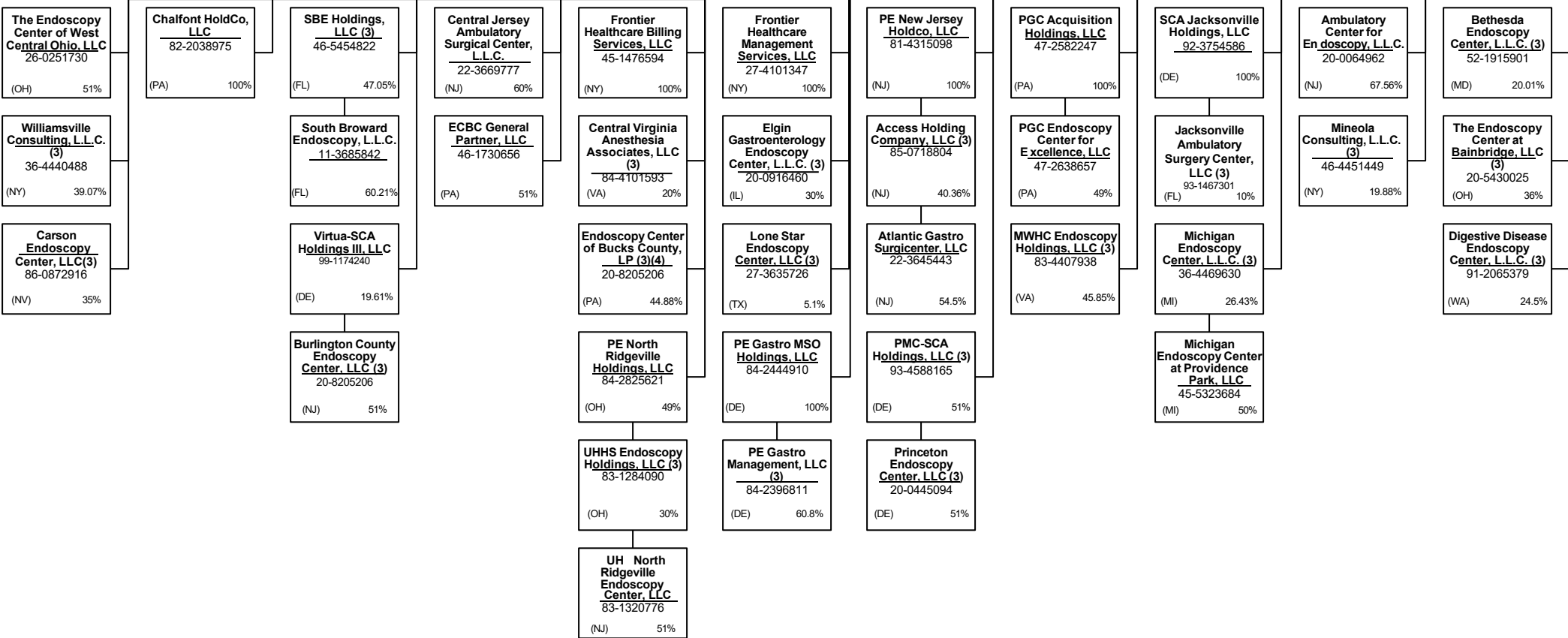
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC
 (DE) 20-8922307 100%

