



# QUARTERLY STATEMENT

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

## Arkansas Total Care, Inc.

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 16256 Employer's ID Number 82-2649097

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 [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 09/11/2017 Commenced Business 02/01/2018

Statutory Home Office 1001 Technology Drive, Suite 401 , Little Rock, AR, US 72223  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard St. Louis, MO, US 63105  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.centene.com

Statutory Statement Contact Michael Wasik 813-206-2725  
(Name) (Area Code) (Telephone Number) (Extension)  
michael.wasik@centene.com 813-675-2899  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>John Patrick Ryan</u>	<u>President</u>	<u>James Edward Snyder III</u>	<u>Treasurer</u>
<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>		

### OTHER OFFICERS

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### DIRECTORS OR TRUSTEES

<u>Kate Nicole Casso</u>	<u>Randy Walker</u>	<u>Gary Allan Nichols</u>	<u>David Lambert Fortner</u>
<u>John Patrick Ryan</u>	<u>Patricia Kaye Nichols</u>	<u>Mark David Sanders</u>	<u>Taylor Alexandra Cooper</u>
<u>Katie Raines</u>	<u>Michael Callaway</u>		

State of .....

ss

County of .....

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

James Edward Snyder III  
Treasurer

Tricia Lynn Dinkelman  
Vice President of Tax

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 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	127,721,603	0	127,721,603	132,874,062
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....	0	0	0	0
5. Cash (\$ .....3,633,441 ), cash equivalents (\$ .....57,723 ) and short-term investments (\$ ..... 0 ) .....	3,691,164	0	3,691,164	4,283,344
6. Contract loans (including \$ ..... premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	131,412,767	0	131,412,767	137,157,406
13. Title plants less \$ ..... charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,025,785	0	1,025,785	1,092,472
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ ..... ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	3,526,392	0	3,526,392	3,184,484
18.2 Net deferred tax asset .....	213,971	0	213,971	242,488
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	272,956	0	272,956	742,343
24. Health care (\$ .....0 ) and other amounts receivable .....	113,065	113,065	0	5,272
25. Aggregate write-ins for other-than-invested assets .....	63,267	62,897	370	370
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	136,628,205	175,962	136,452,242	142,424,835
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	136,628,205	175,962	136,452,242	142,424,835
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Other Non-Admitted Assets (Prepays) .....	62,897	62,897	0	0
2502. State and Other Tax Recoverable .....	370	0	370	370
2503. ....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	63,267	62,897	370	370

