



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

QualChoice Life and Health Insurance Company, Inc.

(Name)

NAIC Group Code 01295, 01295 NAIC Company Code 70998 Employer's ID Number 71-0386640

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas

Country of Domicile United States

Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO, Federally Qualified? Yes [] No []

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

Statutory Home Office 1001 Technology Drive, Suite 401 Little Rock, AR, US 72223

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

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

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

Internet Web Site Address www.qualchoice.com

Statutory Statement Contact Christina Dix 813-206-2725
Christina.B.Dix@centene.com 813-675-2899

OFFICERS

Name Title Name Title
John Patrick Ryan President Christopher Jay Perry Treasurer
Kendra Louise Archer Secretary Tricia Lynn Dinkelman Vice President of Tax

OTHER OFFICERS

Empty lines for other officers

DIRECTORS OR TRUSTEES

Kimberley Suggs # Christopher Jay Perry John Patrick Ryan

State of
County of

ss

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

John Patrick Ryan
President

Christopher Jay Perry
Treasurer

Kendra Louise Archer
Secretary

Subscribed and sworn to before me this
day of

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	75,422,666		75,422,666	82,932,955
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	0
5. Cash (\$10,003,952 , Schedule E-Part 1), cash equivalents (\$20,274,438 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	30,278,390		30,278,390	41,050,136
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	105,701,057	0	105,701,057	123,983,091
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	702,104		702,104	720,532
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	517,463	0	517,463	560,509
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$896,723) and contracts subject to redetermination (\$)	896,723		896,723	8,008,915
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0		0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	7,456,071		7,456,071	182,574
18.2 Net deferred tax asset.....	1,936,794	236,710	1,700,084	1,379,557
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	254,552		254,552	1,001,490
24. Health care (\$6,888,565) and other amounts receivable.....	9,315,989	2,427,424	6,888,565	6,831,824
25. Aggregate write-ins for other-than-invested assets	711,941	150,454	561,487	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	127,492,694	2,814,588	124,678,106	142,668,492
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	127,492,694	2,814,588	124,678,106	142,668,492
DETAILS OF WRITE-INS				
1101.			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State tax recoverable.....	561,487		561,487	0
2502. Miscellaneous prepaids.....	150,454	150,454	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	711,941	150,454	561,487	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	46,179,873		46,179,873	27,527,025
2. Accrued medical incentive pool and bonus amounts	248,100		248,100	57,625
3. Unpaid claims adjustment expenses	389,507		389,507	259,083
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	4,529,736		4,529,736	20,346,329
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	6,805,675		6,805,675	3,626,211
9. General expenses due or accrued	2,875,305		2,875,305	2,517,524
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	20,850,406		20,850,406	11,996,878
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	7,765,160	0	7,765,160	23,959,212
24. Total liabilities (Lines 1 to 23)	89,643,762	0	89,643,762	90,289,887
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,013,750	1,013,750
27. Preferred capital stock	XXX	XXX	1,500,000	1,500,000
28. Gross paid in and contributed surplus	XXX	XXX	58,680,395	48,680,395
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(26,159,801)	1,184,461
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	35,034,344	52,378,606
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	124,678,106	142,668,493
DETAILS OF WRITE-INS				
2301. State assessment	55,020		55,020	26,000
2302. Cost sharing reduction payable	7,710,140		7,710,140	23,899,687
2303. State tax payable			0	33,525
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	7,765,160	0	7,765,160	23,959,212
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	633,883	444,796
2. Net premium income (including \$132,142 non-health premium income).....	XXX	325,214,195	207,183,835
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	325,214,195	207,183,835
Hospital and Medical:			
9. Hospital/medical benefits		221,032,053	113,588,174
10. Other professional services		458,285	494,870
11. Outside referrals			0
12. Emergency room and out-of-area		29,629,160	21,195,957
13. Prescription drugs		69,744,085	43,177,312
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,214,345	413,755
16. Subtotal (Lines 9 to 15)	0	322,077,928	178,870,068
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	322,077,928	178,870,068
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$217,122 cost containment expenses.....		3,618,709	2,227,289
21. General administrative expenses.....		37,482,819	26,970,698
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(627,648)	3,596,185
23. Total underwriting deductions (Lines 18 through 22)	0	362,551,808	211,664,240
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(37,337,613)	(4,480,405)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,602,697	6,231,872
26. Net realized capital gains (losses) less capital gains tax of \$(3,829)		(14,406)	(12,933)
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,588,291	6,218,939
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$75,949)]		(75,949)	(57,592)
29. Aggregate write-ins for other income or expenses	0	(6,073)	(299,386)
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	(33,831,344)	1,381,556
31. Federal and foreign income taxes incurred	XXX	(7,066,476)	969,838
32. Net income (loss) (Lines 30 minus 31)	XXX	(26,764,868)	411,718
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.	XXX		0
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Sanct ions.....		(6,073)	(299,386)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(6,073)	(299,386)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	52,378,605	71,668,326
34. Net income or (loss) from Line 32	(26,764,868)	411,718
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$7,025	26,426	1,444
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	358,853	369,192
39. Change in nonadmitted assets	(964,672)	927,930
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (stock dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	10,000,000	0
45.2 Transferred to capital (stock dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		(21,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	(5)
48. Net change in capital and surplus (Lines 34 to 47)	(17,344,261)	(19,289,721)
49. Capital and surplus end of reporting year (Line 33 plus 48)	35,034,344	52,378,605
DETAILS OF WRITE-INS		
4701. Rounding.....		(5)
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(5)

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	320,359,952	195,735,855
2. Net investment income	3,914,338	6,549,400
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	324,274,290	202,285,255
5. Benefit and loss related payments	320,455,988	186,840,455
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	40,695,345	40,404,001
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	203,192	5,681,289
10. Total (Lines 5 through 9)	361,354,525	232,925,744
11. Net cash from operations (Line 4 minus Line 10)	(37,080,235)	(30,640,490)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	11,178,765	4,131,366
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,178,765	4,131,366
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	3,946,472	32,925,068
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	385
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,946,472	32,925,453
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)	7,232,292	(28,794,087)
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	10,000,000	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	21,000,000
16.6 Other cash provided (applied)	9,076,197	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	19,076,197	(21,000,000)
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)	(10,771,746)	(80,434,577)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	41,050,135	121,484,712
19.2 End of year (Line 18 plus Line 19.1)	30,278,390	41,050,135

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	325,214,195	258,334,761	60,084,956	5,954,418	0	0	0	0	0	0	0	0	707,918	132,142
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	325,214,195	258,334,761	60,084,956	5,954,418	0	0	0	0	0	0	0	0	707,918	132,142
8. Hospital/medical benefits	221,032,053	166,141,870	48,584,033	5,576,878									729,272	XXX
9. Other professional services	458,285	458,285												XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	29,629,160	27,294,169	2,163,923	171,068										XXX
12. Prescription drugs	69,744,085	55,259,557	14,484,528											XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,214,345	1,214,345												XXX
15. Subtotal (Lines 8 to 14)	322,077,928	250,368,226	65,232,484	5,747,946	0	0	0	0	0	0	0	0	729,272	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	322,077,928	250,368,226	65,232,484	5,747,946	0	0	0	0	0	0	0	0	729,272	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 217,122 cost containment expenses	3,618,709	2,877,903	668,942	71,864										
20. General administrative expenses	37,482,819	29,870,154	6,821,611	791,054										
21. Increase in reserves for accident and health contracts (627,648)	(627,648)		(53,793)	(573,855)										XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	362,551,808	283,116,283	72,669,244	6,037,009	0	0	0	0	0	0	0	0	729,272	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(37,337,613)	(24,781,522)	(12,584,288)	(82,591)	0	0	0	0	0	0	0	0	(21,354)	132,142
DETAILS OF WRITE-INS														
0501.	0													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.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual	258,334,761			258,334,761
2. Comprehensive (hospital and medical) group	60,084,956			60,084,956
3. Medicare supplement	5,954,418			5,954,418
4. Vision only .....				.0
5. Dental only .....				.0
6. Federal employees health benefits plan .....	.0			.0
7. Title XVIII - Medicare .....	.0			.0
8. Title XIX – Medicaid .....	.0			.0
9. Credit A&H .....				.0
10. Disability income .....				.0
11. Long-term care .....				.0
12. Other health	849,145		141,227	707,918
13. Health subtotal (Lines 1 through 12)	325,223,280	.0	141,227	325,082,053
14. Life	574,530		442,388	132,142
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	325,797,810	0	583,615	325,214,195

