

QUARTERLY STATEMENT

AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Plans of Rhode Island, Inc.

Organized under the Laws of Rhode Island United States Country of Domicile United States Licensed as business type: Life, Accident & Health [NAIC Group Code _	01295 (Current Period)	,01295 (Prior Period)	NAIC Company Code	16766	Employer's I	D Number	84-4627844		
Country of Domicile Licensed as business type: Life, Accident & Health [] Property/Casulty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Foderally Qualified? Yes [] No [X	Organized under the I	,	,	ıd S	tate of Domicile	e or Port of Entry	Rhor	de Island		
Licensed as business type: Life, Accident & Health [] PerpertyCasually[] Hospital, Medical & Dental Service or Indemnity[] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other []	J					_				
Incorporated/Organized O2(03/2020 Commenced Business O1/01/2021	•	Dental Ser		Property/Casualty	[]	Health Maintenanc	e Organization	[X]		
Size and Number City or Town, State, Country and Zip Code) Alt 4-725-4477 South Administrative Office T700 Forsyth Boulevard St. Louis, M.O. US 63105 314-725-4477 Alt 4-75-4477 Alt 4-75-44	Incorporated/Organize		02/03/2020	Commenced E	Business			[] NO[X]		
Main Administrative Office	Statutory Home Office	450			,					
State and Number) City or Town, State, Country and Zip Codes) Greet phote Number) Mail Address S725 Henderson Road Tampa, FL, US 38634 City or Town, State, Country and Zip Codes) Trimpa, FL, US 38634 City or Town, State, Country and Zip Code) Trimpa, FL, US 38634 City or Town, State, Country and Zip Code) Trimpa, FL, US 38634 City or Town, State, Country and Zip Code) Greet and Number or P.O. Box) City or Town, State, Country and Zip Code) Greet Address Trimpa, FL, US 38634 City or Town, State, Country and Zip Code) Greet Address Greet Address Trimpa, FL, US 38634 Greet Address Greet Address Greet Address Trimpa, FL, US 38634 Greet Address Trimpa, FL, US 386	Main Administrative Of	cc:	•	,	Ct I avia	• •		,		
Mail Address 8725 Henderson Road (Steet and Number of P.O. Box) (City or Tom. Steet, Country and Zip Code) Primary Location of Books and Records 700 Forsyth Boulevard 700 Fors	Main Administrative Oi	nice /		<u> </u>						
City or Town, State, Country and Zip Code) Primary Location of Books and Records T700 Forsyth Boulevard St. Louis, Mo. Los 63105 314-725-4477	Mail Address	8725	,	,	,		,	, , ,		
Internet Web Site Address		(Street	and Number or P.O. Box)	·		(City or Town, State, Co	ountry and Zip Code	•		
Internet Web Site Address Statutory Statement Contact Kimberly Bringhurst Kimberly Bringhust Kimberly Bringhurst Kimberly Bringhurst Kimberly Bringhurst Kimberly Bringhust Kimberly Bringhust Kimberly Bringhust Kinder All Maiderst Kimberly Bringhust Kimberly Bringhust K	Primary Location of Bo	ooks and Records ₋	7700 Forsy							
Statutory Statement Contact Kimberly Bringhurst (Numo) Kimberly bringhurst@centene.com (Final Address) (Final Address) (Final Address) Fittle Benjamin Mark Craig President Vice President, Secretary Tricia Lynn Dinkelman Vice President of Tax OTHER OFFICERS Benjamin Mark Craig DIRECTORS OR TRUSTEES Benjamin Mark Craig State of County of State of County of State of State of State of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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 this is statement, together with related exhibits, schedules and explanations therein contained, american of its income of the said reporting entity and that on the reporting period state 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 this statement, together with related exhibits, schedules and explanations therein contained, american of its income of the said reporting entity and that on the reporting entity and of its income of the said reporting entity and the contained above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described officers of said reporting entity, and that on the reporting period state above, all of the herein described office	Internet Web Site Addr	1000	(Street a	,	, ,		de) (Area Coo	de) (Telephone Number)		
Kimberly bringhurst@centene.com S13-675-2898			Kimharly Bring		www.ceriterie.co		206-2725			
State of	Giatulory Statement Co	UIII.au		jiiuist				nsion)		
Name Benjamin Mark Craig President Vice President SortHER OFFICERS DIRECTORS OR TRUSTEES Benjamin Mark Craig State of County of Sorting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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 this statement, together with related exhibits, schedules and explanations therein contained, an anexed or referred to, is a full and true statement of all the assets and liabilitie 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 Institutions and Accounting Practices and Procedures manual except to the extent that: (1) stale law me differ; or, (2) that state rules or regulations require differences in reporting not related to accounting procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this attendance of references are completely. Furthermore, the scope of this attendance of references are considered, and have the considered of the conditions and 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 filling have required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by vanouregulators in lieu of or in addition to the enclosed statement. Benjamin Mark Craig Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed	kim		entene.com `			813-675-289	99	,		
Name Title President James Edward Snyder III Vice President, Treasurer Ticia Lynn Dinkelman , Vice President, Treasurer Tricia Lynn Dinkelman , Vice President of Tax OTHER OFFICERS DIRECTORS OR TRUSTEES Benjamin Mark Craig State of State of State of State of State President Service of the said reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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 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 liabilitie and of the condition and affairs of the said reporting entity period stated above, all of that state rules or regulations required differences in reporting period stated above, and of that state rules or regulations required differences in reporting on the accounting practices and procedures manual except to the extent that: (1) state law me differ; or, (2) that state rules or regulations required 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. Benjamin Mark Craig James Edward Snyder III Kendra Louise Archer Vice President, Secretary a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribe		(E-Mail Addres	s)		_	(FAX Number))			
Benjamin Mark Craig Nice President, Secretary Tricia Lynn Dinkelman Vice President, Treasurer				OFFICERS						
State of										
State of										
State of	Kendra Louise	Archer,	vice President, S	ecretary	Tricia Lynn D	inkeiman,	vice Pres	sident of Tax		
County of	Benjamin Mark	Craig	DIKE		COTLLO	<u> </u>				
County of	State of									
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 madiffer; 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 filling with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement. Benjamin Mark Craig President Vice President, Treasurer Vice President, Secretary a. Is this an original filling? Yes [X] No [] Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filled	County of									
President Vice President, Treasurer Vice President, Secretary a. Is this an original filing? Subscribed and sworn to before me this day of	above, all of the herein de this statement, together wand of the condition and a been completed in accord differ; or, (2) that state re knowledge and belief, res when required, that is an	escribed assets were with related exhibits, saffairs of the said rep dance with the NAIC ules or regulations respectively. Furthermonexact copy (except	the absolute property of inchedules and explanat orting entity as of the re Annual Statement Inst equire differences in re re, the scope of this att for formatting difference	the said reporting entity, one therein contained, an eporting period stated abor <i>and Accounting</i> porting not related to acceptation by the described	free and clear from the context of t	orn any liens or claims the doto, is a full and true come and deductions the cocedures manual excepts and procedures, accludes the related corre	nereon, except as statement of all the nerefrom for the poper to the extent the cording to the be sponding electron	s herein stated, and that he assets and liabilitie period ended, and have that: (1) state law ma est of their information nic filing with the NAIC		
Subscribed and sworn to before me this b. If no: day of	, ,			,						
Subscribed and sworn to before me this b. If no: day of						ı İs this an original fi	ilina?	Yes [X] No []		
						o. If no: 1. State the amend	ŭ			
							s attached			