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	32,184,027	0	32,184,027	31,472,746
2. Accrued medical incentive pool and bonus amounts .....	225,151	0	225,151	461,968
3. Unpaid claims adjustment expenses .....	377,843	0	377,843	350,532
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	12,112,128	0	12,112,128	14,624,143
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	0	0	0
9. General expenses due or accrued .....	25,898,965	0	25,898,965	49,178,816
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable .....	894	0	894	778
12. Amounts withheld or retained for the account of others .....	0	0	0	0
13. Remittances and items not allocated .....	0	0	0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	20,348,778	0	20,348,778	0
16. Derivatives.....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	91,147,786	0	91,147,786	96,088,983
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	30	30
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	18,949,970	18,949,970
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	26,354,456	27,385,852
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	45,304,456	46,335,852
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	136,452,242	142,424,835
<b>DETAILS OF WRITE-INS</b>				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	0	0	0	0
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	74,818	97,342	177,324
2. Net premium income (including \$ ..... non-health premium income).....	XXX	217,046,724	217,003,797	423,422,464
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	217,046,724	217,003,797	423,422,464
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		185,390,365	166,951,789	342,450,176
10. Other professional services .....		550,736	772,046	1,470,613
11. Outside referrals .....		0	0	0
12. Emergency room and out-of-area .....		2,660,865	3,460,268	6,278,871
13. Prescription drugs .....		15,436,676	16,579,474	32,347,866
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		30,927	149,332	711,334
16. Subtotal (Lines 9 to 15) .....	0	204,069,569	187,912,909	383,258,860
<b>Less:</b>				
17. Net reinsurance recoveries .....		0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	204,069,569	187,912,909	383,258,860
19. Non-health claims (net).....		0	0	0
20. Claims adjustment expenses, including \$ ..... 135,424 cost containment expenses.....		2,257,072	1,968,007	4,283,540
21. General administrative expenses.....		14,503,883	16,779,161	28,035,639
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	220,830,524	206,660,077	415,578,039
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(3,783,800)	10,343,720	7,844,425
25. Net investment income earned .....		2,214,343	2,430,577	4,750,539
26. Net realized capital gains (losses) less capital gains tax of \$ .....(3,192) .....		(12,006)	(3,621)	(148,037)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	2,202,337	2,426,956	4,602,502
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... 0 )] .....		0	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,581,463)	12,770,676	12,446,927
31. Federal and foreign income taxes incurred .....	XXX	(338,716)	2,655,480	2,620,468
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,242,747)	10,115,196	9,826,459
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....		0	0	0
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	46,335,852	36,790,057	36,790,057
34. Net income or (loss) from Line 32 .....	(1,242,747)	10,115,196	9,826,459
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (14,129)	(53,151)	53,110	(95,063)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(42,645)	(18,897)	88,189
39. Change in nonadmitted assets .....	307,147	98,916	(273,790)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,031,396)	10,248,325	9,545,795
49. Capital and surplus end of reporting period (Line 33 plus 48)	45,304,456	47,038,382	46,335,852
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	214,534,826	193,529,559	388,379,118
2. Net investment income .....	2,723,092	2,789,879	5,481,760
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	217,257,918	196,319,438	393,860,878
5. Benefit and loss related payments .....	203,377,033	193,385,041	387,471,611
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	40,013,492	15,695,363	11,227,282
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	2,799,999	6,200,000
10. Total (Lines 5 through 9) .....	243,390,525	211,880,403	404,898,893
11. Net cash from operations (Line 4 minus Line 10) .....	(26,132,607)	(15,560,965)	(11,038,015)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	4,627,917	2,851,581	7,582,768
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	1,259	1,259
12.7 Miscellaneous proceeds .....	0	382,940	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	4,627,917	3,235,780	7,584,027
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	10,163,702	12,908,162
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	10,163,702	12,908,162
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	4,627,917	(6,927,922)	(5,324,135)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	20,912,510	(505,127)	(1,798,812)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	20,912,510	(505,127)	(1,798,812)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(592,180)	(22,994,014)	(18,160,962)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,283,344	22,444,307	22,444,307
19.2 End of period (Line 18 plus Line 19.1) .....	3,691,164	(549,707)	4,283,344

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	12,045	.0	.0	.0	.0	.0	.0	.0	12,045	.0	.0	.0	.0	.0
2. First Quarter .....	12,367	.0	.0	.0	.0	.0	.0	.0	12,367	.0	.0	.0	.0	.0
3. Second Quarter .....	12,765	.0	.0	.0	.0	.0	.0	.0	12,765	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	74,818								74,818					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	43,700								43,700					
8. Non-Physician .....	675,434								675,434					
9. Total	719,134	0	0	0	0	0	0	0	719,134	0	0	0	0	0
10. Hospital Patient Days Incurred	72,895								72,895					
11. Number of Inpatient Admissions	4,008								4,008					
12. Health Premiums Written (a).....	217,051,935								217,051,935					
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned .....	217,051,935								217,051,935					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	203,595,107								203,595,107					
18. Amount Incurred for Provision of Health Care Services	204,069,569								204,069,569					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
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 .....	30,843,266	172,597,162	1,699,254	30,484,773	32,542,520	31,472,746
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	30,843,266	172,597,162	1,699,254	30,484,773	32,542,520	31,472,746
14. Health care receivables (a) .....		113,065			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	197,244	70,500	264,724	(39,573)	461,968	461,968
17. Totals (Lines 13-14+15+16)	31,040,510	172,554,597	1,963,978	30,445,200	33,004,488	31,934,714

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

**STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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

A. Accounting Practices

The financial statements of Arkansas Total Care, 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 #	2024	2023
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	\$ (1,242,747)	\$ 9,826,459
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ (1,242,747)</u>	<u>\$ 9,826,459</u>
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 45,304,456	\$ 46,335,852
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 45,304,456</u>	<u>\$ 46,335,852</u>

B. Uses of Estimates in the Preparation of the Financial Statements - No significant change.

C. Accounting Policy - No significant change.

D. Going Concern - The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors**

No significant change.

**3. Business Combinations and Goodwill**

No significant change.

**4. Discontinued Operations**

No significant change.