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	303,242,569	237,487,944	59,590,275	5,678,948									485,402	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	303,242,569	237,487,944	59,590,275	5,678,948	0	0	0	0	0	0	0	0	485,402	0
2. Paid medical incentive pools and bonuses	1,023,870	1,023,870												
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	46,179,873	32,860,512	11,992,730	872,594	0	0	0	0	0	0	0	0	454,037	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	46,179,873	32,860,512	11,992,730	872,594	0	0	0	0	0	0	0	0	454,037	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	248,100	248,100	0	0										
6. Net healthcare receivables (a)	1,031,834	738,243	293,591	0										
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	27,527,024	20,456,333	6,056,929	803,596	0	0	0	0	0	0	0	0	210,166	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	57,625	57,625	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	320,863,584	249,153,880	65,232,485	5,747,946	0	0	0	0	0	0	0	0	729,273	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	320,863,584	249,153,880	65,232,485	5,747,946	0	0	0	0	0	0	0	0	729,273	0
13. Incurred medical incentive pools and bonuses	1,214,345	1,214,345	0	0	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct	5,050,151	3,516,726	1,388,347	95,425									49,653	
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net	5,050,151	3,516,726	1,388,347	95,425	0	0	0	0	0	0	0	0	49,653	0
2. Incurred but Unreported:														
2.1. Direct	41,129,722	29,343,786	10,604,383	777,169									404,384	
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net	41,129,722	29,343,786	10,604,383	777,169	0	0	0	0	0	0	0	0	404,384	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1. Direct	46,179,873	32,860,512	11,992,730	872,594	0	0	0	0	0	0	0	0	454,037	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	46,179,873	32,860,512	11,992,730	872,594	0	0	0	0	0	0	0	0	454,037	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	17,355,665	223,190,812	1,672,879	31,187,633	19,028,544	20,456,333
2. Comprehensive (hospital and medical) group	6,731,203	58,732,108		11,992,730	6,731,203	6,056,929
3. Medicare supplement	600,210	4,431,323	4,151	868,443	604,361	803,596
4. Vision only					0	0
5. Dental only					0	0
6. Federal employees health benefits plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health	(152,928)	638,331		454,037	(152,928)	210,167
13. Health subtotal (Lines 1 to 12)	24,534,150	286,992,574	1,677,030	44,502,843	26,211,180	27,527,025
14. Healthcare receivables (a)		9,315,989			0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	57,625	966,245	21,856	226,243	79,481	57,625
17. Totals (Lines 13-14+15+16)	24,591,775	278,642,830	1,698,886	44,729,086	26,290,661	27,584,650

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	56,424	56,424	56,424	(141,094)	(141,094)
2. 2021	172,608	179,074	179,074	179,074	179,074
3. 2022	XXX	175,279	183,195	183,195	183,195
4. 2023	XXX	XXX	148,622	174,682	174,682
5. 2024	XXX	XXX	XXX	148,224	172,369
6. 2025	XXX	XXX	XXX	XXX	273,573

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	45,916	45,916	45,916	(151,602)	(141,094)
2. 2021	190,367	179,372	179,372	179,372	179,074
3. 2022	XXX	192,987	185,468	185,468	183,195
4. 2023	XXX	XXX	174,511	176,365	174,682
5. 2024	XXX	XXX	XXX	170,715	173,545
6. 2025	XXX	XXX	XXX	XXX	317,499

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	258,133	179,074	2,162	1.2	181,236	70.2	0	0	181,236	70.2
2. 2022.....	246,719	183,195	1,940	1.1	185,135	75.0	0	0	185,135	75.0
3. 2023.....	189,567	174,682	1,805	1.0	176,487	93.1	0	0	176,487	93.1
4. 2024.....	150,440	172,369	1,607	0.9	173,976	115.6	1,176	10	175,162	116.4
5. 2025.....	319,100	273,573	3,416	1.2	276,989	86.8	43,926	380	321,295	100.7

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

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

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	1,036	1,036	1,036	(8,271)	(8,271)
2. 2021	3,788	4,242	4,242	4,242	4,242
3. 2022	XXX	3,672	4,185	4,185	4,185
4. 2023	XXX	XXX	4,077	4,660	4,660
5. 2024	XXX	XXX	XXX	4,773	5,373
6. 2025	XXX	XXX	XXX	XXX	4,431

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	1,036	1,036	1,036	(8,271)	(8,271)
2. 2021	4,288	4,244	4,242	4,242	4,242
3. 2022	XXX	4,126	4,126	4,185	4,185
4. 2023	XXX	XXX	4,722	4,602	4,660
5. 2024	XXX	XXX	XXX	5,635	5,377
6. 2025	XXX	XXX	XXX	XXX	5,300

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	4,987	4,242	.0	0.0	4,242	85.1	.0	.0	4,242	85.1
2. 2022.....	4,876	4,185	.0	0.0	4,185	85.8	.0	.0	4,185	85.8
3. 2023.....	4,941	4,660	.0	0.0	4,660	94.3	.0	.0	4,660	94.3
4. 2024.....	5,367	5,373	.0	0.0	5,373	100.1	.4	.0	5,377	100.2
5. 2025.....	5,954	4,431	72	1.6	4,503	75.6	868	0	5,371	90.2

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Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

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

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	568	568	568	(1,872)	(1,872)
2. 2021	178	405	405	405	405
3. 2022	XXX	531	727	727	727
4. 2023	XXX	XXX	420	391	391
5. 2024	XXX	XXX	XXX	627	474
6. 2025	XXX	XXX	XXX	XXX	638

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	537	537	537	(1,767)	(1,872)
2. 2021	503	405	405	405	405
3. 2022	XXX	742	727	727	727
4. 2023	XXX	XXX	501	391	391
5. 2024	XXX	XXX	XXX	837	474
6. 2025	XXX	XXX	XXX	XXX	1,092

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	1,066	405	.0	0.0	405	38.0	.0	.0	405	38.0
2. 2022.....	1,071	727	.0	0.0	727	67.9	.0	.0	727	67.9
3. 2023.....	789	391	.0	0.0	391	49.6	.0	.0	391	49.6
4. 2024.....	673	474	.0	0.0	474	70.4	.0	.0	474	70.4
5. 2025.....	160	638	0	0.0	638	398.8	454	0	1,092	682.5

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	58,028	58,028	58,028	(151,237)	(151,237)
2. 2021	176,574	183,721	183,721	183,721	183,721
3. 2022	XXX	179,482	188,107	188,107	188,107
4. 2023	XXX	XXX	153,119	179,733	179,733
5. 2024	XXX	XXX	XXX	153,624	178,216
6. 2025	XXX	XXX	XXX	XXX	278,642

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	47,489	47,489	47,489	(161,640)	(151,237)
2. 2021	195,158	184,021	184,019	184,019	183,721
3. 2022	XXX	197,855	190,321	190,380	188,107
4. 2023	XXX	XXX	179,734	181,358	179,733
5. 2024	XXX	XXX	XXX	177,187	179,396
6. 2025	XXX	XXX	XXX	XXX	323,891

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	264,186	183,721	2,162	1.2	185,883	70.4	0	0	185,883	70.4
2. 2022.....	252,666	188,107	1,940	1.0	190,047	75.2	0	0	190,047	75.2
3. 2023.....	195,297	179,733	1,805	1.0	181,538	93.0	0	0	181,538	93.0
4. 2024.....	156,480	178,216	1,607	0.9	179,823	114.9	1,180	10	181,013	115.7
5. 2025.....	325,214	278,642	3,488	1.3	282,130	86.8	45,248	380	327,758	100.8