ASSETS

			Current Statement Date)	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	124.559		124,559	124 . 184
	Stocks:	,		,	, .
	2.1 Preferred stocks			0	0
	2.2 Common stocks	i			0
3.	Mortgage loans on real estate:				
0.	3.1 First liens			0	0
	3.2 Other than first liens	i		0	0
4	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
				0	_
	(less \$encumbrances)				0
	4.3 Properties held for sale (less				
	\$encumbrances)			0	0
	Cash (\$6,967,941),				
	cash equivalents (\$0)				
l	and short-term investments (\$				
	Contract loans (including \$premium notes)			0	0
	Derivatives			0	0
1	Other invested assets	l .	ı		0
9.	Receivables for securities			0	0
	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	7 ,092 ,500	0	7,092,500	8,852,928
13.	Title plants less \$				
	only)			0	
14.	Investment income due and accrued	787		787	1,732
	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	22,626		22,626	36,765
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$	1 855 819		1 855 819	1 865 793
16	Reinsurance:	1,000,010		1,000,010	1,000,100
10.	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies	i		i	0
	16.3 Other amounts receivable under reinsurance contracts				0
17	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				0
	Net deferred tax asset		1		42 , 198
			i	i ' '	i
l	Guaranty funds receivable or on deposit	i		0	0
20.	Electronic data processing equipment and software			0	U
	Furniture and equipment, including health care delivery assets				_
1	(\$	i	i e		0
	Net adjustment in assets and liabilities due to foreign exchange rates				000
	Receivables from parent, subsidiaries and affiliates			25,116	415,980
1	Health care (\$	l .		99,428	835,455
	Aggregate write-ins for other-than-invested assets	36,340	36,340	0	J
26.	Total assets excluding Separate Accounts, Segregated Accounts and	40		10	40
	Protected Cell Accounts (Lines 12 to 25)	10,531,530	96,510	10,435,020	13,434,686
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts	l .		ļ0	0
28.	Total (Lines 26 and 27)	10,531,530	96,510	10,435,020	13,434,686
	DETAILS OF WRITE-INS				
1101.				0	0
1102.		ļ		0	0
1103.				0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
	Other non-admitted assets (prepaids)		36,340	0	0
2502.	(p. oparto)			0	0
2503.					
	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	36,340	36,340	0	0
2000.	Totalo (Ellios 2001 tillough 2000 plus 2000) (Ellio 20 above)	JU, J+0	30,040	0	·

LIABILITIES, CAPITAL AND SURPLUS

LIABILITIES, CAP		Current Period		Prior Year
	1	2	3	4
Claims unpaid (less \$reinsurance ceded)	Covered	Uncovered	Total 947 134	Total
Claims unpaid (less \$				
Accided medical incentive poor and bonds amounts Unpaid claims adjustment expenses				33,546
Aggregate health policy reserves including the liability of	,, ,,			
\$for medical loss ratio rebate per the Public Health				
Service Act	863.042			
Aggregate life policy reserves				0
Property/casualty unearned premium reserve				0
7. Aggregate health claim reserves				0
8. Premiums received in advance				
General expenses due or accrued				121,473
10.1 Current federal and foreign income tax payable and interest thereon (including				
\$ on realized gains (losses))	208,496		208,496	427,969
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	10,491
12. Amounts withheld or retained for the account of others				0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and				
interest thereon \$ (including				
\$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$				
authorized reinsurers, \$ unauthorized reinsurers				
and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$)				
companies				0
21. Net adjustments in assets and liabilities due to foreign exchange rates				0
22. Liability for amounts held under uninsured plans	216,862		216,862	604,907
23. Aggregate write-ins for other liabilities (including \$				
current)				
24. Total liabilities (Lines 1 to 23)				
25. Aggregate write-ins for special surplus funds				
26. Common capital stock				
27. Preferred capital stock				0
28. Gross paid in and contributed surplus				
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1 ,883 ,256	1, 103, 524
32. Less treasury stock, at cost:				
32.1shares common (value included in Line 26				
\$	XXX	XXX		0
32.2shares preferred (value included in Line 27				
\$				
33. Total capital and surplus (Lines 25 to 31 minus Line 32)		XXX		6,731,364
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,435,020	13,434,686
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	51,317		51,317	51,522
2302. State income tax payable			88,207	41,932
2303.			·	·
2398. Summary of remaining write-ins for Line 23 from overflow page			_	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	139,524	0	139,524	93,454
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	xxx	xxx		
2598. Summary of remaining write-ins for Line 25 from overflow page		i		0
			0	
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		0
3001.	XXX	XXX		
3002.	xxx	XXX		
3003.	xxx	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page				0
			0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	U	U

STATEMENT OF REVENUE AND EXPENSES

ļ				1	
		Current Ye	ar To Date	Prior Year To Date	Prior Year Ended December 31
ı		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months.				20,091
	Net premium income (including \$non-health premium income)				27 , 199 , 231
	Change in unearned premium reserves and reserve for rate credits				29,228
	Fee-for-service (net of \$medical expenses)				0
	Risk revenue				0
	Aggregate write-ins for other health care related revenues				
	Aggregate write-ins for other non-nealth revenues				
Usanita	Land Madical				
-	I and Medical: Hospital/medical benefits		(952-639)	4 036 872	15 796 851
	Other professional services			1	849,201
	Outside referrals				
	Emergency room and out-of-area			I I	
	Prescription drugs			1	
	Aggregate write-ins for other hospital and medical.				
	Incentive pool, withhold adjustments and bonus amounts.				
16.	Subtotal (Lines 9 to 15)	0	(1,327,365)	5,497,605	21,006,739
Less:					
	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	(1,357,949)		21,006,739
	Non-health claims (net)			0	0
	expenses		' '	i i	
	General administrative expenses		455 , 153	989,322	4,349,943
	Increase in reserves for life and accident and health contracts (including			4 400 040	(400.700)
	\$ increase in reserves for life only)			I I	
	Total underwriting deductions (Lines 18 through 22)			1	
	Net underwriting gain or (loss) (Lines 8 minus 23)				
	Net investment income earned Net realized capital gains (losses) less capital gains tax of \$		71,290	122, 133	
	Net investment gains (losses) (Lines 25 plus 26)		71.298	122 . 155	
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			, , , , , , , , , , , , , , , , , , , ,	
	\$		(6)	(5,104)	(19,562)
	Aggregate write-ins for other income or expenses		l0	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	994,463	(1,246,810)	2,302,968
31.	Federal and foreign income taxes incurred	XXX	198,778	25,338	456,604
32.	Net income (loss) (Lines 30 minus 31)	XXX	795,685	(1,272,148)	1,846,364
	DETAILS OF WRITE-INS				
		XXX			
0602.		XXX			
0603. 0698.		XXX	0	0	
	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	 0
	Totals (Lines 0001 tillough 0003 plus 0096) (Line o above)	XXX	0	0	0
		XXX			
		XXX			
	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
	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
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				 0	0
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (Continue	<i>u j</i>
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	6,731,364	4,873,864	4,873,864
34.	Net income or (loss) from Line 32	795,685	(1,272,148)	1,846,364
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	(10,048)	287,688	(42,732)
39.	Change in nonadmitted assets	(5,905)	(2,469)	53,868
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus			
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
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	779,732	(986,929)	1,857,500
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,511,096	3,886,935	6,731,364
	DETAILS OF WRITE-INS			
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

CASH FLOW

		1	2	3
		Current Year	Prior Year	Prior Year Ended
	01 (To Date	To Date	December 31
1	Cash from Operations Premiums collected net of reinsurance.	(4,731)	6 147 484	27 202 806
	Net investment income		122,732	500 . 313
	Miscellaneous income	67.137	6.270.216	27.793.119
	Total (Lines 1 to 3)	4. ,		
	Benefit and loss related payments		5,965,143	22,906,443
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
	, , , , , , , , , , , , , , , , , , , ,		1,180,972	5 , 495 , 572
	' ' '		0	(
	Federal and foreign income taxes paid (recovered) net of \$tax on capital	440.050		//0/ /5
	gains (losses)	418,250	0	(191, 157
	Total (Lines 5 through 9)	2,264,876	7,146,115	28,210,858
11.	Net cash from operations (Line 4 minus Line 10)	(2,197,739)	(875,899)	(417,739
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds		0	
	12.2 Stocks		0	(
	12.3 Mortgage loans	0	0	
	12.4 Real estate	0	0	
	12.5 Other invested assets	0	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	
	12.7 Miscellaneous proceeds	0	0	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	
	Cost of investments acquired (long-term only):			
	13.1 Bonds	0 L.	0	
	13.2 Stocks		0	
	13.3 Mortgage loans	0	0	
	13.4 Real estate	0	0	
	13.5 Other invested assets	0	0	
	13.6 Miscellaneous applications	0	0	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	(
	Net increase/(decrease) in contract loans and premium notes	0	0	(
	` '	0	0	
13.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	U	U	
40	Cash from Financing and Miscellaneous Sources			
	Cash provided (applied):	0	0	,
	16.1 Surplus notes, capital notes		500.000	500.000
	· · · · · · · · · · · · · · · · · · ·			,
			0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders		0	
	16.6 Other cash provided (applied)	436,936	155,183	490,249
	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	436,936	655, 183	990,249
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,760,803)	(220,716)	572,510
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	8,728,744	8, 156, 234	8, 156, 23
	19.2 End of period (Line 18 plus Line 19.1)	6,967,941	7,935,518	8,728,74