Physicians Endoscopy Intermediate Holdco, Inc.
 26-2239018
 (DE) 100%

Physicians Endoscopy, L.L.C.
 91-1882702
 (DE) 100%



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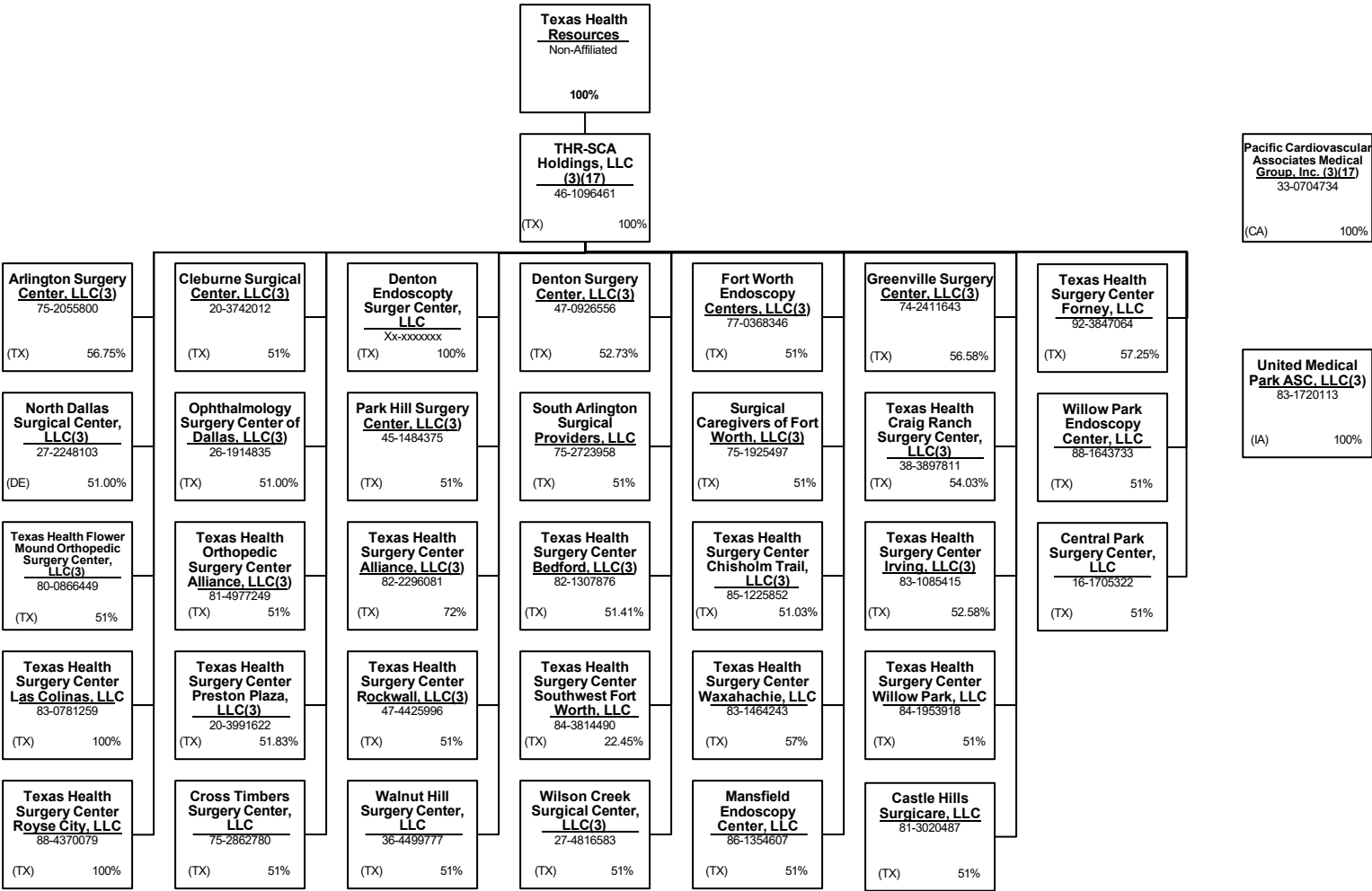
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC
 (DE) 20-8922307 100%

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Substantively Controlled Surgical Care Affiliate Entities