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Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a)	3,150,728		3,150,728										
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	1,379,008		1,379,008										
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	4,529,736	.0	4,529,736	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	4,529,736	0	4,529,736	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ....	.0												
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$3,150,728 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	1,862	29,178	178,052		209,092
2. Salaries, wages and other benefits	127,352	1,995,181	12,932,608		15,055,141
3. Commissions (less \$ceded plus \$assumed)			5,809,195		5,809,195
4. Legal fees and expenses	988	15,485	64,067		80,540
5. Certifications and accreditation fees	132	2,066	12,610		14,808
6. Auditing, actuarial and other consulting services	7,857	123,101	1,099,495		1,230,453
7. Traveling expenses	1,263	19,787	120,749		141,799
8. Marketing and advertising	3,991	62,531	381,588		448,110
9. Postage, express and telephone	3,278	51,352	314,385		369,015
10. Printing and office supplies	3,036	47,560	313,707		364,303
11. Occupancy, depreciation and amortization	11,093	173,788	1,060,517		1,245,398
12. Equipment	290	4,537	27,688		32,515
13. Cost or depreciation of EDP equipment and software	13,308	208,497	1,318,337		1,540,142
14. Outsourced services including EDP, claims, and other services	32,934	515,963	5,895,409		6,444,306
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate	329	5,154	31,451		36,934
17. Collection and bank service charges	1,179	18,472	132,672		152,323
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	412	6,452	39,374		46,238
22. Real estate taxes	233	3,654	22,298		26,185
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(532,284)		(532,284)
23.2 State premium taxes			7,288,409		7,288,409
23.3 Regulatory authority licenses and fees	448	7,013	290,150		297,611
23.4 Payroll taxes	7,031	110,157	672,216		789,404
23.5 Other (excluding federal income and real estate taxes)	106	1,659	10,126		11,891
24. Investment expenses not included elsewhere				44,050	44,050
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	217,122	3,401,587	37,482,819	44,050	(a) 41,145,578
27. Less expenses unpaid December 31, current year		389,507	2,875,305		3,264,812
28. Add expenses unpaid December 31, prior year	0	259,083	2,517,524	0	2,776,607
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	217,122	3,271,163	37,125,038	44,050	40,657,373
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$32,664,181 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 76,655	76,655
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 2,799,053	2,773,544
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	(b) 0	
2.21 Common stocks of affiliates	(b) 0	
3. Mortgage loans	(c)	
4. Real estate	(d)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 1,038,630	796,548
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,914,338	3,646,747
11. Investment expenses		(g) 44,050
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		44,050
17. Net investment income (Line 10 minus Line 16)		3,602,697
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 129,433 accrual of discount less \$ 424,744 amortization of premium and less \$ 29,352 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 252,860 accrual of discount less \$ 3,310 amortization of premium and less \$ 31,943 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(18,421)		(18,421)	33,451	
1.3 Bonds of affiliates			0		
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	186		186	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(18,235)	0	(18,235)	33,451	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

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	236,710	205,409	(31,301)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	2,427,424	1,452,330	(975,094)
25. Aggregate write-ins for other-than-invested assets	150,454	192,177	41,723
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,814,588	1,849,916	(964,672)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	2,814,588	1,849,916	(964,672)
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102. ....		.0	.0
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Insurance Charter.....		(2,340)	(2,340)
2502. Goodwill.....		194,517	194,517
2503. Prepaids.....	150,454	.0	(150,454)
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)	150,454	192,177	41,723

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	34,029	49,058	51,622	51,617	50,812	601,121
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	2,559	2,659	2,683	2,720	2,889	32,762
7. Total	36,588	51,717	54,305	54,337	53,701	633,883
DETAILS OF WRITE-INS						
0601. Medicare Supplement.....	2,241	2,289	2,297	2,349	2,381	27,791
0602. Stop Loss.....	318	370	386	371	508	4,971
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	2,559	2,659	2,683	2,720	2,889	32,762

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices.

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

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Arkansas for determining and reporting the financial condition, results of operations, and cash flow of an insurance company for determining its solvency under Arkansas insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the State of Arkansas.

A reconciliation of the Company’s net (loss) income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Arkansas is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
NET (LOSS) INCOME					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	4	32	\$ (26,764,868)	\$ 411,718
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ (26,764,868)</u>	<u>\$ 411,718</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	\$ 35,034,344	\$ 52,378,606
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 35,034,344</u>	<u>\$ 52,378,606</u>

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

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

9. The Company holds no derivatives.

10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve ("PDR") is required. The Company does not consider anticipated investment income when calculating its PDR. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense.

11. Unpaid losses and loss adjustment expenses ("LAE") include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

12. The Company did not modify its capitalization policy from the prior period.

13. The Company estimates pharmaceutical rebate receivables by assuming the proportional relationship between rebates and premiums exists for periods when actual rebates have been received.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company had no changes in accounting principles or correction of errors.

3. Business Combinations and Goodwill

A. The Company had no transactions that were accounted for as a statutory purchases.

B. The Company had no statutory mergers.

C. The Company had no goodwill resulting from an assumption reinsurance.

D. The Company did not recognize any impairment losses.

E. The Company did not have any subcomponents and calculation of adjusted surplus and total admitted goodwill.

4. Discontinued Operations

The Company did not have any discontinued operations.

5. Investments

A. The Company had no mortgage loans, including mezzanine real estate loans.

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. Asset-back securities

1. Prepayment assumptions for asset-backed and structured securities were obtained from Moody's.

2. The Company did not have any other-than-temporary ("OTTI") to recognize.

3. The Company did not have any OTTI to recognize based on cash flow analysis.

4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	179,730
2. 12 Months or Longer	\$	64,546

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	1,759,507
2. 12 Months or Longer	\$	1,660,333

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is OTTI and is recorded in earnings.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of OTTI related to these securities.

For asset-backed and structured securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those asset-backed and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flow.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2025.

F-I. The Company had no repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

J. The Company did not engage in any retail land sale operations.

K. The Company did not engage in any investments in tax credit structures.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

The information on the Company's investment in restricted assets at December 31, was as follows:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Assets (b)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%	XXX	XXX	XXX
b. Collateral held under security lending agreements	-	-	-	-	-	0.0%	0.0%	-	-	25.04 + 25.05
c. Subject to repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	26.21
d. Subject to reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	26.22
e. Subject to dollar repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	26.23
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	26.24
g. Placed under option contracts	-	-	-	-	-	0.0%	0.0%	-	-	26.25
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.0%	0.0%	-	-	26.26
i. FHLB capital stock	-	-	-	-	-	0.0%	0.0%	-	-	26.27
j. On deposit with states	1,613,761	1,648,586	(34,825)	-	1,613,761	1.3%	1.3%	1,613,761	-	26.28
k. On deposit with other regulatory bodies	-	-	-	-	-	0.0%	0.0%	-	-	26.29
l. Pledged as collateral to FHLB	-	-	-	-	-	0.0%	0.0%	-	-	26.31
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0.0%	0.0%	-	-	26.30
n. Other restricted assets	-	-	-	-	-	0.0%	0.0%	-	-	26.32
o. Collateral assets received and on balance sheet	-	-	-	-	-	0.0%	0.0%	XXX	XXX	XXX
p. Assets held under MODCO reinsurance agreements	-	-	-	-	-	0.0%	0.0%	XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements	-	-	-	-	-	XXX	XXX	XXX	XXX	XXX
r. Total restricted assets	\$ 1,613,761	\$ 1,648,586	\$ (34,825)	\$ -	\$ 1,613,761	1.30%	1.30%	XXX	XXX	XXX

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

2. The Company did not have any assets pledged as collateral or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company did not have any collateral received and reflected as assets.

M. The Company did not have any working capital financed investments.

N. The Company had no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company did not have any 5*GI securities.

P. The Company had no short sales.

Q. The Company had no prepayment penalty and acceleration fees.

R. The Company had no reporting entity's share of cash pool.

S. The Company did not have any aggregate collateral loans by qualifying investment collateral.

6. Joint Ventures, Partnerships and Limited Liability Companies ("LLC's")

A. The Company did not have any investments in any joint ventures, partnerships or LLC's that exceed 10% of the admitted assets of the insurer.

B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships and LLC's during the statement periods.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.