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STATEMENT AS OF MARCH 31, 2025 OF THE WellCare Health Plans of Rhode Island, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year	1,547	0	Ω	0	0	0	0	1,547	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Period:														
7. Physician	0													
8. Non-Physician	. 0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (a)	(18,432)							(18,432)						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	(18,432)			ļ		ļ		(18,432)						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,819,299							1,819,299						
18. Amount Incurred for Provision of Health Care Services	(1,327,365)							(1,327,365)						

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (18,432)

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims												
_ 1 _	2	3	4	5	6	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims unpaid (Reported)												
			-									
0199999 Individually listed claims unpaid	Λ	0	0	0	0	0						
0799999 Aggregate accounts not individually listed-uncovered						0						
0299999 Aggregate accounts not individually listed-uncovered	34,907	0	0	432	124,495	159,834						
0499999 Subtotals	34,907	0	0	432	124,495	159,834						
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	687,300						
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX							
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	847,134						
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	524,084						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Clai Paid Yea		Liab End of Curr		_	6
	1	2 2	3	eni Quarier 4	5	0
Line of Business	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical) individual					0	
Comprehensive (hospital and medical) group					0	
3. Medicare Supplement					0	
4. Vision only					0	
5. Dental only					0	
6. Federal Employees Health Benefits Plan					0	
7. Title XVIII - Medicare	1,934,767	0	847 , 134	0	2,781,901	3,659,46
8. Title XIX - Medicaid					0	
9. Credit A&H					0	
10. Disability income					0	
11. Long-term care					0	
12. Other health					0	
13. Health subtotal (Lines 1 to 12)	1,934,767	0	847 , 134	0	2,781,901	3,659,46
14. Health care receivables (a)	159,598				159,598	
15. Other non-health					0	
16. Medical incentive pools and bonus amounts	44 , 130		524,084		568,214	889,00
17. Totals (Lines 13-14+15+16)	1,819,299	0	1,371,218	0	3,190,517	4,548,46

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

NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare Health Plans of Rhode Island, Inc. (the "Company"), domiciled in the State of Rhode Island, are presented on the basis of accounting practices prescribed or permitted by the State of Rhode Island Department of Business Regulation - Insurance Division, (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Rhode Island for determining and reporting the financial condition, results of operations, and cash flow of an insurance company for determining its solvency under Rhode Island 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 Rhode Island.

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

		SSAP #	F/S Page	F/S Line #	2025	2024
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	4	32	\$ 795,685	\$ 1,846,364
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	\$ 795,685	\$ 1,846,364
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	3	33	\$ 7,511,096	\$ 6,731,364
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	\$ 7,511,096	\$ 6,731,364

- 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 None
- 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 March 31, 2025.
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None

NOTES TO FINANCIAL STATEMENT

- 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.

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.

NOTES TO FINANCIAL STATEMENT

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 March 31, 2025, for assets and liabilities measured at fair value.

Description of each class of asset or								
liability		Level 1	Level 2	Level 3	(NAV)			Total
a. Assets at fair value								
Cash, cash equivalents and short-term	•	5 0 5 = 0 44						
investments	\$	6,967,941	\$ -	\$ -	\$	-	\$	6,967,941
Bonds		-	-	-		_		-
Issuer credit obligations		-	-	-		-		-
Asset-backed securities Total Bonds		-	-	-		-		-
Total Bollus		-	-	-		-		-
Common stock								
Parent, subsidiaries and affiliates			 	 				
Total Common stock		-	-	-		-		-
Derivatives assets		_	_	_		_		_
Total Derivatives assets		-		-		-		-
~								
Separate account assets	_	-	 	 		<u>-</u> .	Φ.	-
Total assets at fair value	<u>\$</u>	6,967,941	 	 		<u> </u>	\$	6,967,941
b. Liabilities at fair value								
Separate account liabilities								
Total liabilities at fair value	\$	_	\$ _	\$ _	\$	_ ·	\$	_

- B. Fair Value Disclosures Under Other Pronouncements None
- C. Aggregate Fair Value for all Financial Instruments

NOTES TO FINANCIAL STATEMENT

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

									Not	
								Net Asset	Practicable	e
Type of Financial	1	Aggregate	Admitted					Value	(Carrying	,
Instrument	I	Fair Value	Assets	Level 1	Level 2		Level 3	(NAV)	Value)	
Cash and cash										
equivalents	\$	6,967,941	\$ 6,967,941	\$ 6,967,941	\$	-	\$ -	\$ -	\$	-
Issuer credit obligations		124,512	124,559	124,512		-	-	-		-
Total Investments	\$	7,092,453	\$ 7,092,500	\$ 7,092,453	\$	-	\$ -	\$ -	\$	

- 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 Effective January 1, 2025, the Company's Medicare contract was not renewed and is in runout.
- 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

In connection with the preparation of the statutory-basis financial statements, the Company evaluated subsequent events after the statutory-basis statements of admitted assets, liabilities, and capital and surplus date of March 31, 2025, through May 6, 2025, which was the date the statutory-basis financial statements were issued.

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

- A. Reserves for unpaid claims as of December 31, 2024 were \$4,548,466. As of March 31, 2025, \$1,819,297 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,371,218 as a result of re-estimation of unpaid claims. Therefore, there has been \$1,357,951 favorable prior-year development since December 31, 2024. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
- 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.

NOTES TO FINANCIAL STATEMENT

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material trandomicile, as required by the Model Act?	sactions requiring the filing of Disclosure	of Mater	ial Transactio	ns with the St	ate of	Ye	s []	No	[X]
1.2	If yes, has the report been filed with the domiciliary						Ye	s []	No	[]
2.1	Has any change been made during the year of this reporting entity?	statement in the charter, by-laws, articles	of incorp	oration, or de	ed of settlem	ent of the	Ye	s []	No	[X]
2.2										
3.1							Ye	s [X]	No	[]
	If yes, complete Schedule Y, Parts 1 and 1A.									
3.2	Have there been any substantial changes in the org	anizational chart since the prior quarter e	nd?				Ye	s []	No	[X]
3.3										
3.4	Is the reporting entity publicly traded or a member of	f a publicly traded group?					Ye	s [X]	No	[]
3.5										
4.1							Ye	s []	No	[X]
4.2			state ab	breviation) for	any entity th	at has				
	N	1 ame of Entity	NAIC Co	2 ompany Code						
		l								
5.							Yes [] N	c [X]	NA	[]
6.1	State as of what date the latest financial examinatio	n of the reporting entity was made or is be	eing mad	le				12	31/2	2022
6.2	State the as of date that the latest financial examina This date should be the date of the examined balan	tion report became available from either t ce sheet and not the date the report was o	he state	of domicile o	the reporting	entity.		12	/31/2	2022
6.3	or the reporting entity. This is the release date or co	mpletion date of the examination report a	nd not th	e date of the	examination	balance		06	/21/2	2024
6.4	By what department or departments?									
6.5	Have all financial statement adjustments within the	atest financial examination report been a	ccounted	l for in a subs	equent financ	ial	Yes [] No	0 []	NA	[X]
							Yes [X] N	o []	NA	[]
7.1 7.2	Has this reporting entity had any Certificates of Auth suspended or revoked by any governmental entity of the service of the s	ority, licenses or registrations (including of luring the reporting period?	corporate	e registration,	if applicable)		Ye	s []	No	[X]
8.1	Is the company a subsidiary of a bank holding comp	pany regulated by the Federal Reserve Bo	ard?				Ye	s []	No	[X]
8.2	If response to 8.1 is yes, please identify the name of	• , ,								
8.3	Is the company affiliated with one or more banks, th						Ye	s []	No	[X]
8.4	federal regulatory services agency [i.e. the Federal Deposit Insurance Corporation (FDIC) and the Secu	Reserve Board (FRB), the Office of the C	omptrolle	er of the Curre	ency (OCC), t	he Federal				
	1	2		3	4	5	6	1		
	Affiliate Name	Location (City, State)		FRB	occ	FDIC	SEC			
9.1	Have there been any substantial changes in the organizational chart since the prior quarter end? If the response to 3.2 is yes, provide a brief description of those changes. Is the reporting entity publicly traded or a member of a publicly traded group? If the response to 3.4 is yes, provide the ClK (Central Index Key) code issued by the SEC for the entity/group		performing							
	similar functions) of the reporting entity subject to a (a) Honest and ethical conduct, including the ethica (b) Full, fair, accurate, timely and understandable d (c) Compliance with applicable governmental laws,	code of ethics, which includes the following all handling of actual or apparent conflicts of isclosure in the periodic reports required to rules and regulations;	ng standa of interes o be file	ards?st between pe	rsonal and pr			s [X]	No	[]
9.11	If the response to 9.1 is No, please explain:									
9.2	Has the code of ethics for senior managers been ar	nended?					Yes	s []	No	[X]
9.21	•	• • • • • • • • • • • • • • • • • • • •								
9.3							Ye	s []	No	[X]
9.31	· · ·	• • • •								
10.1		FINANCIA	L				Ye:	s [X]	No	[]
10.2	If yes, indicate any amounts receivable from parent	included in the Page 2 amount:				\$				0