**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans - No significant change.

B. Debt Restructuring - No significant change.

C. Reverse Mortgages - No significant change.

D. Loan-Backed Securities

1. Prepayment assumptions for loan-backed securities were obtained from Reuters.

2. The Company has no OTTI to recognize.

3. The Company has not recognized OTTI based on cash flow analysis.

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

**STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	14,887
2. 12 Months or Longer	\$	273,619

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

1. Less than 12 Months	\$	2,312,912
2. 12 Months or Longer	\$	3,505,916

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 other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

For loan-backed 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 loan-back 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 flows.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

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 period June 30, 2024.

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

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

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

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

J. Real Estate - No significant change.

K. Low-Income Housing Tax Credits ("LIHTC") - No significant change.

L. Restricted Assets (including Pledged) - No significant change.

M. Working Capital Finance Investments - None.

N. Offsetting and Netting of Assets and Liabilities - None

O. 5\* GI Securities - No significant change.

P. Short Sales - No significant change.

Q. Prepayment Penalty and Acceleration Fees - No significant change.

R. Reporting Entity's Share of Cash Pool by Asset Type - None

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

No significant change.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

None

**9. Income Taxes**

No significant change.

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

No significant change.

**STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**11. Debt**

- A. Debt - No significant change.
- B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - No significant change.
- B. Assessments - No significant change.
- C. Gain Contingencies - No significant change.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - No significant change.
- E. Joint and Several Liabilities - No significant change.
- F. All Other Contingencies - No significant change.

**15. Leases**

No significant change.

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

No significant change.

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

- A. Transfers of Receivables Reported as Sales - No significant change.
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

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

No significant change.

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

No significant change.

**20. Fair Value Measurements**

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are 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.

1. The following table summarizes fair value measurements by level at June 30, 2024, for assets and liabilities measured at fair value.

Description of each class of asset or liability	Net Asset Value				Total
	Level 1	Level 2	Level 3	(NAV)	

**STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.**

**NOTES TO FINANCIAL STATEMENT**

a. Assets at fair value								
Cash, cash equivalents and short-term investments	\$	3,691,164	\$	—	\$	—	\$	3,691,164
Bonds		—		2,658,247		—		2,658,247
Total cash, cash equivalents, short-term investments and bonds	\$	3,691,164	\$	2,658,247	\$	—	\$	6,349,411
Common stock								
Parent, subsidiaries and affiliates		—		—		—		—
Total Common stock	\$	—	\$	—	\$	—	\$	—
Derivatives assets								
Total Derivatives assets	\$	—	\$	—	\$	—	\$	—
Separate account assets								
Total assets at fair value	\$	3,691,164	\$	2,658,247	\$	—	\$	6,349,411
b. Liabilities at fair value								
Total liabilities at fair value	\$	—	\$	—	\$	—	\$	—

B. Fair Value Disclosures Under Other Pronouncements - None

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at June 30, 2024, 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	\$ 3,691,164	\$ 3,691,164	\$ 3,691,164	\$ —	\$ —	\$ —	\$ —
Bonds	119,945,825	127,721,603	—	119,945,825	—	—	—
Total Investments	\$ 123,636,989	\$ 131,412,767	\$ 3,691,164	\$ 119,945,825	\$ —	\$ —	\$ —

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

**21. Other Items**

A. Extraordinary Items - No significant change.

B. Troubled Debt Restructuring - No significant change.

C. Other Disclosures and Unusual Items -  
No significant change.

D. Business Interruption Insurance Recoveries - No significant change.

E. State Transferable and Non-Transferable Tax Credits - No significant change.

F. Subprime Mortgage Related Risk Exposure - No significant change.

G. Retained Assets - No significant change.

H. Insurance-Linked Securities (ILS) Contracts - No significant change.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No significant change.

**22. Events Subsequent**

There were no events occurring subsequent to June 30, 2024, requiring disclosure. Subsequent events have been considered through August 12, 2024, for the Statutory statement issued on August 12, 2024.

**23. Reinsurance**

No significant change.

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

A. B. C. D. - No significant change.

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

**25. Change in Incurred Claims Expenses**

**STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

A. Reserves for unpaid claims as of December 31, 2023 were \$31,934,714. As of June 30, 2024, \$31,040,510 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,963,978 as a result of re-estimation of unpaid claims. Therefore, there has been \$1,069,774 unfavorable prior-year development since December 31, 2023. 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.

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**

No significant change.

**27. Structured Settlements**

No significant change.

**28. Health Care Receivables**

None

**29. Participating Policies**

No significant change.

**30. Premium Deficiency Reserves**

No significant change.