B. The Company did not have any nonadmitted accrued interest income during the statement periods.

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

	Amount
(1) Gross	\$ 702,104
(2) Nonadmitted	-
(3) Admitted	\$ 702,104

D. The Company did not have any aggregate deferred interest during the statement periods.

E. The Company did not have any paid-in-kind interest included in current principal balance.

8. Derivative Instruments

The Company did not have any derivative instruments.

9. Income Taxes

A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):

The components of the net DTAs/DTLs at December 31, are as follows:

	2025			2024			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(1)									
(a) Gross DTAs	\$ 1,927,389	\$ 9,405	\$ 1,936,794	\$ 1,568,538	\$ 16,430	\$ 1,584,968	\$ 358,851	\$ (7,025)	\$ 351,826
(b) Statutory Valuation Allowance ("SVA") Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross DTAs	\$ 1,927,389	\$ 9,405	\$ 1,936,794	\$ 1,568,538	\$ 16,430	\$ 1,584,968	\$ 358,851	\$ (7,025)	\$ 351,826
(d) DTAs Nonadmitted	236,710	-	236,710	205,409	-	205,409	31,301	-	31,301
(e) Subtotal Net Admitted DTAs	\$ 1,690,679	\$ 9,405	\$ 1,700,084	\$ 1,363,129	\$ 16,430	\$ 1,379,559	\$ 327,550	\$ (7,025)	\$ 320,525
(f) (DTLs)	-	-	-	2	-	2	(2)	-	(2)
(g) Net Admitted DTAs/(DTLs)	\$ 1,690,679	\$ 9,405	\$ 1,700,084	\$ 1,363,127	\$ 16,430	\$ 1,379,557	\$ 327,552	\$ (7,025)	\$ 320,527
(2)									
Admission Calculation Components SSAP No. 101:									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 963,766	-	\$ 963,766	\$ 1,330,410	-	\$ 1,330,410	\$ (366,644)	-	\$ (366,644)
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	726,913	9,405	736,318	32,717	16,430	49,147	694,196	(7,025)	687,171
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	-	-	-	32,717	16,430	49,147	(32,717)	(16,430)	(49,147)
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	3,483,426	XXX	XXX	7,735,935	XXX	XXX	(4,252,509)
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	-	-	-	-	-	-	-	-	-
(d) DTAs Admitted as the result of application of SSAP No. 101	\$ 1,690,679	\$ 9,405	\$ 1,700,084	\$ 1,363,127	\$ 16,430	\$ 1,379,557	\$ 327,552	\$ (7,025)	\$ 320,527

Information used in expected to be realized calculation.

	2025	2024
Authorized control level risk-based capital ratio without net DTAs	291%	>300%
Adjusted capital and surplus	\$ 33,334,259	\$ 51,572,903

	2025		2024		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(4) Impact of Tax-Planning Strategies						
(a) Adjusted Gross DTAs - Amount	\$ 1,927,389	\$ 9,405	\$ 1,568,538	\$ 16,430	\$ 358,851	\$ (7,025)
Adjusted gross DTAs - Percentage	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%
(b) Net Admitted DTAs - Amount	\$ 1,690,679	\$ 9,405	\$ 1,363,129	\$ 16,430	\$ 327,550	\$ (7,025)
Adjusted gross DTAs - Percentage	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%
(c) Does the Company's tax-planning strategies include the use of reinsurance?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

B. There are no temporary differences for which DTLs have not been established.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

C. Current income taxes incurred consist of the following major components at December 31:

(1) Current Income Tax	2025	2024	Change
(a) Federal	\$ (7,085,101)	\$ 959,263	\$ (8,044,364)
(b) Foreign	-	-	-
(c) Subtotal	\$ (7,085,101)	\$ 959,263	\$ (8,044,364)
(d) Federal income tax on capital (losses)	(3,829)	(3,438)	(391)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior years underaccrual\overaccrual)	18,625	10,575	8,050
(g) Federal and foreign income taxes incurred expense	\$ (7,070,305)	\$ 966,400	\$ (8,036,705)

The tax effects of temporary differences that give rise to significant portions of the DTAs/(DTLs) are as follows:

(2) DTAs Resulting From:	2025	2024	Change
(a) Ordinary			
Discounting of unpaid losses and LAE	\$ 153,876	\$ 83,574	\$ 70,302
Unearned premiums	285,839	152,301	133,538
Policyholder reserves	-	-	-
Investments	-	-	-
Deferred acquisition costs	-	-	-
Policyholder dividends accrued	-	-	-
Fixed assets	-	-	-
Accrued Expenses	14,579	11,239	3,340
Pension accruals	-	-	-
Nonadmitted assets	541,846	345,838	196,008
Net operating loss carryforward	-	-	-
Tax credit carryforward	-	-	-
Goodwill and intangible amortization	269,427	302,636	(33,209)
Premium deficiency reserve	661,653	672,950	(11,297)
Other	169	-	169
Gross Ordinary DTAs	\$ 1,927,389	\$ 1,568,538	\$ 358,851
(b) SVA adjustments - Ordinary (-)	-	-	-
(c) Nonadmitted Ordinary DTAs (-)	236,710	205,409	31,301
(d) Admitted Ordinary DTAs	\$ 1,690,679	\$ 1,363,129	\$ 327,550
(e) Capital			
Investments	\$ -	\$ -	\$ -
Net capital loss carryforward	-	-	-
Real estate	-	-	-
Unrealized capital losses	9,405	16,430	(7,025)
Other	-	-	-
Gross Capital DTAs	\$ 9,405	\$ 16,430	\$ (7,025)
(f) SVA adjustments - Capital (-)	-	-	-
(g) Nonadmitted Capital DTAs (-)	-	-	-
(h) Admitted Capital DTAs	\$ 9,405	\$ 16,430	\$ (7,025)
(i) Admitted DTAs	\$ 1,700,084	\$ 1,379,559	\$ 320,525

DTLs resulting from book/tax differences in:

(3) (DTLs) Resulting From:	2025	2024	Change
(a) Ordinary			
Investments	\$ -	\$ -	\$ -
Fixed assets	-	-	-
Deferred and uncollected premiums	-	-	-
Policyholder reserves/salvage and subrogation	-	-	-
Other	-	2	(2)
Ordinary (DTLs)	\$ -	\$ 2	\$ (2)
(b) Capital			
Investments	-	-	-
Real estate	-	-	-
Unrealized capital gains	-	-	-
Other	-	-	-
Capital (DTLs)	\$ -	\$ -	\$ -
(c) (DTLs)	\$ -	\$ 2	\$ (2)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

(4) Net DTAs	\$ 1,700,084	\$ 1,379,557	\$ 320,527
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D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

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

	2025
Income Before Taxes	\$ (7,105,387)
Tax-Exempt Interest	(25,650)
Proration	6,413
Meals & Entertainment, Nondeductible Expenses, Etc.	1,469
Deferred Taxes on Nonadmitted Assets	(196,008)
Other, Including Prior Year True-Up	(109,995)
Total Statutory Income Taxes	\$ (7,429,158)

	2025
Federal Income Taxes Incurred Expense/(Benefit)	\$ (7,066,476)
Tax on Capital Gains/(Losses)	(3,829)
Change in Net Deferred Income Tax Charge/(Benefit)	(358,853)
Total Statutory Income Taxes	\$ (7,429,158)

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

1. At December 31, 2025, the Company has no federal operating loss carryforwards.
2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

Year:	Ordinary	Capital	Total
2023	N/A	\$-	\$-
2024	963,766	-	963,766
2025	-	-	-

3. There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services ("IRS") Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Centene Corporation ("Centene") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.
2. The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Centene or receive from Centene the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. The Company had no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company had no repatriation transition tax.

I. The Company did not have any alternative minimum tax credit.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

J. The Inflation Reduction Act was enacted on August 16, 2022, and includes a new corporate alternative minimum tax ("CAMT"). The Company has determined that they are subject to the CAMT; however they do not pay any CAMT pursuant to the tax sharing agreement.

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

A. and B. Relationship/Transactions and Amounts

The Company has a management services agreement with Centene Management Company, LLC ("CMC") whereby the Company paid CMC for its actual costs incurred. CMC assumes responsibility for program planning and development, management information systems, financial systems and services, facilities arrangement, claims administration, provider and enrollee services and records, case management, care coordination, utilization and peer review, and quality assurance/quality improvement. In addition, under the agreement, the Company also pays other direct costs associated with the business not covered by the management services agreement.