GENERAL INTERROGATORIES

INVESTMENT

11.1									erwise made availab		Yes []	No [X]
11.2	If yes, give full an	•	-									
12.	Amount of real es	state and mortgag	ges held in oth	er invested as	sets in Schedul	e BA:				\$		0
13.	Amount of real es	state and mortga	ges held in sho	ort-term investr	nents:					\$		0
14.1	Does the reporting	ng entity have an	y investments	in parent, sub	sidiaries and af	filiates?					Yes []	No [X]
14.2	If yes, please co	mplete the follow	ing:									
							Book/	1 Year-End 'Adjusted ing Value	Current Book/A	2 Quarter Adjusted g Value		
		Bonds Preferred Stock						0	\$			
	14.23	Common Stock .				\$		Ω	\$			
	14.25	Short-Term Inve Mortgage Loans	on Real Estat	te		\$		0	\$ \$			
		All Other Total Investment				\$			\$			
		(Subtotal Lines 1	14.21 to 14.26)		\$		0	\$	0		
		Total Investment above				\$			\$			
15.1	Has the reporting	entity entered in	to any hedgin	g transactions i	reported on Sch	nedule DB?					Yes []	No [X]
15.2	If ves. has a com	prehensive descr	iption of the h	edaina progran	n been made av	vailable to the	domicili	iarv state?		Yes [No []	NA []
	If no, attach a des			auginig program								[]
16.	For the reporting					_		nt statement date		•		0
		value of reinveste k/adjusted carryir		•				Parts 1 and 2		\$ \$		
	16.3 Total paya	able for securities	lending repo	rted on the liab	ility page					\$		0
17.									ally in the reporting			
	entity's offices, va pursuant to a cus											
	Considerations, F	. Outsourcing of	Critical Functi	ons, Custodial	or Safekeeping	Agreements	of the N	IAIC Financial Co	ondition Examiners		Yes []	No [X]
47.4											163 []	NO [X]
17.1	For all agreement	ts that comply wit	th the requiren	nents of the NA	AIC Financial Co	ondition Exam	iners H	andbook, comple	ete the following:	\neg		
			Name o	of Custodian(s)				Custodian Addr	ess			
47.0	- "			. , ,	III. NAIO E'							
17.2	location and a co			equirements of	the NAIC Final	ncial Condition	ı Examı	ners Handbook,	provide the name,			
			1		2	(a)		Campleta Fy				
			Name(s)		Location	(5)		Complete Ex	piariation(s)			
17.3	Have there been	any changes, inc	luding name o	changes, in the	custodian(s) id	entified in 17.	1 during	the current quai	rter?		Yes []	No [X]
17.4	If you give full on	d samulata inform	nation relation	, therete:								
17.4	If yes, give full an	1	nation relating		2	3			4			
		Old Cust	odian	New Cu	ustodian	Date of Cha	ange	F	Reason			
17.5	Investment mana authority to make managed internal securities"]	investment decis	sions on beha	If of the reporting	ng entity. This ir	ncludes both p	rimary a	and sub-advisors	s. For assets that are	e		
	Securites 1	1					2					
		Name of Firm					Affilia					
17.509	7 For those firms/ir (i.e., designated							with the reporting	g entity		Yes []	No [X]
17.509	8 For firms/individu does the total as:								17.5,		Yes []	No [X]
17.6	For those firms or	r individuals listed	d in the table f	or 17.5 with an	affiliation code	of "A" (affiliate	ed) or "L	J" (unaffiliated), բ	provide the informat	ion for the table	below.	
	Central Re		Name	2 e of Firm or		3 Legal Entity			4	Investment	5 Manageme	ent
	Depositor	y Number		dividual		Identifier (LEI)	1	Regis	stered With		nt (IMA) File	
											V 5V1	
	If no, list exception	•	the <i>Purposes</i>	and Procedure	es Manual of the	e NAIC Investi	nent An	nalysis Office bee	en followed?		Yes [X]	NO [
19.	By self-designating	ng 5GI securities,	the reporting	entity is certifyi	ing the following	g elements for	each se	elf-designated 50	GI security:			
				ll credit analysi	s of the security	y does not exis	st or an	NAIC CRP cred	it rating for an FE or	r		
		ty is not available obligor is current		ted interest and	d principal pavn	nents.						
		er has an actual					and prin	cipal.				
	Has the reporting	entity self-design	nated 5GI sec	urities?							Yes []	No [X]
20.	Procedures Manuelements of each a. The security	ual of the NAIC In self-designated I was either:	vestment Ana PLGI security:	llysis Öffice (P8	ŠP Manual) for	private letter r	ating (P	LR) securities ar	· ·	nd		
	ii. issued fro which co		118 to December to the comment of th	oer 31, 2021 ar s in force, for w	nd subject to a c hich an insurar	confidentiality ance company of	agreem cannot p	ent executed price or	or to January 1, 202 a private letter ratir			

GENERAL INTERROGATORIES

- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the
- security.

 c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other selfdesignation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?....

Yes [] No [X]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each selfdesignated 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]
1 0 7 0				

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:				
1.1 A&H loss percent		7,	380.0 %)
1.2 A&H cost containment percent	<u> </u>		12.6 %)
1.3 A&H expense percent excluding cost containment expenses	<u>-</u>	(2,	271.5) %)
2.1 Do you act as a custodian for health savings accounts?		Yes []	No [X	1
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	1
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 other reporting entity?		Yes []	No [X	1

SCHEDULE S - CEDED REINSURANCE

			Showing All New Reinsurance Treaties	s - Current Year to	Date				
1 NAIC Company Code	2	3 Effective	4	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Company Code	ID Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating
					-				
					-			-	
					-				
					-				
					-				
		ļ			-			-	
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