**31. Anticipated Salvage and Subrogation**

No significant change.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes. ....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [X] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....0001071739
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....06/28/2024
- 6.4 By what department or departments?  
Arkansas Insurance Department.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information: .....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....0

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [X]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.3 Total payable for securities lending reported on the liability page	\$ .....0

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

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

1 Name of Custodian(s)	2 Custodian Address
US Bank.....	555 S. W. Oak Street, Portland, OR 97204.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

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

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

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Allspring Global Investments.....	549300B3H21002L85190.....	SEC.....	

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

18.2 If no, list exceptions:  
.....

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

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

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

## GENERAL INTERROGATORIES

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [ ] No [X]

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

1. Operating Percentages:
- 1.1 A&H loss percent ..... 94.1 %
  - 1.2 A&H cost containment percent ..... 0.1 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 7.7 %
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts?..... Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ \_\_\_\_\_
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [ ] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [ ] No [X]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

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

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program 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	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	L		217,051,935						217,051,935	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		.XXX	.0	217,051,935	.0	.0	.0	.0	217,051,935	.0	.0
60. Reporting entity contributions for Employee Benefit Plans		.XXX							.0		
61. Total (Direct Business)		.XXX	0	217,051,935	0	0	0	0	217,051,935	0	0
<b>DETAILS OF WRITE-INS</b>											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		.XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

- 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1
- 2. R – Registered – Non-domiciled RRGs ..... 0
- 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0
- 4. Q – Qualified – Qualified or accredited reinsurer ..... 0
- 5. N – None of the above – Not allowed to write business in the state ..... 56



STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

	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
	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	
	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 Benefits 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	

15.1

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

			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	
			MeridianRx, LLC							27-1339224	MI	
			Specialty Therapeutic Care Holdings, LLC							27-3617766	DE	
			Specialty Therapeutic Care, LP (99.99%)							73-1698808	TX	
			Specialty Therapeutic Care, GP, LLC							73-1698807	TX	
			Specialty Therapeutic Care, LP (0.01%)							73-1698808	TX	
			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 #13, Inc							26-0226900	CA	
			AcariaHealth Pharmacy, Inc							13-4262384	CA	
			HomeScripts.com, LLC							27-3707698	MI	
			Foundation Care LLC (80%)							20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.							20-8420512	DE	
			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	

15.2

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

		MHN Government Services LLC							42-1680916	DE	
		Network Providers, LLC (10%)							88-0357895	DE	
		Network Providers, LLC (90%)							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
		Health Net Access, Inc.							46-2616037	AZ	
		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	
		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	

15.3

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

		Access Medical Group of Lauderdale Lakes, LLC							92-0261029	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
	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	16763
		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 of Pennsylvania, Inc.							81-1631920	PA	
		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

15.4

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

			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
			WellCare of New Hampshire, Inc.					83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
			WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
			WellCare of Washington, Inc.					83-2069308	W A	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
			Care 1st Health Plan of Arizona, Inc.					57-1165217	AZ	
			Care1st Health Plan Administrative Services, Inc.					46-2680154	AZ	
			One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.					83-3166908	W A	16570
			WellCare of North Carolina, Inc.					82-5488080	NC	16547
			WellCare Health Insurance Company of America					82-4247084	AR	16343

15.5

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

			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	
			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	
			Golden Triangle Physician Alliance					62-1694548	TX	
			Heritage Physician Networks					76-0560730	TX	
			QCA Healthplan, Inc.					71-0794605	AR	95448
			Qualchoice Life and Health Insurance Company					71-0386640	AR	70998
			District Community Care Inc.					84-4119570	DC	16814
			Oklahoma Complete Health Holding Company, LLC					86-2318658	OK	
			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	

15.6

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

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

			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	
			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	