The Company's transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2025 and 2024 are as follows:

Affiliate	Expense 2025	Expense 2024	Amount due from (to) 2025	Amount due from (to) 2024	Services Provided
CMC	\$ 32,664,181	\$ 24,143,935	\$ (20,810,336)	\$ (11,682,448)	General management services
Involve Vision, Inc.	512,572	494,870	(46,884)	(36,322)	Managed vision services (1)
Centene Pharmacy Services, Inc.	714,217	501,768	(17,610)	1,001,490	Pharmacy support services (1)
QCA Health Plan, Inc.	-	-	243,523	(278,108)	ASO Stoploss
NovaSys Health Inc	475,771	-	(40,070)	-	Network access

(1) Amounts due to affiliates reflected in unpaid claims.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y.

Capital Contributions- In 2025 and 2024, the Company received capital contributions of \$10,000,000 and \$0 respectively, from its affiliated management company, Centene Management Company, LLC.

D. At December 31, 2025 and 2024, the Company reported a balance of \$254,552 and \$1,001,490, receivable from parent, subsidiaries and affiliates and a \$20,850,406 and \$11,996,878, payable to parent, subsidiaries and affiliates, respectively.

E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

F. The Company did not have any guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. All outstanding shares of the Company are owned by the Parent Company, Centene.

H. The Company did not have any amounts deducted from the value of an upstream intermediate entities or parent, either directly or indirectly, via a downstream SCA.

I. The Company did not have any investments in SCA entities that exceed 10% of admitted assets.

J. The Company did not have any investments in impaired SCA entities.

K. The Company did not have any investments in foreign insurance subsidiaries.

L. The Company did not hold any investments in a downstream noninsurance holding company.

M. The Company did not have any investments in noninsurance SCA entities.

N. The Company did not have any investments in insurance SCA entities.

O. The Company did not have any investments in SCA entities or joint ventures, partnerships or LLC's in which the Company's share is losses that exceed the investment.

11. Debt

The Company did not have any debt or Federal Home Loan Bank agreements.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

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

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

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

A. The Company has 10,000 shares of \$100 per share par value common stock authorized and 20,000 shares of \$1 per share par value common stock authorized, of which only 13,750 shares of \$1 par value common stock were outstanding as of 2025. The Company also has 1,500 shares of \$1,000 per share par value preferred stock authorized and outstanding at 2025.

B. In the event of any voluntary or involuntary liquidation, dissolution, or winding up of the affairs of the Company the holders of the preferred stock shall be entitled to share ratably in any assets of the Company available for distribution to the Company's stockholders. The amount will be equal to the greater of (a) \$1,000 per share of preferred stock, subject to appropriate adjustment in the event of any stock dividend, stock split, combination or other similar recapitalization, plus all declared, approved, but unpaid dividends through such distribution payment date or (b) the amount per share such shareholder would receive if such shareholder converted such shares of preferred stock into common stock in accordance with the conversion factor set out in the "Statement of Preferences and Terms of Preferred Stock" immediately prior to such liquidation, dissolution, or winding up of the affairs of the Company. Any payments or distributions to the preferred stockholders shall be made before any such payments or distributions shall be made to common stockholders.

C. Dividend Restrictions - Under the laws of the State of Arkansas, all dividends and other distributions to shareholders must be reported to the Arkansas Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus required by law, or when the payment of a dividend or other distribution would reduce its surplus to less than such amount.

D. Dividends - In 2025 and 2024, the Company paid a cash dividend of \$0 and \$21,000,000, respectively to the Parent Company, Centene.

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

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

G. The Company did not have any advances to surplus not repaid.

H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.

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

J. The Company has \$(44,785) of cumulative unrealized gains and (losses).

K. The Company did not have any surplus notes.

L. The Company was not involved in a quasi-reorganization.

M. The Company has not been involved in a quasi-reorganization in the last 10 years.

14. Liabilities, Contingencies and Assessments

A. There were no contingent commitments.

B. There were no assessments that could have a material financial effect.

C. There were no gain contingencies.

D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

E. There were no joint and several liabilities.

F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

15. Leases

The Company did not have any noncancelable operating leases.

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

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

A. The Company did not have any transfer of receivables reported as sales.

B. The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

C. The Company had no wash sales transaction with an NAIC designation 3 or below or unrated securities.

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

A. - B. The Company did not have any Administrative Services Only Plans or Administrative Services Contract Plans.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. There were no major components of revenue by payor.

2. The Company did not have any receivables from payors relating to uninsured accident and health plans.

3. There were no recorded allowances or reserves for adjustment of recorded revenues.

4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company did not have any direct premiums written or reduced by managing general agents or third-party administrators.

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

1. The following table summarizes fair value measurements by level at December 31, 2025, for assets and liabilities measured at fair value:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
a. Assets at fair value					
Cash, cash equivalents and short-term investments	\$ 30,278,390	\$ -	\$ -	\$ -	30,278,390
Bonds					
Issuer credit obligations	\$ -	\$ 679,292	\$ -	\$ -	679,292
Asset-backed securities	-	-	-	-	-
Total Bonds	\$ -	\$ 679,292	\$ -	\$ -	679,292
Common stock					
Parent, subsidiaries and affiliates	\$ -	\$ -	\$ -	\$ -	-
Total Common stock	\$ -	\$ -	\$ -	\$ -	-
Derivatives assets					
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	-
Separate account assets					
Total assets at fair value	\$ 30,278,390	\$ 679,292	\$ -	\$ -	30,957,682
b. Liabilities at fair value					
Separate account liabilities	\$ -			\$ -	-
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	-

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments, and receivables. The carrying amount approximates fair value because of the short-term nature of these items.

The NAIC SAP 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 input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at December 31, 2025, for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 30,278,390	\$ 30,278,390	\$ 30,278,390	\$ -	\$ -	\$ -	\$ -
Issuer credit obligations	64,471,600	64,849,564	1,624,269	62,847,331	-	-	-
Asset-backed securities	10,441,852	10,573,102	-	10,441,852	-	-	-

D. & E. The Company did not have any investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

21. Other Items

A. The Company did not have any unusual or infrequent items.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

- B. The Company did not have any troubled debt restructuring.
- C. There were no other disclosures and unusual items.
- D. There were no business interruption insurance recoveries.
- E. There were no state and federal tax credits.
- F. There were no subprime mortgage related risk exposure.
- G. There were no retained assets.
- H. There were no insurance-linked securities contracts.
- I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

22. Events Subsequent

In connection with the preparation of the statutory-basis financial statements, the Company evaluated subsequent events after the statutory-basis statements of admitted assets, liabilities, and capital and surplus date of December 31, 2025 through subsequent events have been considered through February 26, 2026, which was the date the statutory-basis financial statements were issued.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company? Yes () No (X) If yes, give full details.
2. Have any policies issued by the company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X) If yes, give full details.

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) If yes, give full details.
 1. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
 2. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0
2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X) If yes, give full details.

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

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 \$0.

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement? Yes () No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company did not have any uncollectible reinsurance.