			1 1	Current Y	ear to Date - A	Allocated by	States and To	erritories irect Business O	alv			
			Active	2 Accident & Health	3 Medicare	4 Medicaid	5	6 Federal Employees Health Benefits	7 Life & Annuity Premiums & Other	8 Property/ Casualty	9 Total Columns	10 Deposit-Type
	States, Etc.		Status (a)	Premiums	Title XVIII	Title XIX	CHIP Title XXI	Plan Premiums		Premiums	2 Through 8	Contracts
	Alabama	AL	N								0	
i	Alaska	AK	N								0	
i .	Arizona	AZ	N								0	
	Arkansas	AR CA	N N								0	
	California	CA					†				0	
1	Connecticut		NN								0	
i	Delaware	DE	NN.									
i	Dist. Columbia	DC	N				1				0	
1	Florida		N.				1				0	
	Georgia	GA	N								0	
1	-	HI	N.								0	
i	Idaho	ID	N								0	
i .	Illinois	IL	N								.0	
15.	Indiana	IN	N								0	
16.	lowa	IA	N								l0	
17.	Kansas	KS	N				ļ				0	
18.	Kentucky	KY	N				 	ļ		ļ	0	ļ
19.	Louisiana	LA	N	ļ			ļ	ļ		 	0	ļ
I	Maine		N				ļ				0	
ı	Maryland		N								0	
22.	Massachusetts	MA	N								0	
	Michigan	MI	N				ļ	<u> </u>		<u> </u>	0	ļ
	Minnesota		N								0	
1	Mississippi		N				ļ			<u> </u>	0	ļ
26.	Missouri	MO	N				ļ				0	
27.	Montana	MT	N								0	
i e	Nebraska	NE	N								0	
1	Nevada	NV	N								0	
1	New Hampshire		N								0	
l .	New Jersey	NJ	N				 				0	
i .	New Mexico		N								0	
1	New York	NY	N				 	 			······0	<u> </u>
i i	North Carolina	NC	N				 	 	ļ	 	0	
1	North Dakota		N				 	 			0	·····
l .	Ohio	OH OK	N N				†				0	
1	Oklahoma		N				†····				0	
i	OregonPennsylvania	PA	NN.				†	†	· · · · · · · · · · · · · · · · · · ·		0	·····
	Rhode Island		LL		(18,432)		†	†	·	İ	(18,432)	ļ
l .	South Carolina				(10,432)						(10,432)	
1	South Dakota		NN.								0	
1	Tennessee		N								0	
1	Texas		N								0	
1	Utah		N								0	
	Vermont		N				<u> </u>				0	
ı	Virginia		N								0	
1	Washington		N								0	
1	West Virginia		N								0	
i	Wisconsin		N							ļ	0	ļ
I	Wyoming		N				ļ				0	
1	American Samoa		N				ļ				0	ļ
	Guam		N				ļ			ļ	0	ļ
	Puerto Rico		N				ļ	ļ		ļ	0	ļ
55.	U.S. Virgin Islands	VI	N							ļ	0	ļ
56.	Northern Mariana Islands	MP	N				ļ				0	
	Canada		N				ļ				0	
1	Aggregate other alien		XXX	0	0	0	0	0	0	0	0	0
i	Subtotal		XXX	0	(18,432)	0	0	0	0	0	(18,432)	0
60.	Reporting entity contributions											
	Employee Benefit Plans		XXX		/40 400						0	-
61.	Total (Direct Business)		XXX	0	(18,432)	0	0	0	0	0	(18,432)	0
E0001	DETAILS OF WRITE-INS		VVV									
I			XXX				 					
i			XXX				 	 			 	
1	0		XXX									
p8998.	Summary of remaining write- Line 58 from overflow page	-ins for	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

entene Corporation		42-1406317	DE	
Bankers Re	serve Life Insurance Company of Wisconsin	39-0993433	WI	71013
	Health Plan Real Estate Holding, Inc. (17%)	46-2860967	МО	
Peach State	Health Plan, Inc.	20-3174593	GA	1231
	Health Plan Real Estate Holding, Inc. (21%)	46-2860967	МО	
Iowa Total C	are, Inc.	46-4829006	IA	1571
Buckeye Co	mmunity Health Plan, Inc.	32-0045282	ОН	1183
	Health Plan Real Estate Holding, Inc. (18%)	46-2860967	МО	
Absolute To	tal Care, Inc.	20-5693998	SC	12959
	Health Plan Real Estate Holding, Inc. (1%)	46-2860967	МО	
Coordinated	Care Corporation	39-1821211	IN	9583
	Health Plan Real Estate Holding, Inc. (15%)	46-2860967	МО	
Healthy Was	shington Holdings, Inc.	46-5523218	DE	
	Coordinated Care of Washington, Inc.	46-2578279	WA	1535
Managed He	ealth Services Insurance Corp.	39-1678579	WI	9682
	Health Plan Real Estate Holding, Inc. (2%)	46-2860967	МО	
Superior He	althPlan, Inc.	74-2770542	TX	9564
	Health Plan Real Estate Holding, Inc. (21%)	46-2860967	МО	
Healthy Lou	isiana Holdings LLC	27-0916294	DE	
	Louisiana Healthcare Connections, Inc.	27-1287287	LA	1397
Magnolia He	ealth Plan Inc.	20-8570212	MS	1392
Sunshine He	ealth Holding LLC	26-0557093	FL	
	Sunshine State Health Plan, Inc. (50%)	20-8937577	FL	1314
Healthy Mis	souri Holdings, Inc.	45-5070230	МО	
	Home State Health Plan, Inc.	45-2798041	МО	1421
	Health Plan Real Estate Holding, Inc. (5%)	46-2860967	МО	
Sunflower S	tate Health Plan, Inc.	45-3276702	KS	1434
	e Health Plan, Inc.	45-4792498	NH	1422

California Health and Wellness Plan	46-0907261 CA	
Western Sky Community Care, Inc.	45-5583511 NM	16
Tennessee Total Care, Inc.	26-1849394 TN	
SilverSummit Healthplan, Inc.	20-4761189 NV	1
University Health Plans, Inc.	22-3292245 NJ	
Agate Resources, Inc.	20-0483299 OR	
Trillium Community Health Plan, Inc.	42-1694349 OR	1
Nebraska Total Care, Inc.	47-5123293 NE	1:
Pennsylvania Health & Wellness, Inc.	47-5340613 PA	10
Ambetter Health of Pennsylvania, Inc.	33-3859301 PA	
Sunshine Health Community Solutions, Inc.	47-5667095 VA	1:
Buckeye Health Plan Community Solutions, Inc.	47-5664342 OH	1
Arkansas Health & Wellness Health Plan, Inc.	81-1282251 AR	1
Arkansas Total Care Holding Company, LLC (49%)	38-4042368 DE	
Arkansas Total Care, Inc.	82-2649097 AR	1
Bridgeway Health Solutions, LLC	20-4980875 DE	
Bridgeway Health Solutions of Arizona, Inc.	20-4980818 AZ	1
Celtic Group, Inc.	36-2979209 DE	
Celtic Insurance Company	06-0641618 IL	8
Ambetter of Magnolia Inc.	35-2525384 MS	1:
Ambetter of Peach State Inc.	36-4802632 GA	1
Ambetter Health of Louisiana, Inc.	92-3523808 LA	1
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	L
	Envolve Benefit Options, Ir	IC.			61-1846191	DE	
	Envolve \	/ision Benefits, Inc.			20-4730341	DE	
		Envolve Vision of 1	Texas, Inc.		75-2592153	TX	
		Envolve Vision, Inc	D		20-4773088	DE	
		Envolve Vision of F	Florida, Inc.		65-0094759	FL	
		Envolve Total Vision	on, Inc.		20-4861241	DE	
	Envolve D	Dental, Inc.			46-2783884	DE	
		Envolve Dental of	Florida, Inc.		81-2969330	FL	
		Envolve Dental of	Texas, Inc.		81-2796896	TX	
	Centene Pharmacy Service	es, Inc.			77-0578529	DE	
	MeridianF	Rx, LLC			27-1339224	MI	
Specialty Tr	nerapeutic Care Holdings, Ll	_C			27-3617766	DE	
	Presonyx, Inc.				80-0856383	DE	
	AcariaHealth, Inc.				45-2780334	DE	
	AcariaHea	alth Pharmacy #14, Inc	С.		27-1599047	CA	
	AcariaHea	alth Pharmacy #11, Ind	С.		20-8192615	TX	
	AcariaHea	alth Pharmacy #12, Ind	С.		27-2765424	NY	
	AcariaHea	alth Pharmacy #13, Ind	С.		26-0226900	CA	
	AcariaHea	alth Pharmacy, Inc.			13-4262384	CA	
	Homescri	pts.Com, LLC			27-3707698	MI	
	Foundation	on Care LLC (80%)			20-0873587	МО	
	AcariaHea	alth Pharmacy #26, Ind	С.		20-8420512	DE	
Health Net,	LLC				47-5208076	DE	
	Health Net of California, Inc	C.			95-4402957	CA	
	Health Ne	et Life Insurance Comp	pany		73-0654885	CA	
	Health Ne	et Life Reinsurance Co	mpany		98-0409907	CJ	
	MEB Ven	tures II, LLC			83-1570018	DE	