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UIP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	YES	.0
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Centene Corporation	YES	.0
01295	Centene Corporation	15713	46-4829006				Iowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	18.0	Centene Corporation	YES	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Centene Corporation	YES	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	YES	.0
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.0	Centene Corporation	YES	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Centene Corporation	YES	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc.	MO	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holding, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	YES	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16351	45-5583511				Western Sky Community Care, Inc.	NM	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	26-1849394				Tennessee Total Care, Inc.	TN	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16143	20-4761189				SilverSummit Healthplan, Inc.	NV	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	22-3292245				University Health Plans, Inc.	NJ	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc.	OR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc.	OR	IA	Agate Resources, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15902	47-5123293				Nebraska Total Care, Inc.	NE	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16041	47-5340613				Pennsylvania Health & Wellness, Inc.	PA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15927	47-5667095				Sunshine Health Community Solutions, Inc.	VA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16112	47-5664342				Buckeye Health Plan Community Solutions, Inc.	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16130	81-1282251				Arkansas Health & Wellness Health Plan, Inc.	AR	UIP	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	38-4042368				Arkansas Total Care Holding Company, LLC	DE	UDP	Arkansas Health & Wellness Health Plan, Inc.	Ownership	49.0	Centene Corporation	NO	.0
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc.	AR	RE	Arkansas Total Care Holding Company, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16310	20-4980818				Bridgeway Health Solutions of Arizona Inc.	AZ	IA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	17514	92-3523808				Ambetter Health of Louisiana, Inc	LA	IA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-2761995				Illinois Health Practice Alliance, LLC	DE	NIA	Centene Management Company LLC	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	22-3889471				Engolve Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	68-0461584				Genpatco Behavioral Health, LLC	CA	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	37-1788565				Engolve, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	61-1846191				Engolve Benefits Options, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4730341				Engolve Vision Benefits, Inc	DE	NIA	Engolve Benefits Options, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95302	75-2592153				Engolve Vision of Texas, Inc	TX	IA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4773088				Engolve Vision, Inc	DE	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	65-0094759				Engolve Vision of Florida, Inc	FL	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-4861241				Engolve Total Vision, Inc	DE	NIA	Engolve Vision Benefits, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2783884				Engolve Dental, Inc	DE	NIA	Engolve Benefits Options, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	81-2969330				Engolve Dental of Florida, Inc	FL	NIA	Engolve Dental, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16106	81-2796896				Engolve Dental of Texas, Inc	TX	IA	Engolve Dental, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	77-0578529				Centene Pharmacy Services, Inc	DE	NIA	Engolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-1339224				MeridianRx, LLC	MI	NIA	Centene Pharmacy Services, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0

16.2

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership	0.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	80-0856383				Presonix, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-0873587				Foundation Care LLC	MO	NIA	AcariaHealth, Inc	Ownership	80.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	20-8420512				AcariaHealth Pharmacy #26, Inc	DE	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	47-5208076				Health Net, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	66141	73-0654885				Health Net Life Insurance Company	CA	IA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	98-0409907				Health Net Life Reinsurance Company	CYM	NIA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	83-1570018				MEB Ventures II, LLC	DE	NIA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	83-1576137				BLR Properties, LLC	DE	NIA	MEB Ventures II, LLC	Ownership	80.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	95-4146179				MHN Services, LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	68-0214809				Health Net Federal Services, LLC	DE	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	MHN Government Services LLC	Ownership	10.0	Centene Corporation	NO	0