C. The Company did not commute any ceded reinsurance.

D. The Company did not have any certified reinsurer's rating downgraded or status subject to revocation.

E. The Company did not have any deposit accounting reinsurance contracts subject to A-791.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the Administrative Care Act ("ACA") Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA Medical Loss Ratio ("MLR") Rebate program.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company at December 31, 2025, that are subject to retrospective rating features was \$324,534,279 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical loss ratio ("MLR") rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 17,419,665	\$ -	\$ -	\$ -	\$ 17,419,665
(2) Medical loss ratio rebates paid	26,148,962	-	-	-	26,148,962
(3) Medical loss ratio rebates unpaid	15,193,763	-	-	-	15,193,763
(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	<u>\$ 15,193,763</u>
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 420,808	\$ -	\$ -	\$ -	\$ 420,808
(8) Medical loss ratio rebates paid	15,614,571	-	-	-	15,614,571
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(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	<u>\$ -</u>

E. Risk Sharing Provisions of the ACA

1) Did the reporting entity write accident and health insurance premium that is subject to the ACA risk-sharing provisions (YES/NO)?
YES

2) Impact of Risk Sharing Provisions of the ACA on Admitted Assets, Liabilities and Revenue for the Current Year:

a) Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment \$ 896,723

Liabilities

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.
NOTES TO FINANCIAL STATEMENT

2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	95,458
3. Premium adjustments payable due to ACA Risk Adjustment	\$	1,379,008
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$	(262,745)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	96,210

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program										
1) Premium adjustments receivable	\$ 8,008,915	\$ (1,374,190)	\$ 9,125,975	\$ (2,271,710)	\$ (1,117,060)	\$ 897,520	\$ 1,117,060	\$ (897,520)	A \$ -	\$ -
2) Premium adjustments (payable)	-	-	-	-	-	-	-	-	B -	-
3) Subtotal ACA Permanent Risk Adjustment Program	\$ 8,008,915	\$ (1,374,190)	\$ 9,125,975	\$ (2,271,710)	\$ (1,117,060)	\$ 897,520	\$ 1,117,060	\$ (897,520)	\$ -	\$ -

A- Adjustment due to updated internal estimates for 2024 transfer rates.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves for unpaid claims as of December 31, 2024 were \$27,584,650. As of December 31, 2025, \$24,591,775 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,179,738 as a result of re-estimation of unpaid claims. Therefore, there has been \$1,813,137 favorable prior-year development since December 31, 2024. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements.

27. Structured Settlements

The Company did not have any structured settlements.

28. Health Care Receivables

A. Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2025, were \$7,354,493, of which \$528,487 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

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Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2025	\$ 7,995,989	\$ -	\$ 1,920,745	\$ -	\$ -
9/30/2025	7,185,895	7,452,255	6,488,763	-	-
6/30/2025	6,412,598	7,006,892	5,879,155	924,965	-
3/31/2025	5,944,490	5,999,557	4,480,500	1,139,971	132,991
12/31/2024	4,808,200	4,502,660	2,710,493	1,970,089	128,423
9/30/2024	4,843,047	4,694,366	2,756,502	1,777,039	(39,123)
6/30/2024	4,494,330	4,327,494	2,533,960	314,035	1,250,600
3/31/2024	3,717,355	3,591,829	1,370,279	815,328	1,404,079
12/31/2023	4,426,366	4,426,367	2,899,323	-	1,299,200
9/30/2023	4,173,305	4,173,305	2,756,390	-	1,350,555
6/30/2023	4,453,059	4,453,059	3,100,186	-	1,262,122
3/31/2023	4,326,939	4,326,939	3,229,767	-	1,404,649

B. The Company did not have any risk sharing receivables billed, received, and accrued for three years.

C. Medicare Prescription Payment Plan Receivables

The Company did not have any incurred expenses related write-offs of impaired Medicare Prescription Payment Plan receivables.

29. Participating Policies

The Company had no participating policies.

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves at December 31, 2025:

1. Liability carried for premium deficiency reserves -	\$ 3,150,728
2. Date of most recent evaluation of this liability -	January 31, 2026
3. Was anticipated investment income utilized in the calculation?	YES

31. Anticipated Salvage and Subrogation

The Company did not have any anticipated salvage and subrogation.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [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? Arkansas.....
- 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. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [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).06/28/2024
- 3.4 By what department or departments? Arkansas Insurance Department.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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 control0.0 %
 - 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

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

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [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? KPMG LLP 10 S Broadway Suite 900, St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [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 Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes No N/A

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Brandon Rodgers (Employee), Centene Corporation, 7700 Forsyth Blvd, St Louis, MO 63105.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No

12.11 Name of real estate holding company

12.12 Number of parcels involved0

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No

13.3 Have there been any changes made to any of the trust indentures during the year? Yes No

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes No

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes No

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

On December 5, 2025, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Code of Conduct to add details and make minor enhancements.....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes No

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes No

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes No

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....

20.12 To stockholders not officers \$.....

20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....

20.22 To stockholders not officers \$.....

20.23 Trustees, supreme or grand (Fraternal only) \$.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No

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

21.21 Rented from others \$.....

21.22 Borrowed from others \$.....

21.23 Leased from others \$.....

21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes No

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....1,486,747

22.22 Amount paid as expenses \$.....

22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes No

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [X] No []
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 25.093 Total payable for securities lending reported on the liability page \$0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$
- 26.22 Subject to reverse repurchase agreements \$
- 26.23 Subject to dollar repurchase agreements \$
- 26.24 Subject to reverse dollar repurchase agreements \$
- 26.25 Placed under option agreements \$
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$
- 26.27 FHLB Capital Stock \$
- 26.28 On deposit with states \$1,613,761
- 26.29 On deposit with other regulatory bodies \$
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$
- 26.32 Other \$
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust.....	50 S. LaSalle Street, Chicago, IL 60603.....
US Bank Trust.....	555 SW Oak St., Portland, OR 97204.....

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

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

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [X] No []
- 29.04 If yes, give full and complete information relating thereto:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A.....	Northern Trust.....	01/31/2025..	new investment account needed.....

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

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

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

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 [] NA []

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
104973.....	Allspring Global Investments LLC.....	SEC.....	.....

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

30.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations.....	64,849,564	64,471,600	(377,964)
31.2 Asset-Backed Securities.....	10,573,102	10,441,852	(131,250)
31.3 Preferred Stocks.....	0	0	0
31.4 Totals	75,422,666	74,913,452	(509,214)

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

The Company's pricing vendor is London Stock Exchange Group ("LSEG"), formerly Refinitiv, with pricing data provided through Clearwater. When LSEG pricing is unavailable, the Company utilizes ICE DATA Pricing & Reference Data, provided through its custodians.....

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

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

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

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

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

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

OTHER

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

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

1 Name	2 Amount Paid
	\$
	\$
	\$

41.1 Amount of payments for legal expenses, if any? \$ 33

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Crowell Moring.....	\$ 26

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

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

1 Name	2 Amount Paid
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No
- 1.2 If yes, indicate premium earned on U.S. business only. \$5,965,153
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$5,784,363
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$1,369,838
- 1.62 Total incurred claims \$1,393,152
- 1.63 Number of covered lives844
- All years prior to most current three years:
- 1.64 Total premium earned \$4,595,315
- 1.65 Total incurred claims \$4,391,211
- 1.66 Number of covered lives1,532
- 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 lives0
- 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 lives0

2. Health Test:

		1		2	
		Current Year		Prior Year	
2.1 Premium Numerator	\$	.....324,402,137	\$	.....182,026,035	
2.2 Premium Denominator	\$	.....325,214,195	\$	.....207,183,835	
2.3 Premium Ratio (2.1/2.2)		.....0.998		.....0.879	
2.4 Reserve Numerator	\$	.....50,957,709	\$	.....27,374,483	
2.5 Reserve Denominator	\$	.....50,957,709	\$	.....47,930,979	
2.6 Reserve Ratio (2.4/2.5)		.....1.000		.....0.571	

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
Qualchoice Life & Health Insurance Company has a stop-loss arrangement for level-funded business on its sister affiliate QCA Health Plan.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company protects subscribers and their dependents against the risk of insolvency through stoploss reinsurance coverage.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year36,959
- 8.2 Number of providers at end of reporting year38,784
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....1,192,488
- 10.22 Amount actually paid for year bonuses \$.....966,245
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes No
- 11.13 An Individual Practice Association (IPA), or, Yes No
- 11.14 A Mixed Model (combination of above) ? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Arkansas.....
- 11.4 If yes, show the amount required. \$.....750,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
Statute 23-63-205
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Ambetter - Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Falkner, Fulton.....
Ambetter - Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke.....
Ambetter - Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski.....
Ambetter - Randolph, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell.....
Ambetter - entire state of Nebraska.....