BLR Properties, LLC (80%)	83-1576137 DE	
Managed Health Network, LLC	95-4117722 DE	
Managed Health Network	95-3817988 CA	
MHN Services, LLC	95-4146179 CA	
Health Net Federal Services, LLC	68-0214809 DE	
Network Providers, LLC	88-0357895 DE	
Health Net Health Plan of Oregon, Inc.	93-1004034 OR	95800
Health Net Community Solutions, Inc.	54-2174068 CA	
Health Net of Arizona, Inc.	36-3097810 AZ	95206
Health Net Community Solutions of Arizona, Inc.	81-1348826 AZ	15895
Centene Health Plan Holdings, Inc.	82-1172163 DE	
Ambetter of North Carolina, Inc.	82-5032556 NC	16395
Carolina Complete Health Holding Company Partnership (80%)	82-2699483 DE	
Carolina Complete Health, Inc.	82-2699332 NC	16526
New York Quality Healthcare Corporation	82-3380290 NY	16352
WellCare of Connecticut, Inc.	06-1405640 CT	95310
Community Medical Holdings Corp.	47-4179393 DE	
Access Medical Acquisition, LLC	46-3485489 DE	
Access Medical Group of North Miami Beach, LLC	45-3191569 FL	
Access Medical Group of Miami, LLC	45-3191719 FL	
Access Medical Group of Hialeah, LLC	45-3192283 FL	
Access Medical Group of Westchester, LLC	45-3199819 FL	
Access Medical Group of Opa-Locka, LLC	45-3505196 FL	
Access Medical Group of Perrine, LLC	45-3192955 FL	
Access Medical Group of Florida City, LLC	45-3192366 FL	
Access Medical Group of Tampa, LLC	82-1737078 FL	
Access Medical Group of Tampa II, LLC	82-1750978 FL	
Access Medical Group of Tampa III, LLC	82-1773315 FL	

	Access Medical Group of Lakeland, LLC	84-2750188 FL	
	Access Medical Group of Pembroke Pines, LLC	88-2251274 FL	
	Access Medical Group of Margate, LLC	88-2263310 FL	
	Access Medical Group of Riverview, LLC	88-2284518 FL	
	Access Medical Group of Kendall, LLC	92-0235557 FL	
	Access Medical Group of Lauderdale Lakes, LLC	92-0261029 FL	
	Access Medical Group of Sand Lake, LLC	33-2792794 FL	
Interpreta Holdings,	Inc. (80.1%)	82-4883921 DE	
Interpr	eta, Inc.	46-5517858 DE	
Next Door Neighbo	s, LLC	32-2434596 DE	
Next [oor Neighbors, Inc.	83-2381790 DE	
	Centene Venture Company Alabama Health Plan, Inc.	84-3707689 AL	167
	Centene Venture Company Illinois	83-2425735 IL	165
	Centene Venture Company Kansas	83-2409040 KS	165
	Centene Venture Company Florida	83-2434596 FL	164
	Centene Venture Company Indiana, Inc.	84-3679376 IN	167
	Centene Venture Company Tennessee	84-3724374 TN	167
	Centene Venture Insurance Company Texas	86-1543217 TX	169
	Centene Venture Company Michigan	83-2446307 MI	166
Comprehensive He	alth Management, LLC	59-3547616 FL	
WellCare Health Pla	ans, 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	163
	WellCare of Virginia, Inc.	82-0664467 VA	
	WellCare of Oklahoma, Inc.	81-3299281 OK	161
	WellCare Health Insurance Company of Nevada, Inc.	84-3731013 NV	
	WellCare Health Insurance of the Southwest, Inc.	84-3739752 AZ	166

WellCare of Georgia, Inc.	20-2103320 GA 1076	30
WellCare of Texas, Inc.	20-8058761 TX 1296	34
WellCare of South Carolina, Inc.	32-0062883 SC 1177	75
WellCare Health Plans of New Jersey, Inc.	20-8017319 NJ 1302	20
WellCare of Pennsylvania, Inc.	81-1631920 PA	
WellCare Health Plans of Massachusetts, Inc.	84-3547689 MA 1697	70
WellCare Health Insurance Company of Oklahoma, Inc.	84-4449030 OK 1675	52
WellCare Health Plans of Missouri, Inc.	84-3907795 MO 1675	53
WellCare Prescription Insurance, Inc.	20-2383134 AZ 1015	55
WellCare Health Insurance of Hawaii, Inc.	84-4664883 HI 1700)2
WellCare Health Plans of Rhode Island, Inc.	84-4627844 RI 1676	36
WellCare of Illinois, Inc.	84-4649985 IL 1676	35
Rhythm Health Tennessee, Inc.	45-5154364 TN 1653	33
WellCare Health Insurance of New York, Inc.	11-3197523 NY 1088	34
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 1653	32
WellCare of New Hampshire, Inc.	83-2914327 NH 1651	15
WellCare Health Plans of Vermont, Inc.	83-2255514 VT 1651	14
WellCare Health Insurance of Connecticut, Inc.	83-2126269 CT 1651	13
WellCare of Washington, Inc.	83-2069308 WA 1657	71
WellCare Health Plans of Kentucky, Inc.	47-0971481 KY 1551	10
WellCare of Alabama, Inc.	82-1301128 AL 1623	39
WellCare of Maine, Inc.	82-3114517 ME 1634	14
Harmony Health Systems, Inc.	22-3391045 NJ	
Harmony Health Plan, Inc.	36-4050495 IL 1122	29

	WellCare Health Insurance Com	pany of Kentucky, Inc.		36-6069295	KY	6446
	WellCare Health Insurance of Ar	izona, Inc.		86-0269558	AZ	8344
	WellCare Health Insurance of No	orth Carolina, Inc.		83-3493160	NC	1654
	WellCare Health Insurance Com	pany of Louisiana, Inc.		83-3333918	LA	1678
	WellCare of Missouri Health Insu	urance Company, Inc.		83-3525830	МО	165
	One Care by Care1st Health Pla	n of Arizona, Inc.		06-1742685	AZ	
	WellCare Health Insurance Com	pany of Washington, Inc.		83-3166908	WA	165
	WellCare of North Carolina, Inc.			82-5488080	NC	165
	WellCare Health Insurance Com	pany of America		82-4247084	AR	163
	WellCare National Health Insura	nce Company		82-5127096	TX	163
	WellCare Health Insurance Com	pany of New Hampshire, Inc.		83-3091673	NH	165
	Wellcare Health Insurance Comp	pany of New Jersey, Inc.		84-4709471	NJ	167
	WellCare of Michigan Holding Co	ompany		26-4004578	MI	
	Meridian Health	Plan of Michigan, Inc.		38-3253977	MI	525
	Meridian Health	Plan of Illinois, Inc.		20-3209671	IL	131
	Sunshine State Health Plan, Inc.	. (50%)		20-8937577	FL	131
	Universal American Corp.			27-4683816	DE	
	Universal Americ	can Holdings, LLC		45-1352914	DE	
		American Progressive Life and He	alth Insurance Company of New York	13-1851754	NY	806
		Heritage Health Systems, Inc.		62-1517194	TX	
		SelectCare of Texas, I	nc.	62-1819658	TX	100
		Heritage Health System	ms of Texas, Inc.	76-0459857	TX	
QCA Health Plan, Inc.				71-0794605	AR	954
Qualchoice Life and Health Insurance (Company, Inc.			71-0386640	AR	709
District Community Care, Inc.				84-4119570	DC	168
Oklahoma Complete Health Holding Co	ompany, LLC			86-2318658	OK	
Oklahoma Complete Heal	th, Inc.			81-3121527	OK	169
RI Health & Wellness, Inc.				86-2694770	RI	

Delaware First Health, Inc.		88-3410060 D
Delaware First Health Com	plete, Inc.	88-4145615 D
Magellan Health, Inc.		58-1076937 D
Magellan Pha	macy Services, Inc.	47-5588795 D
	Magellan Behavioral Health of New Jersey, LLC	52-2310906 N
	Magellan Health Services of California, Inc Employer Services	95-2868243 C
Magellan Heal	thcare, Inc.	52-2135463 D
	Human Affairs International of California	93-0999350 C
	Magellan Complete Care of Louisiana, Inc.	46-4188169 L
	Magellan Behavioral Health of Florida, Inc.	20-1919978 F
	Magellan Health Services of Arizona, Inc.	20-1728452 A
	Magellan Health Services of New Mexico, Inc.	85-0420095 N
	Magellan of Idaho, LLC	85-4065417 II
	Magellan Complete Care of Pennsylvania, Inc.	46-4457706 P
	Magellan Life Insurance Company	57-0724249 D
	Merit Behavioral Care Corporation	22-3236927 D
	Magellan Providers of Texas, Inc.	76-0513383 T.
	Magellan Behavioral Health of Pennsylvania, Inc.	23-2759528 P
	Magellan Behavioral of Michigan, Inc.	52-1946167 N
	Magellan of Maryland, LLC	92-0642038 M
Magnolia Joint Venture Hol	ding Company, Inc.	92-0679069 D
Ambetter Health of Texas, I	nc.	33-1995487 T.
Ambetter Health of Florida,	Inc.	33-2010592 F