16.3

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	90.0	Centene Corporation	NO	.0
01295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon, Inc	OR	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	54-2174068				Health Net Community Solutions, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15895	81-1348826				Health Net Community Solutions of Arizona, Inc	AZ	IA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-2616037				Health Net Access, Inc	AZ	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1172163				Centene Health Plan Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16395	82-5032556				Ambetter of North Carolina, Inc	NC	IA	Centene Health Plan Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-2699483				Carolina Complete Health Holding Company Partnership	DE	NIA	Centene Health Plan Holdings, Inc	Ownership	80.0	Centene Corporation	NO	.0
01295	Centene Corporation	16526	82-2699332				Carolina Complete Health, Inc	NC	IA	Carolina Complete Health Holding Company Partnership	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16352	82-3380290				New York Quality Healthcare Corporation	NY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95310	06-1405640				WellCare of Connecticut, Inc	CT	IA	New York Quality Healthcare Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	47-4179393				Community Medical Holdings Corp	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-3485489				Access Medical Acquisition, LLC	DE	NIA	Community Medical Holdings Corp	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3191569				Access Medical Group of North Miami Beach, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3191719				Access Medical Group of Miami, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192283				Access Medical Group of Hialeah, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3199819				Access Medical Group of Westchester, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3505196				Access Medical Group of Opa-Locka, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192955				Access Medical Group of Perrine, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3192366				Access Medical Group of Florida City, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1737078				Access Medical Group of Tampa, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1750978				Access Medical Group of Tampa II, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-1773315				Access Medical Group of Tampa III, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	00000	84-2750188				Access Medical Group of Lakeland, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2251274				Access Medical Group of Pembroke Pines, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2263310				Access Medical Group of Margate, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2284518				Access Medical Group of Riverview, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0235557				Access Medical Group of Kendall, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0261029				Access Medical Group of Lauderdale Lakes, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership	80.1	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-5517858				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16771	84-3707689				Centene Venture Company Alabama Health Plan, Inc	AL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16505	83-2425735				Centene Venture Company Illinois	IL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16528	83-2409040				Centene Venture Company Kansas	KS	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16499	83-2434596				Centene Venture Company Florida	FL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16773	84-3679376				Centene Venture Company Indiana, Inc	IN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16770	84-3724374				Centene Venture Company Tennessee	TN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16990	86-1543217				Centene Venture Insurance Company Texas	TX	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16613	83-2446307				Centene Venture Company Michigan	MI	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	59-3547616				Comprehensive Health Management, LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-4405939				WellCare Health Plans, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	04-3669698				WCG Health Management, Inc	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	14-1647239				The WellCare Management Group, Inc	NY	NIA	WCG Health Management, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16329	81-5442932				WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16763	82-0664467				WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	16117	81-3299281				WellCare of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	84-3731013				WellCare Health Insurance Company of Nevada, Inc.	NV	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16692	84-3739752				WellCare Health Insurance of the Southwest, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10760	20-2103320				WellCare of Georgia, Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12964	20-8058761				WellCare of Texas, Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	13020	20-8017319				WellCare Health Plans of New Jersey, Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	81-1631920				WellCare of Pennsylvania, Inc.	PA	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16970	84-3547689				WellCare Health Plans of Massachusetts, Inc.	MA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16752	84-4449030				WellCare Health Insurance Company of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16753	84-3907795				WellCare Health Plans of Missouri, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10155	20-2383134				WellCare Prescription Insurance, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	17002	84-4664883				WellCare Health Insurance of Hawaii, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16766	84-4627844				WellCare Health Plans of Rhode Island, Inc.	RI	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16765	84-4649985				WellCare of Illinois, Inc.	IL	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16533	45-5154364				Rhythm Health Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10884	11-3197523				WellCare Health Insurance of New York, Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-0386122				Ohana Health Plan, Inc.	HI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-2840051				WellCare of Indiana, Inc.	IN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-5327501				WellCare of California, Inc.	CA	NIA	America's 1st Choice California Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16532	83-2276159				WellCare Health Insurance of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16514	83-2255514				WellCare Health Plans of Vermont, Inc.	VT	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	16513	83-2126269				WellCare Health Insurance of Connecticut, Inc.	CT	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16571	83-2069308				WellCare of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16239	82-1301128				WellCare of Alabama, Inc.	AL	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16344	82-3114517				WellCare of Maine, Inc.	ME	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	22-3391045				Harmony Health Systems Inc.	NJ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	11229	36-4050495				Harmony Health Plan, Inc.	IL	IA	Harmony Health Systems Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	64467	36-6069295				WellCare Health Insurance Company of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	83445	86-0269558				WellCare Health Insurance of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16548	83-3493160				WellCare Health Insurance of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16788	83-3333918				WellCare Health Insurance Company of Louisiana, Inc.	LA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16512	83-3525830				WellCare of Missouri Health Insurance Company, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	57-1165217				Care 1st Health Plan of Arizona, Inc.	AZ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	46-2680154				Care1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan of Arizona, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	06-1742685				One Care by Care1st Health Plans of Arizona, Inc.	AZ	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16570	83-3166908				WellCare Health Insurance Company of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16547	82-5488080				WellCare of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16343	82-4247084				WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16342	82-5127096				WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16516	83-3091673				WellCare Health Insurance Company of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	16789	84-4709471				WellCare Health Insurance Company of New Jersey, Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	26-4004578				WellCare of Michigan Holding Company	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	52563	38-3253977				Meridian Health Plan of Michigan, Inc.	MI	IA	WellCare of Michigan Holding Company	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	13189	20-3209671				Meridian Health Plan of Illinois, Inc.	IL	IA	WellCare of Michigan Holding Company	Ownership	100.0	Centene Corporation	NO	0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	50.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	27-4683816				Universal American Corp.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	80624	13-1851754				American Progressive Life and Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Holdings, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	10096	62-1819658				SelectCare of Texas, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	95448	71-0794605				QCA Healthplan, Inc.	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	70998	71-0386640				Qualchoice Life and Health Insurance Company	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16814	84-4119570				District Community Care Inc.	DC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	86-2318658				Oklahoma Complete Health Holding Company, LLC	OK	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16904	81-3121527				Oklahoma Complete Health Inc.	OK	IA	Oklahoma Complete Health Holding Company, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	86-2694770				RI Health & Wellness, Inc.	RI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-3410060				Delaware First Health, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-4145615				Delaware First Health Complete, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	58-1076937				Magellan Health, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	47-5588795				Magellan Pharmacy Services, Inc.	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	12632	52-2310906				Magellan Behavioral Health of New Jersey, LLC	NJ	IA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	95-2868243				Magellan Health Services of California, Inc. - Employer Services	CA	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	52-2135463				Magellan Healthcare, Inc.	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	93-0999350				Human Affairs International of California	CA	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295	Centene Corporation	15550	46-4188169				Magellan Complete Care of Louisiana, Inc.	LA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-1919978				Magellan Behavioral Health of Florida, Inc.	FL	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	20-1728452				Magellan Health Services of Arizona, Inc.	AZ	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	85-0420095				Magellan Health Services of New Mexico, Inc.	NM	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	85-4065417				Magellan of Idaho, LLC	ID	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	15924	46-4457706				Magellan Complete Care of Pennsylvania, Inc.	PA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	97292	57-0724249				Magellan Life Insurance Company	DE	IA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	22-3236927				Merit Behavioral Care Corporation	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	76-0513383				Magellan Providers of Texas, Inc.	TX	NIA	Merit Behavioral Care Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	47019	23-2759528				Magellan Behavioral Health of Pennsylvania, Inc.	PA	IA	Merit Behavioral Care Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	52-1946167				Magellan Behavioral of Michigan, Inc.	MI	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0642038				Magellan of Maryland, LLC	MD	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0679069				Magnolia Joint Venture Holding Company, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
												0.0			.0