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

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

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

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

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

FIVE - YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	124,678,106	142,668,492	183,803,945	180,118,659	118,111,201
2. Total liabilities (Page 3, Line 24)	89,643,762	90,289,887	112,135,625	124,867,292	55,502,177
3. Statutory minimum capital and surplus requirement	750,000	750,000	750,000	750,000	750,000
4. Total capital and surplus (Page 3, Line 33)	35,034,344	52,378,606	71,668,319	55,251,366	62,609,021
Income Statement (Page 4)					
5. Total revenues (Line 8)	325,214,195	207,183,835	236,357,179	252,808,144	264,263,283
6. Total medical and hospital expenses (Line 18)	322,077,928	178,870,068	172,197,836	186,718,816	182,174,369
7. Claims adjustment expenses (Line 20)	3,618,709	2,227,289	2,377,473	2,800,311	2,777,837
8. Total administrative expenses (Line 21)	37,482,819	26,970,698	28,882,247	42,366,810	44,341,443
9. Net underwriting gain (loss) (Line 24)	(37,337,613)	(4,480,405)	32,717,431	22,222,545	41,998,769
10. Net investment gain (loss) (Line 27)	3,588,291	6,218,939	5,738,136	1,981,519	1,030,463
11. Total other income (Lines 28 plus 29)	(82,022)	(356,978)	(399,576)	(1,152,303)	(11,791)
12. Net income or (loss) (Line 32)	(26,764,868)	411,718	30,130,444	18,254,332	35,620,376
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(37,080,235)	(30,640,490)	23,263,093	113,473,808	(22,072,161)
Risk-Based Capital Analysis					
14. Total adjusted capital	35,034,344	52,378,606	71,668,319	55,251,366	62,609,021
15. Authorized control level risk-based capital	11,470,742	2,921,781	1,571,618	1,870,171	4,463,349
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	53,701	36,588	39,094	52,218	51,584
17. Total members months (Column 6, Line 7)	633,883	444,796	529,995	611,686	614,178
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)	99.0	86.3	72.9	73.9	68.9
20. Cost containment expenses	0.1	0.1	0.1	0.1	0.1
21. Other claims adjustment expenses	1.0	1.0	0.9	1.0	1.0
22. Total underwriting deductions (Line 23)	111.5	102.2	86.2	91.2	84.1
23. Total underwriting gain (loss) (Line 24)	(11.5)	(2.2)	13.8	8.8	15.9
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	26,290,661	28,296,809	10,897,789	12,534,607	45,566,571
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	27,584,650	29,308,776	19,125,007	19,034,771	58,550,075
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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	0
2. Alaska	AK	N								0	0
3. Arizona	AZ	N								0	0
4. Arkansas	AR	L	325,223,280					574,530		325,797,810	0
5. California	CA	N								0	0
6. Colorado	CO	N								0	0
7. Connecticut	CT	N								0	0
8. Delaware	DE	N								0	0
9. District of Columbia	DC	N								0	0
10. Florida	FL	N								0	0
11. Georgia	GA	N								0	0
12. Hawaii	HI	N								0	0
13. Idaho	ID	N								0	0
14. Illinois	IL	N								0	0
15. Indiana	IN	N								0	0
16. Iowa	IA	N								0	0
17. Kansas	KS	N								0	0
18. Kentucky	KY	N								0	0
19. Louisiana	LA	N								0	0
20. Maine	ME	N								0	0
21. Maryland	MD	N								0	0
22. Massachusetts	MA	N								0	0
23. Michigan	MI	N								0	0
24. Minnesota	MN	N								0	0
25. Mississippi	MS	N								0	0
26. Missouri	MO	N								0	0
27. Montana	MT	N								0	0
28. Nebraska	NE	L								0	0
29. Nevada	NV	N								0	0
30. New Hampshire	NH	N								0	0
31. New Jersey	NJ	N								0	0
32. New Mexico	NM	N								0	0
33. New York	NY	N								0	0
34. North Carolina	NC	N								0	0
35. North Dakota	ND	N								0	0
36. Ohio	OH	N								0	0
37. Oklahoma	OK	N								0	0
38. Oregon	OR	N								0	0
39. Pennsylvania	PA	N								0	0
40. Rhode Island	RI	N								0	0
41. South Carolina	SC	N								0	0
42. South Dakota	SD	N								0	0
43. Tennessee	TN	N								0	0
44. Texas	TX	N								0	0
45. Utah	UT	N								0	0
46. Vermont	VT	N								0	0
47. Virginia	VA	N								0	0
48. Washington	WA	N								0	0
49. West Virginia	WV	N								0	0
50. Wisconsin	WI	N								0	0
51. Wyoming	WY	N								0	0
52. American Samoa	AS	N								0	0
53. Guam	GU	N								0	0
54. Puerto Rico	PR	N								0	0
55. U.S. Virgin Islands	VI	N								0	0
56. Northern Mariana Islands	MP	N								0	0
57. Canada	CAN	N								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	325,223,280	0	0	0	0	574,530	0	325,797,810	0	0
60. Reporting entity contributions for employee benefit plans	XXX								0		
61. Total (direct business)	XXX	325,223,280	0	0	0	0	574,530	0	325,797,810	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

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

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

The company only has business in the State of Arkansas.

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

	Granite State Health Plan, Inc.									45-4792498	NH	14226
	California Health and Wellness Plan									46-0907261	CA	
	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Ambetter Health of Pennsylvania, Inc.									33-3859301	PA	
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona, Inc.									20-4980818	AZ	16310
	Celtic Group, Inc.									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc.									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc.									92-3523808	LA	17514
	Novasys Health, Inc.									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	CMC Real Estate Company, LLC									20-0057283	DE	
	Centene Center LLC									26-4094682	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

			Centene Center I, LLC							82-1816153	DE	
			Centene Center II, LLC							47-5156015	DE	
			Illinois Health Practice Alliance, LLC (50%)							82-2761995	DE	
			Lifeshare Management Group, LLC							46-2798132	NH	
			Envolve Holdings, LLC							22-3889471	DE	
			Cenpatico Behavioral Health, LLC							68-0461584	CA	
			Envolve, Inc.							37-1788565	DE	
			Envolve Benefit Options, Inc.							61-1846191	DE	
			Envolve Vision Benefits, Inc.							20-4730341	DE	
			Envolve Vision of Texas, Inc.							75-2592153	TX	95302
			Envolve Vision, Inc.							20-4773088	DE	
			Envolve Vision of Florida, Inc.							65-0094759	FL	
			Envolve Total Vision, Inc.							20-4861241	DE	
			Envolve Dental, Inc.							46-2783884	DE	
			Envolve Dental of Florida, Inc.							81-2969330	FL	
			Envolve Dental of Texas, Inc.							81-2796896	TX	16106
			Centene Pharmacy Services, Inc.							77-0578529	DE	
			Specialty Therapeutic Care Holdings, LLC							27-3617766	DE	
			Presonyx, Inc.							80-0856383	DE	
			AcariaHealth, Inc.							45-2780334	DE	
			AcariaHealth Pharmacy #14, Inc.							27-1599047	CA	
			AcariaHealth Pharmacy #11, Inc.							20-8192615	TX	
			AcariaHealth Pharmacy #12, Inc.							27-2765424	NY	
			AcariaHealth Pharmacy, Inc.							13-4262384	CA	
			Homescripts.Com, LLC							27-3707698	MI	
			Foundation Care LLC							20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.							20-8420512	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

Health Net, LLC										47-5208076	DE	
	Health Net of California, Inc.									95-4402957	CA	
		Health Net Life Insurance Company								73-0654885	CA	66141
		Health Net Life Reinsurance Company								98-0409907	CJ	
		MEB Ventures II, LLC								83-1570018	DE	
			BLR Properties, LLC (80%)							83-1576137	DE	
		Managed Health Network, LLC								95-4117722	DE	
			Managed Health Network							95-3817988	CA	
			MHN Services, LLC							95-4146179	CA	
		Health Net Federal Services, LLC								68-0214809	DE	
			Network Providers, LLC							88-0357895	DE	
		Health Net Health Plan of Oregon, Inc.								93-1004034	OR	95800
		Health Net Community Solutions, Inc.								54-2174068	CA	
		Health Net of Arizona, Inc.								36-3097810	AZ	95206
		Health Net Community Solutions of Arizona, Inc.								81-1348826	AZ	15895
	Centene Health Plan Holdings, Inc.									82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)								82-2699483	DE	
			Carolina Complete Health, Inc.							82-2699332	NC	16526
	New York Quality Healthcare Corporation									82-3380290	NY	16352
		WellCare of Connecticut, Inc.								06-1405640	CT	95310
	Community Medical Holdings Corp.									47-4179393	DE	
		Access Medical Acquisition, LLC								46-3485489	DE	
			Access Medical Group of North Miami Beach, LLC							45-3191569	FL	
			Access Medical Group of Miami, LLC							45-3191719	FL	
			Access Medical Group of Hialeah, LLC							45-3192283	FL	
			Access Medical Group of Westchester, LLC							45-3199819	FL	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