40.46

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
4C Medical Group, PLC	AZ	45-2402948	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
A.G. Dikengil, Inc.	NJ	22-3149900	Cielo House, Inc.	CA	27-1655973
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.	NC	20-3056794
AbleTo Behavioral Health Services, PC	CT	47-5519672	Colonial Family Practice, L.L.C.	SC	02-0626080
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	Columbia Counseling Center P.A.	MD	52-2052733
AHN Accountable Care Organization, LLC	IN	45-4171713	Connect Medical, P.C.	NY	32-0551188
AHN Surgery Center Holdings, LLC	IN	82-5224188	Crystal Run Ambulatory Surgery Center of Middletown, LLC	NY	27-0476822
Aleph Psychological Services, Inc.	CA	46-3477124	Crystal Run Healthcare Physicians LLP	NY	13-3843560
Ambulatory Partner Holdings, LLC	NY	88-2464526	David C. Anderholm, M.D., P.A.	MN	41-1879063
American Health Network of Indiana, LLC	IN	35-2108729	David Moen, M.D. P.C.	NY	81-5101448
Angie Coil FNP, PLLC	AZ	81-2112951	David R. Ferrell, M.D., P.C.	NV	45-2380022
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	Day-Op Center of Long Island, LLC	NY	11-2811353
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	DBT and EMDR Specialists, P.A.	MN	47-3322541
AppleCare Medical Group, Inc.	CA	33-0898174	Digestive Diseases Diagnostic & Treatment Center, LLC	NY	26-1319443
ARTA Western California, Inc.	CA	33-0658815	Doc Martins, PLLC	AZ	20-0419099
Astra Medical Clinic, PLLC	AZ	86-0882561	Durable Medical Equipment, Inc.	MA	04-3106404
Atrius Health Ambulatory Surgery Center, LLC	MA		East Side Endoscopy, L.L.C.	NY	26-3006590
Atrius Health, Inc.	MA	04-3397450	Elite Focus Clinic, Inc., a Professional Corporation	CA	47-3861802
Beacon Orthopaedics & Sports Medicine, Ltd.	OH	31-1483173	Empire Physicians' Medical Group, Inc.	CA	33-0181426
Beaver Medical Group, P.C.	CA	33-0645967	Endoscopy Center of Western New York, L.L.C.	NY	36-4427974
Behavioral Solutions, P.C.	MA	04-3316367	Eugene Center for Anxiety and Stress, LLC	OR	83-2740282
Bexar Imaging Center, LLC	TX	22-3858211	Eugene Therapy, LLC	OR	90-0624377
California Spring Holdings, PC	CA	81-0881243	Everett Physicians, Inc. P.S.	WA	81-1625636
Carbondale Counseling Associates, PLLC	IL	47-1130641	Evolve, LLC	WI	61-1752488
Cardiothoracic & Vascular Surgical Associates, P.A.	FL	59-3338654	Family Counseling Associates of Salem Andover LLC	NH	27-0820363
CARE Clinics LLC	MN	46-4814778	Ferrell Physician Services, P.C.	NY	87-4007730
CAREFree Counseling LLC	MN	88-0822778	First Step Services, PLLC	NC	51-0484581
CareMount Health Solutions ACO, LLC	NY	n/a	Five Rivers South L.L.C.	MN	92-0459013
Carnegie Hill Endoscopy, LLC	NY	27-0385539	Flagstaff Family Physicians, PLLC	AZ	86-0959327
Carolina Behavioral Care, P.A.	NC	56-1780933	Good Samaritan Medical Practice Association, Inc., A Medical Group	CA	95-3969271
Carroll Counseling Center LLC	MD	52-2072546	Great South Bay Endoscopy Center, LLC	NY	46-3055867
Centers for Family Medicine, GP	CA	33-0483510	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
Central Indiana Orthopedics, LLC	IN	35-1709418	Gunn Behavioral Care of California, P.C.	CA	27-3237563