16.9

Asterisk	Explanation
----------	-------------

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

**AUGUST FILING**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

.....YES.....

**Explanation:**

**Bar Code:**

1.   
1 6 2 5 6 2 0 2 4 3 6 5 0 0 0 0 2

**OVERFLOW PAGE FOR WRITE-INS**

---

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE A – VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

**SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

**SCHEDULE D – VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	132,874,062	128,765,251
2. Cost of bonds and stocks acquired .....		12,908,162
3. Accrual of discount .....	93,114	178,040
4. Unrealized valuation increase/(decrease) .....	(67,280)	(118,929)
5. Total gain (loss) on disposals .....	(15,198)	(188,647)
6. Deduct consideration for bonds and stocks disposed of .....	4,627,917	7,582,768
7. Deduct amortization of premium .....	535,177	1,087,046
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	127,721,603	132,874,062
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	127,721,603	132,874,062

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	75,247,069		2,743,866	(287,090)	75,247,069	72,216,113	.0	74,957,908
2. NAIC 2 (a).....	52,924,517		340,767	263,493	52,924,517	52,847,243	.0	55,693,392
3. NAIC 3 (a).....	2,808,418			(150,171)	2,808,418	2,658,247	.0	2,222,761
4. NAIC 4 (a).....	.0				.0	.0	.0	.0
5. NAIC 5 (a).....	.0				.0	.0	.0	.0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	130,980,004	0	3,084,632	(173,768)	130,980,004	127,721,603	0	132,874,062
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	.0				.0	.0	.0	.0
9. NAIC 2.....	.0				.0	.0	.0	.0
10. NAIC 3.....	.0				.0	.0	.0	.0
11. NAIC 4.....	.0				.0	.0	.0	.0
12. NAIC 5.....	.0				.0	.0	.0	.0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	130,980,004	0	3,084,632	(173,768)	130,980,004	127,721,603	0	132,874,062

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

S102

## SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
770999999 Totals	0	XXX			

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of short-term investments acquired .....		1,000,000
3. Accrual of discount .....		.0
4. Unrealized valuation increase/(decrease).....		.0
5. Total gain (loss) on disposals .....		.0
6. Deduct consideration received on disposals .....		1,000,000
7. Deduct amortization of premium.....		.0
8. Total foreign exchange change in book/adjusted carrying value.....		.0
9. Deduct current year's other-than-temporary impairment recognized.....		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	.0
11. Deduct total nonadmitted amounts.....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	271,293	5,789,383
2. Cost of cash equivalents acquired .....	120,288,638	103,152,938
3. Accrual of discount .....		0
4. Unrealized valuation increase/(decrease) .....		(1,540)
5. Total gain (loss) on disposals.....		1,259
6. Deduct consideration received on disposals .....	120,502,208	108,670,746
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	57,723	271,293
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	57,723	271,293