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s) (Yes/No)	*
	·					New York Stock			-	Shareholders/Board of	Shareholders/Boa		Centene		
01295	Centene Corporation	00000	42-1406317		0001071739	Exchange	Centene Corporation	DE	UIP	Directors	rd of Directors	100.0	Corporation	N0	
							Bankers Reserve Life Insurance						Centene		
01295	Centene Corporation	71013	39-0993433				Company of Wisconsin	WI		Centene Corporation	Ownership	100.0	Corporation	N0	
										Bankers Reserve Life					
04005	0	00000	40, 0000007				Health Plan Real Estate		NII A	Insurance Company of	0	47.0	Centene	VE0	
01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Wisconsin	Ownership	17.0	Corporation	YES	
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan. Inc	GA	I A	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
01295	l centene corporation	12313	20-3174393				Health Plan Real Estate	OA		Certene corporation	Owner Sirip	100.0	Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownershin	21 0	Corporation	YES	
01200	Contone corporation		40-2000307				litoraring, mo			l cach otate hearth rian, me	O#1101 3111 p		Centene		
01295	Centene Corporation	15713	46-4829006				lowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100 0	Corporation	NO	
0.200			10 1020000				Buckeye Community Health Plan,				0 0 p		Centene		
01295	Centene Corporation	11834	32-0045282				Inc	OH	I A	Centene Corporation	Ownership.	100.0	Corporation.	NO	
	·						Health Plan Real Estate			Buckeye Community Health			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Plan, Inc	Ownership	18.0	Corporation	YES	
	·										· ·		Centene		
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	I A	Centene Corporation	Ownership	100.0	Corporation	N0	
							Health Plan Real Estate						Centene		
01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporation	YES	
0.4005		05004	00 1001011						l				Centene		
01295	Centene Corporation	95831	39 - 1821211				Coordinated Care Corporation	IN	I A	Centene Corporation	Ownership	100.0	Corporat ion	NO	
04005	Contono Consonation	00000	46-2860967				Health Plan Real Estate	MO	NII A	Considerated Cons Consenting	O	15.0	Centene	YES	
01295	Centene Corporation	00000	40-2800907				Holding, IncHoldings,	JWIU	NIA	Coordinated Care Corporation	ownership	15.0	Corporation		
01295	Centene Corporation	00000	46 - 5523218				The line washington nordings,]DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
01295	l centene corporation	00000	40-0020210				Coordinated Care of Washington,	DE		Healthy Washington Holdings,	Owner Sirrp	100.0	Centene	INU	
01295	Centene Corporation	15352	46-2578279				Inc	WA	IA	linc	Ownership	100.0	Corporation	NO	
01200	dentene corporation		40 Z010Z10				Managed Health Services	1		1110	о и пот эттр	1	Centene		
01295	Centene Corporation	96822	39 - 1678579				Insurance Corp.	w ı	IA	Centene Corporation	Ownership	100 0	Corporation	NO	
							Health Plan Real Estate			Managed Health Services	* · * · · · F · · · · · · · · · · · · ·		Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc.	MO	NIA	Insurance Corp	Ownership	2.0	Corporation	YES	
												1	Centene		
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	ТХ	I A	Centene Corporation	Ownership	100.0	Corporation	NO	
1		1					Health Plan Real Estate						Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Corporation	YES	
04005		00000	07 0040004				l., ,	55	l			100 0	Centene		
01295	Centene Corporation	00000	27 - 0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	1100.0	Corporation	N0	
04205	C	12070	07 4007007				Louisiana Healthcare	I	I 14	Healthy Louisiana Holdings	O	100.0	Centene	NO	
01295	Centene Corporation	13970	27 - 1287287				Connections, Inc	LA	I A	LLU	Ownership	1	Corporation	NU	
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
0 1290	l centene corporation	13923	ZU-001UZ IZ				.imaynuna nearth Fian Inc		I A	Contone corporation	Ownersinp	100.0	Centene	INU	
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
0 1200			20 000/000					ļ		Outlone outporaction	0 "1101 0111 P		Centene		
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	50.0	Corporation	NO	
=	1				1	1	1		4	1		1	1		

							T			T					
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s	(Yes/No)	*
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
	,						,		1	,			Centene		
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	MO	I A	Healthy Missouri Holding, Inc.	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	. 00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc	Ownerchin	5.0	Centene Corporation	YES	
01293	l centene corporation	. 100000	40-2000907	-			Sunflower State Health Plan,	JWIO	N 1 A	Thome State hearth Fram, inc	Ownersinp		Centene		
01295	Centene Corporation	14345	45-3276702				Inc	KS	IA	Centene Corporation.	Ownership	100.0		NO	
	·									· ·	i i		Centene		
01295	Centene Corporation	. 14226	45-4792498				Granite State Health Plan, Inc	NH	IA	Centene Corporation	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	. 00000	46-0907261				California Health and Wellness	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
01293	Centene Corporation	. 00000	40-090/201	-			Western Sky Community Care,		N I A	Centene corporation	Ownersiiip	100.0	Centene	INU	
01295	Centene Corporation	16351	45-5583511				Inc.	NM	IA	Centene Corporation.	Ownership	100.0		NO	
	· ·									'	·		Centene		
01295	Centene Corporation	. 00000	26-1849394				Tennessee Total Care, Inc	TN	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
01295	Contona Corneration	16143	20-4761189				SilverSummit Healthplan, Inc	NV	IA	Contone Corneration	Ownership	100.0	Centene	NO	
01295	Centene Corporation	. 10143	20-4/01109	-			. Silversummit healthplan, inc		I A	Centene Corporation	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	. 00000	22-3292245				University Health Plans, Inc	NJ	NIA	Centene Corporation	Ownership	100.0		NO	
									1				Centene		
01295	Centene Corporation	. 00000	20-0483299				Agate Resources, Inc	OR	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
04205	Contona Corneration	12559	42-1694349				Trillium Community Health Plan,	OR.	IA	Agata Dagguraga Ing	Ownarahin	100.0	Centene	NO	
01295	Centene Corporation	. 12009	42 - 1094349				THC	UK	I A	Agate Resources, Inc	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	15902	47 - 5123293				Nebraska Total Care, Inc	NE	IA	Centene Corporation	Ownership	100.0	Corporation	NO	
							Pennsylvania Health & Wellness,]				Centene		
01295	Centene Corporation	. 16041	47 - 5340613				Inc	РА	I A	Centene Corporation	Ownership	100.0	Corporation	NO	
04005	Contant Consenting	00000	33-3859301				Ambetter Health of	PA	NII A	Pennsylvania Health &	O	100.0	Centene	NO	
01295	Centene Corporation	. 00000	33-3859301				Pennsylvania, Inc Sunshine Health Community	РА	NIA	Wellness, Inc	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	15927	47 - 5667095				Solutions, Inc.	VA	I IA	Centene Corporation	Ownership.	100 0	Corporation	NO	
							Buckeye Health Plan Community				- · · · · · · · - · · · · · · · · ·		Centene		
01295	Centene Corporation	. 16112	47 - 5664342				Solutions, Inc.	0H	I A	Centene Corporation	Ownership	100.0	Corporation	N0	
01205	Contona Corneration	16120	04 40000E4				Arkansas Health & Wellness	AR	IA	Contona Corneration	Ownership	100.0	Centene	NIO.	
01295	Centene Corporation	. 16130	81-1282251	-			Health Plan, Inc Arkansas Total Care Holding	AK		Centene Corporation Arkansas Health & Wellness	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	38-4042368				Company, LLC	DE	NIA	Health Plan. Inc.	Ownership	49.0	Corporation	NO	
	'								1	Arkansas Total Care Holding	'		Centene		
01295	Centene Corporation	. 16256	82-2649097				Arkansas Total Care, Inc	AR	IA	Company, LLC	Ownership	100.0	Corporation	NO	
01205	Contana Corneration	00000	20-4980875				Dridgeway Health Calutions 110		NI I A	Contono Cornoratias	Ownorch i =	100.0	Centene	N/O	
01295	Centene Corporation	. 00000	ZU-490U8/5	-			Bridgeway Health Solutions, LLC. Bridgeway Health Solutions of	DE	N I A	Centene Corporation Bridgeway Health Solutions,	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	16310	20-4980818				Arizona Inc.	AZ	IIA	LLC	Ownership	100 0	Corporation	NO	
											'		Centene		
01295	Centene Corporation	. 00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
04005	Contana Company ties	00700	00 0044040				Colhie Insurance Comment		1.4	Caldia Casua III	Owner male in	400.0	Centene	N/O	
01295	Centene Corporation	. 80799	06-0641618				Celtic Insurance Company	[l L	IA	Celtic Group, Inc	Ownership	100.0	Corporation	NU	