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
Gunn Behavioral Holdco, P.C.	CA	92-3292446	Landmark Medical of New Hampshire, P.C.	NH	85-1174070
HealthCare Partners Affiliates Medical Group	CA	95-4526112	Landmark Medical of North Carolina, P.C.	NC	82-4256752
HealthCare Partners ASC-HB, LLC	CA	26-4247365	Landmark Medical of Ohio, Professional Corporation	OH	82-4864947
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Landmark Medical of Oregon, P.C.	OR	47-2926188
HealthCare Partners Medical Group, P.C.	CA	95-4340584	Landmark Medical of Pennsylvania, PC	PA	81-1605378
Heron Ridge Assoc., P.L.C.	MI	80-0020865	Landmark Medical of Rhode Island, PC	RI	84-2830065
Homecare Dimensions of Florida, Inc.	TX	81-0884465	Landmark Medical of Tennessee, PC	TN	30-1288593
Homecare Dimensions, Inc.	TX	74-2758644	Landmark Medical of Texas, PA	TX	83-2296389
IN Style OPTICAL, LLC	MA	27-3296953	Landmark Medical of Utah, PC	UT	84-2660339
Inland Faculty Medical Group, Inc.	CA	33-0618077	Landmark Medical of Virginia, P.C.	VA	85-0839774
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134	Landmark Medical of Washington, PC	WA	47-3028655
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	Landmark Medical, P.C.	NY	47-1588943
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739	Level2 Medical Services, P.A.	DE	84-5003916
INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670	Level2 Medical Services, P.A.	DE	87-2684015
Jonathan E. Goldberg, Ph.D., Inc.	MA	26-3013277	Level2 Medical Services, P.C.	AK	87-2600511
Joyce Marter & Associates, P.C.	IL	26-3478896	Level2 Medical Services, P.C.	CA	92-1153396
K.P. Counseling, Ltd.	IL	30-0089259	Level2 Medical Services, P.C.	UT	87-0989804
Kelsey-Seybold Medical Group, PLLC	TX	76-0386391	Liberty Endoscopy Center, LLC	NY	46-4588779
Keys Counseling, Inc.	IN	30-0358493	Life Strategies Counseling, Inc.	AR	20-0468524
KS Pharm, LLC	TX	84-2355006	LifeSolutions Counseling Associates, P.C.	IN	26-3292877
KS SC, LLC	TX	84-2241460	Long Island Digestive Endoscopy Center, LLC	NY	45-4714972
Landmark Medical of Arkansas, P.A.	AR	85-0997438	Manhattan Endoscopy Center, LLC	NY	27-1510596
Landmark Medical of California, PC	CA	47-4553619	March Vision Care Group, Incorporated	CA	95-4874334
Landmark Medical of Connecticut, PC	CT	83-2295301	March Vision Care IPA, Inc.	NY	27-3115058
Landmark Medical of Florida, P.A.	FL	85-0838149	MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
Landmark Medical of Idaho, PC	ID	92-0496439	ME Urgent Care Nebraska, Inc.	NE	81-0936574
Landmark Medical of Kansas, P.A.	KS	82-4633545	MedExpress Employed Services, Inc.	DE	81-1265129
Landmark Medical of Kentucky, P.S.C.	KY	82-4881602	MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732	MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
Landmark Medical of Massachusetts, PLLC	MA	81-5364097	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Landmark Medical of Michigan, P.C.	MI	86-3599871	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Landmark Medical of Mississippi, P.C.	MS	82-5084178	MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
Landmark Medical of Missouri, P.C.	MO	82-4857713	MedExpress Primary Care Minnesota P.C.	MN	81-4396738

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265	MedExpress, Inc. – Delaware	DE	45-5436856
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858	Mental Health Resources, PLLC	TN	62-1396317
MedExpress Primary Care Texas, P.A.	TX	84-2500750	MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MHCH, Inc.	CA	80-0507474
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181	MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	Midtown Medical, P.C.	CA	83-2873776
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778	Mindscales Counseling, PLLC	CT	47-2117693
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	Mobile Medical Services of New Jersey, PC	NJ	81-2977678
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280	Mobile Medical Services, P.C.	NY	30-0445773
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120	Monarch Health Plan, Inc.	CA	22-3935634
MedExpress Urgent Care California, P.C.	CA	82-0930142	Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812	NAMM Medical Group Holdings, Inc.	CA	56-2627070
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	NC Center For Resiliency, PLLC	NC	47-2693055
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614	New Perspectives Center for Counseling & Therapy, L.L.C.	OR	93-1173779
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472	New York Licensed Clinical Social Work, P.C.	NY	86-3891057
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	Northern California Physicians Network, Inc., a Professional Corporation	CA	81-1573604
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	Northlight Counseling Associates, Inc.	AZ	86-0646417
MedExpress Urgent Care Missouri P.C.	MO	47-3132625	Oakland Psychological Clinic, P.C.	MI	38-2481929
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	OHR Physician Group, P.C.	OR	93-0979031
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	Olympia Arthritis and Rehabilitation Clinic, Inc., P.S.	WA	91-1160442
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	Optum Behavioral Care of California, P.C.	CA	84-4887072
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706	Optum Behavioral Care of Colorado, P.C.	CO	93-2952612
MedExpress Urgent Care Texas, P.A.	TX	47-5147441	Optum Behavioral Care of Connecticut, P.C.	CT	93-2339326
MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Optum Behavioral Care of Kansas, P.A.	KS	93-3404672
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Optum Behavioral Care of New Jersey, P.C.	NJ	85-0666386
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667	Optum Behavioral Care of North Carolina, P.C.	NC	85-1959641
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572	Optum Behavioral Care of Texas, P.A.	TX	84-3152209
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101	Optum Behavioral Care Therapy Services of Illinois, P.C.	IL	99-4597708
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908	Optum Care Washington, PLLC	WA	91-0214500
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937	Optum Everycare, P.C.	PR	66-1026448
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365	Optum Medical Care of New Jersey, P.C.	NJ	22-3624559
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138	Optum Medical Care, P.C.	PR	13-3544120
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124	Optum Medical Group (Rhodes), P.C.	NV	88-0310956