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

STATEMENT AS OF JUNE 30, 2024 OF THE Arkansas Total Care, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
24917R-AA-0	DENVER COLO CITY & CNTY HSG AUTH REV		06/01/2024	Maturity @ 100.00	XXX	1,000,000	1,000,000	1,000,000	1,000,000					.0	1,000,000		.0	.0	6,650	06/01/2024	1.D FE
3132DQ-CS-3	FH SD2781 - RMBS		06/01/2024	Paydown	XXX	11,418	11,418	11,650	11,635		(217)		(217)		11,418		.0	.0	235	04/01/2053	1.A
3132DQ-HB-5	FH SD2926 - RMBS		06/01/2024	Paydown	XXX	3,786	3,786	3,776	3,776		11		11				.0	.0	74	05/01/2053	1.A
3132DQ-M9-4	FH SD3084 - RMBS		06/01/2024	Paydown	XXX	13,650	13,650	13,963	13,952		(302)		(302)		13,650		.0	.0	297	06/01/2053	1.A
3140OR-SK-0	FN CB5921 - RMBS		06/01/2024	Paydown	XXX	6,852	6,852	7,030	7,019		(167)		(167)		6,852		.0	.0	187	03/01/2053	1.A
735000-TN-1	PORT OAKLAND CALIF REV		05/01/2024	Call @ 100.00	XXX	126,872	126,872	126,872	126,872					.0	126,872		.0	.0	962	05/01/2026	1.E FE
<b>0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						1,162,578	1,162,578	1,163,290	1,163,252	0	(675)	0	(675)	0	1,162,578	0	0	0	8,406	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
007944-AE-1	ADVENTIST HEALTH SYSTEM/WEST		05/23/2024	Call @ 100.00	XXX	250,000	250,000	250,000	250,000					.0	250,000		.0	.0	4,427	09/01/2024	2.A FE
26208L-AD-0	HONK 191 A2 - RMBS		04/20/2024	Paydown	XXX	375	375	398	391		(16)		(16)		375		.0	.0	9	04/20/2049	2.C FE
26246E-AE-8	DRSLF 83 B - CDO	C	05/30/2024	Paydown	XXX	1,300,000	1,300,000	1,300,000	1,300,000					.0	1,300,000		.0	.0	58,538	01/20/2032	Z
35634J-AB-1	FREED 224FP B - ABS		06/18/2024	Paydown	XXX	125,915	125,915	125,898	125,909		.6		.6		125,915		.0	.0	4,174	12/18/2029	1.A FE
47987E-AC-1	JONAH 2022-1 A1 - ABS		06/10/2024	Paydown	XXX	55,261	55,261	54,503	54,654		607		607		55,261		.0	.0	1,605	12/10/2037	1.G
50214V-AA-6	LPMS 2023-1 A - ABS		06/15/2024	Paydown	XXX	65,112	65,112	65,112	65,112		.0		.0		65,112		.0	.0	2,202	10/17/2033	1.G
67181D-AE-1	OAKIG 2020-1 A5 - CMBS		06/20/2024	Paydown	XXX	1,250	1,250	1,128	1,172		.78		.78		1,250		.0	.0	18	11/21/2050	2.A FE
830867-AA-5	SKYHILES IP LTD	C	04/20/2024	Paydown	XXX	89,142	89,142	94,379	91,170		(2,029)		(2,029)		89,142		.0	.0	2,006	10/20/2025	2.A FE
85208N-AE-0	SPRINTS 1A2 - ABS		06/20/2024	Paydown	XXX	35,000	35,000	40,863	37,318		(2,318)		(2,318)		35,000		.0	.0	902	09/20/2029	1.E FE
<b>1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						1,922,055	1,922,055	1,932,281	1,925,726	0	(3,671)	0	(3,671)	0	1,922,055	0	0	0	73,879	XXX	XXX
<b>2509999997 - Bonds - Subtotals - Bonds - Part 4</b>						3,084,632	3,084,632	3,095,571	3,088,978	0	(4,346)	0	(4,346)	0	3,084,632	0	0	0	82,285	XXX	XXX
<b>2509999999 - Bonds - Subtotals - Bonds</b>						3,084,632	3,084,632	3,095,571	3,088,978	0	(4,346)	0	(4,346)	0	3,084,632	0	0	0	82,285	XXX	XXX
<b>6009999999 Totals</b>						3,084,632	XXX	3,095,571	3,088,978	0	(4,346)	0	(4,346)	0	3,084,632	0	0	0	82,285	XXX	XXX

E05

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