		Access Medical Group of Opa-Locka, LLC						45-3505196	FL	
		Access Medical Group of Perrine, LLC						45-3192955	FL	
		Access Medical Group of Florida City, LLC						45-3192366	FL	
		Access Medical Group of Tampa, LLC						82-1737078	FL	
		Access Medical Group of Tampa II, LLC						82-1750978	FL	
		Access Medical Group of Tampa III, LLC						82-1773315	FL	
		Access Medical Group of Lakeland, LLC						84-2750188	FL	
		Access Medical Group of Pembroke Pines, LLC						88-2251274	FL	
		Access Medical Group of Margate, LLC						88-2263310	FL	
		Access Medical Group of Riverview, LLC						88-2284518	FL	
		Access Medical Group of Kendall, LLC						92-0235557	FL	
		Access Medical Group of Lauderdale Lakes, LLC						92-0261029	FL	
		Access Medical Group of Sand Lake, LLC						33-2792794	FL	
		Access Medical Group of Miami Medicare, LLC						39-2435871	FL	
		Access Medical Group of Hillsborough Peds, LLC						39-2463326	FL	
	Interpreta Holdings, Inc. (80.1%)							82-4883921	DE	
		Interpreta, Inc.						46-5517858	DE	
	Next Door Neighbors, LLC							32-2434596	DE	
		Next Door Neighbors, Inc.						83-2381790	DE	
		Centene Venture Company Alabama Health Plan, Inc.						84-3707689	AL	16771
		Centene Venture Company Illinois						83-2425735	IL	16505
		Centene Venture Company Kansas						83-2409040	KS	16528
		Centene Venture Company Florida						83-2434596	FL	16499
		Centene Venture Company Indiana, Inc.						84-3679376	IN	16773
		Centene Venture Company Tennessee						84-3724374	TN	16770
		Centene Venture Insurance Company Texas						86-1543217	TX	16990
		Centene Venture Company Michigan						83-2446307	MI	16613

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

	Comprehensive Health Management, LLC								59-3547616	FL	
	WellCare Health Plans, Inc.								83-4405939	DE	
	WCG Health Management, Inc.								04-3669698	DE	
	The WellCare Management Group, Inc.								14-1647239	NY	
	WellCare of Mississippi, Inc.								81-5442932	MS	16329
	WellCare of Virginia, Inc.								82-0664467	VA	
	WellCare of Oklahoma, Inc.								81-3299281	OK	16117
	WellCare Health Insurance Company of Nevada, Inc.								84-3731013	NV	
	WellCare Health Insurance of the Southwest, Inc.								84-3739752	AZ	16692
	WellCare of Georgia, Inc.								20-2103320	GA	10760
	WellCare of Texas, Inc.								20-8058761	TX	12964
	WellCare of South Carolina, Inc.								32-0062883	SC	11775
	WellCare Health Plans of New Jersey, Inc.								20-8017319	NJ	13020
	WellCare Health Plans of Massachusetts, Inc.								84-3547689	MA	16970
	WellCare Health Insurance Company of Oklahoma, Inc.								84-4449030	OK	16752
	WellCare Health Plans of Missouri, Inc.								84-3907795	MO	16753
	WellCare Prescription Insurance, Inc.								20-2383134	AZ	10155
	WellCare Health Insurance of Hawaii, Inc.								84-4664883	HI	17002
	WellCare Health Plans of Rhode Island, Inc.								84-4627844	RI	16766
	WellCare of Illinois, Inc.								84-4649985	IL	16765
	Rhythm Health Tennessee, Inc.								45-5154364	TN	16533
	WellCare Health Insurance of New York, Inc.								11-3197523	NY	10884
	Ohana Health Plan, Inc.								27-0386122	HI	
	WellCare of Indiana, Inc.								83-2840051	IN	
	America's 1st Choice California Holdings, LLC								45-3236788	FL	
	WellCare of California, Inc.								20-5327501	CA	
	WellCare Health Insurance of Tennessee, Inc.								83-2276159	TN	16532

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

			WellCare of New Hampshire, Inc.					83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.					83-2255514	IA	16514
			WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
			WellCare of Washington, Inc.					83-2069308	WA	16571
			WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
			WellCare of Alabama, Inc.					82-1301128	AL	16239
			WellCare of Maine, Inc.					82-3114517	ME	16344
			Harmony Health Systems, Inc.					22-3391045	NJ	
			Harmony Health Plan, Inc.					36-4050495	IL	11229
			WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
			WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
			One Care by Care1st Health Plan of Arizona, Inc.					06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.					83-3166908	WA	16570
			WellCare of North Carolina, Inc.					82-5488080	NC	16547
			WellCare Health Insurance Company of America					82-4247084	AR	16343
			WellCare National Health Insurance Company					82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
			Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
			WellCare of Michigan Holding Company					26-4004578	MI	
			Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
			Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
			Sunshine State Health Plan, Inc. (50%)					20-8937577	FL	13148
			Universal American Corp.					27-4683816	DE	
			Universal American Holdings, LLC					45-1352914	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

			American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624
			Heritage Health Systems, Inc.	62-1517194	TX	
			SelectCare of Texas, Inc.	62-1819658	TX	10096
			Heritage Health Systems of Texas, Inc.	76-0459857	TX	
	QCA Health Plan, Inc.			71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company, Inc.			71-0386640	AR	70998
	District Community Care, Inc.			84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC			86-2318658	DE	
	Oklahoma Complete Health, Inc.			81-3121527	OK	16904
	RI Health & Wellness, Inc.			86-2694770	RI	
	Delaware First Health, Inc.			88-3410060	DE	
	Delaware First Health Complete, Inc.			88-4145615	DE	
	Magellan Health, Inc.			58-1076937	DE	
	Magellan Pharmacy Services, Inc.			47-5588795	DE	
	Magellan Behavioral Health of New Jersey, LLC			52-2310906	NJ	12632
	Magellan Health Services of California, Inc. - Employer Services			95-2868243	CA	
	Magellan Healthcare, Inc.			52-2135463	DE	
	Human Affairs International of California			93-0999350	CA	
	Magellan Complete Care of Louisiana, Inc.			46-4188169	LA	15550
	Magellan Behavioral Health of Florida, Inc.			20-1919978	FL	
	Magellan Health Services of Arizona, Inc.			20-1728452	AZ	
	Magellan Health Services of New Mexico, Inc.			85-0420095	NM	
	Magellan of Idaho, LLC			85-4065417	ID	
	Magellan Complete Care of Pennsylvania, Inc.			46-4457706	PA	15924
	Magellan Life Insurance Company			57-0724249	DE	97292
	Merit Behavioral Care Corporation			22-3236927	DE	
	Magellan Providers of Texas, Inc.			76-0513383	TX	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE QualChoice Life and Health Insurance Company, Inc.

			Magellan Behavioral Health of Pennsylvania, Inc.						23-2759528	PA	47019
			Magellan Behavioral of Michigan, Inc.						52-1946167	MI	
			Magellan of Maryland, LLC						92-0642038	MD	
			Magnolia Joint Venture Holding Company, Inc.						92-0679069	DE	
			Ambetter Health of Texas, Inc.						33-1995487	TX	17804
			Ambetter Health of Florida, Inc.						33-2010592	FL	17793
			Idaho Complete Health, Inc.						39-4149441	ID	
			Health Plan Real Estate Holding II, Inc.						42-2483231	MO	
			Ambetter Health of California, Inc.						41-2541685	CA	
			Ambetter Health Solutions of Pennsylvania, Inc.						41-3157902	PA	
			Ambetter Health Insurance of Utah, Inc.						41-3198544	UT	