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
Optum Medical Group II (Rhodes), P.C.	NV	86-0857176	Prospero Medical Services, P.A.	FL	87-2406404
Optum Medical Group, P.A.	KS	46-2662506	Psychiatry Services of New York, P.C.	NY	85-0921665
Optum Medical Services of California, P.C.	CA	30-0826311	Psychiatry Specialists, S.C.	IL	27-3409538
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Psychological Healthcare, PLLC	NY	16-1484552
Optum Medical Services, P.C.	NC	45-3866363	Queens Endoscopy ASC, LLC	NY	27-4189294
Optum Urgent Care, PLLC	NY	46-1883579	Red Oak Counseling, Ltd.	WI	20-0785644
OptumCare Portland, LLC	OR	93-1306308	Redlands Family Practice Medical Group, Inc.	CA	56-2627067
Oregon Healthcare Resources, LLC	OR	27-3674492	Refresh Canopy Cove, Inc.	FL	82-3603285
Ortho Physician Partners, P.C.	WA	93-3367856	Refresh Connecticut, PLLC	CT	84-2663780
OW Physician Partners, P.C.	CA	85-4386308	Refresh Evolve, LLC	WI	83-4507157
Pacific Cardiovascular Associates Medical Group, Inc.	CA	33-0704734	Refresh In-Home Counseling LLC	IL	82-5351068
PE Healthcare Associates, LLC	NY	27-4496894	Reliant Medical Group The Endoscopy Center, LLC	MA	20-5251393
Peninsula Psychological Center, Inc., P.S.	WA	91-1885912	Reliant Medical Group, Inc.	MA	04-2472266
Perspectives of Troy, P.C.	MI	38-2592367	Rheumatology and Pulmonary Clinic, P.L.L.C.	WV	55-0775651
Physician United PLLC	AZ	84-3476733	Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097
Physicians Medical Group of San Jose, Inc.	CA	94-2722082	Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
Physicians Medical Holdings	CA	86-2631012	Saddleback Medical Group, Inc.	CA	33-0571462
Pilot Holdings, P.C.	CA	87-3931756	San Bernardino Medical Group, Inc.	CA	95-3088615
Pinnacle Medical Group, Inc.	CA	33-0795271	San Diego Physicians Medical Group, Inc.	CA	33-0457134
Polyclinic Holdings, P.C.	WA	83-3042027	Saris Counseling, LLC	WI	n/a
POLYCLINIC MANAGEMENT SERVICES COMPANY, LLC	WA	46-0508606	Serenity Family and Psychological Counseling Center, P.C.	CA	45-3802527
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Shark Holdings, P.C.	CA	87-3142148
ProHealth Ambulatory Surgery Center, LLC	NY	11-3447394	Sherman Counseling Management, S.C.	WI	47-5082677
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253	Silicon Valley TMS of Monterey Bay, GP	CA	81-3200297
ProHEALTH Care Associates, L.L.P.	NY	11-3355604	Southwest Internal Medicine Group, Roberto Ruiz, M.D., PLLC	AZ	86-0516447
ProHEALTH Medical NY, P.C.	NY	47-1388406	Spring Behavioral Health of New Jersey, LLC	NJ	82-3087236
ProHealth Physicians, P.C.	CT	06-1469068	Springfield Psychological, P.C.	PA	23-2833266
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	St. Vincent IPA Medical, P.C.	CA	95-4729595
Prospero Health Partners Florida, Inc.	FL	85-0775386	Summit Rheumatology and Arthritis - Colorado, PLLC	CO	33-3231503
Prospero Health Partners New York, P.C.	NY	82-2400620	Surgical Eye Experts, LLC	MA	65-1321064
Prospero Health Partners North Carolina, P.C.	NC	84-4569314	Surprise Health Center, PLLC	AZ	86-1047772
Prospero Health Partners, P.C.	MN	84-3234753	Susan Albright P.L.C.	AZ	20-5176158
Prospero Medical Services New Jersey, P.C.	NJ	84-3844362	Talbert Medical Group, P.C.	CA	93-1172065

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**PART 1 – ORGANIZATIONAL CHART**

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID
The Corvallis Clinic, P.C.	OR	93-1221257
The Polyclinic, PLLC	WA	91-0369070
The Potter's House Family & Children Treatment Center, LLC	GA	20-8357849
The Salveo Center, PLLC	WA	80-0281838
The Tabor Therapy Group, Inc.	IL	46-5461304
Triangle Counseling Agency, Inc.	NC	26-2552129
USMD of Arlington GP, L.L.C.	TX	73-1662757
Warner Family Practice, P.C.	AZ	86-0462952
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC	TX	84-2193803
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2178104
WellMed Network Medicare ACO, LLC	TX	84-2204650
WellMed Network of Florida, Inc.	TX	35-2314192
WellMed Networks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
WellMed Texas Medicare ACO, LLC	TX	84-2219968
XLHome Michigan, P.C.	MI	46-3537245
XLHome Northeast, P.C.	NJ	45-5530241
XLHome Oklahoma, Inc.	OK	46-2931689
XLHome, P.C.	MD	27-3543997
Yorktown ASO LLC	DE	99-1074356
Yorkville Endoscopy, LLC	NY	46-0857425

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

PART 1 – ORGANIZATIONAL CHART

Affiliated, Non-Owned Not-for-Profit Entities

<u>Legal Entity</u>	<u>State</u>	<u>FEIN</u>
LHC Group Employee Hardship Relief Fund	LA	n/a
One World Surgery	IL	47-5128573
The Hospice Promise Foundation	LA	46-3961250
Hospice Promise Thrift Store, L.L.C.	LA	n/a
United Health Foundation	MN	41-1941615
UnitedHealthcare Children’s Foundation, Inc.	MD	52-2177891

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

PART 1 – ORGANIZATIONAL CHART

Organizational Chart Footnotes

- (1) Entity is owned in full or in part by a UnitedHealth Group Incorporated friendly physician.
- (2) Control of the Foundation is based on sole membership, not the ownership of voting securities.
- (3) The remaining percentage is owned either by a non-affiliated entity, outside investor(s), current/former company officer(s), or third party shareholder(s).
- (4) The minority percentage is owned by one or more affiliated UnitedHealth Group Incorporated subsidiaries. Voting rights do vary.
- (5) No information of the other shareholder(s) has been provided
- (6) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (7) Branch offices in Iraq and Uganda.
- (8) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
- (9) Registered as a foreign shareholder in Brazil.
- (10) Open
- (11) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (12) N/A
- (13) Open
- (14) Open
- (15) Registered branch in the United Kingdom.
- (16) Open
- (17) Entity is not directly owned by the parent. However, the parent does have a viable economic interest as well as control over the entity through contractual agreements.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Accrued Cost of Claims Savings	125,228	0	125,228	167,759
2305. Unclaimed Property	1,371,025	0	1,371,025	1,528,665
2306. Fines and Penalties	40,000	0	40,000	40,000
2397. Summary of remaining write-ins for Line 23 from overflow page	1,536,253	0	1,536,253	1,736,424

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE GOLDEN RULE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit 1 Line 6

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	
0604. Vision Only	350,952	378,018	391,789	404,295	417,459	4,612,127
0605. Disability Income	67	64	61	61	60	739
0606. Other Health	525,589	542,606	592,133	655,484	714,021	7,183,468
0607. Other Non-Health	9,366	9,599	10,610	11,344	11,807	124,203
0697. Summary of remaining write-ins for Line 6 from overflow page	885,974	930,287	994,593	1,071,184	1,143,347	11,920,537