								·	1			ı	T		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID.	Federal		Traded (U.S. or	,	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation Centene	NO	
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc Ambetter Health of Louisiana.	GA	IA	Celtic Insurance Company	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	17514	92-3523808				Inc	LA	I A	Celtic Group, Inc	Ownership	100.0	Corporation Centene	NO	
01295	Centene Corporation	00000	27 - 2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene CorporationCentene Management Company	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	82-2761995				Alliance, LLC	DE	NIA	LLC	Ownership	50.0	Corporat ion	NO	
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	Centene Corporation	Ownership	100.0	Centene Corporation		
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health,	CA	NIA	Envolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	37 - 1788565				Envolve, Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	61 - 1846191				Envolve Benefits Options, Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	20-4730341				Envolve Vision Benefits, Inc	DE	NIA	Envolve Benefits Options,	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas, Inc	ТХ	I A	Envolve Vision Benefits, Inc.	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	20-4773088				Envolve Vision, Inc	DE	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0	Centene Corporation		
01295	Centene Corporation	00000	65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc	DE	NIA	Envolve Vision Benefits, Inc Envolve Benefits Options,	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	46-2783884				Envolve Dental, Inc	DE	NIA	Inc	Ownership	100.0	Centene Corporation Centene	NO	
01295	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc	FL	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation Centene	NO	
01295	Centene Corporation	16106	81-2796896				Envolve Dental of Texas, Inc	TX	I A	Envolve Dental, Inc	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	77 -0578529				Centene Pharmacy Services, Inc	DE	NIA	Envolve Holdings, LLC Centene Pharmacy Services,	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	27 - 1339224				MeridianRx, LLCSpecialty Therapeutic Care	MI	NIA	Inc	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	27 - 3617766				Holdings, LLC	DE	NIA	Centene Corporation Specialty Therapeutic Care	Ownership	100.0	Corporation Centene	NO	
01295	Centene Corporation	00000	80-0856383				Presonyx, Inc	DE	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation	N0	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage			*
	·					,			<i>'</i>	, ,			Centene		
01295	Centene Corporation	00000	27 - 1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	. NO	
			00 0400045					,		l		400.0	Centene		
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	. NO	
01295	Centene Corporation	00000	27 - 2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	NO	
01233	Contene Corporation	00000	. 21 -21 00424				Acarranearth Fharmacy #12, The			Acai raneartii, iiic	. Owner sirrp	100.0	Centene		
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0		NO	
	·												Centene		
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0		NO	
01205	Contona Corneration	00000	27 - 3707698				HomoCorinto com IIC	MI	NII A	AcariaHealth, Inc	Ownership	100.0	Centene	NO	
01295	Centene Corporation	00000	. 27 -3707090				HomeScripts.com, LLC	JVI I	NIA	Acarranearth, mc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-0873587				Foundation Care LLC	MO	NIA	AcariaHealth, Inc.	Ownership	80.0		NO	
0.200	ouncond our par act or comments									,			Centene		
01295	Centene Corporation	00000	20-8420512				AcariaHealth Pharmacy #26, Inc	DE	NIA	AcariaHealth, Inc	Ownership	100.0			
													Centene		
01295	Centene Corporation	00000	47 - 5208076				Health Net, LLC	DE	NIA	Centene Corporation	Ownership	100.0		NO	
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Centene Corporation	NO	
01233	Contene Corporation	00000	. 33-4402337				Health Net Life Insurance			Health Net of California.	. Owner sirrp	100.0	Centene		
01295	Centene Corporation	66141	73-0654885				Company	CA		Inc.	Ownership	100.0	Corporation	NO	
	'						Health Net Life Reinsurance			Health Net of California,	'		Centene		
01295	Centene Corporation	00000	98-0409907				Company	CYM	NIA	Inc	.Ownership	100.0		NO	
04005	Contant Constant in	00000	83 - 1570018				MED Vanturas II IIC	DE	NII A	Health Net of California,	O	100.0	Centene	NO	
01295	Centene Corporation	00000	100 - 10700 10				MEB Ventures II, LLC	 	NIA	Inc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	83-1576137				BLR Properties, LLC	DE	NIA	MEB Ventures II. LLC	Ownership	80.0		NO	
										,			Centene		
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, LLC	Ownership	100.0		. NO	
04005	0	00000	05 0047000				Marana di Haraldia Nationale	0.4	NII A	Marana di Haritala Natawa da 110	0	400.0	Centene	NO.	
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporation Centene	. NU	
01295	Centene Corporation	00000	95-4146179				MHN Services. LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0		NO	
01200	odiredio corporation	00000					Health Net Federal Services,			managod nodrem notwork, 220	. o		Centene		
01295	Centene Corporation	00000	68-0214809				LLC	DE	NIA	Health Net, LLC	Ownership	100.0		NO	
										Health Net Federal Services,			Centene		
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	LLC	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon. Inc.	0R	l IA	Health Net. LLC	Ownership.	100.0	Centene Corporation	NO	
01233	Toentene corporation	33000		-			Health Net Community Solutions,	UN	I M	Inearth Net, LLC	. Owner Sillp	100.0	Centene	.	
01295	Centene Corporation	00000	54-2174068				Inc	CA	NIA	Health Net, LLC	Ownership	100.0		NO	
	,									·	· '		Centene		
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	I A	Health Net, LLC	Ownership	100.0		. NO	
04205	Contana Communica	15005	04 4040000				Health Net Community Solutions	4.7	1,	Haalah Nat II C	O	100.0	Centene	NO	
01295	Centene Corporation	15895	81-1348826				of Arizona, Inc	AZ		Health Net, LLC	Ownership	1	Corporation	. NU	

								,							
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	1 5	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates Centene Health Plan Holdings,	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Centene	(Yes/No)	
01295	Centene Corporation	00000	82-1172163				Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
01230	l dentene derperation	00000	02-11/2100				Ambetter of North Carolina,			Centene Health Plan Holdings.	. Owner sirrp	100.0	Centene		
01295	Centene Corporation	16395	82-5032556				Inc.	NC	I A	Inc.	Ownership	100.0	Corporation	NO	
	,	i i					Carolina Complete Health			Centene Health Plan Holdings,			Centene		
01295	Centene Corporation	00000	82-2699483				Holding Company Partnership	DE	NIA	Inc	Ownership	80.0	Corporation	NO	
0.4005		40500							l	Carolina Complete Health			Centene		
01295	Centene Corporation	16526	82-2699332				Carolina Complete Health, Inc	NC	A	Holding Company Partnership	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	16352	82-3380290				New York Quality Healthcare Corporation	NY	I A	Centene Corporation	Ownership.	100.0	Centene Corporation	NO	
01293	Centene corporation	10332	02-3300290				Corporat Ton	JJVI		New York Quality Healthcare	. Owner Sirrp	100.0	Centene	INO	
01295	Centene Corporation	95310	06 - 1405640				WellCare of Connecticut. Inc	СТ	IA	Corporation	Ownership	100 0	Corporation	NO.	
0.200										00. po. at 10			Centene		
01295	Centene Corporation	00000	47 - 4179393				Community Medical Holdings Corp	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
		l								Community Medical Holdings			Centene		
01295	Centene Corporation	00000	46-3485489				Access Medical Acquisition, LLC	DE	NIA	Corp	.Ownership	100.0	Corporation	NO	
04005	Conton Connection	00000	45 2404500				Access Medical Group of North		NII A	Access Medical Acquisition,	O	100.0	Centene	NO	
01295	Centene Corporation	00000	45-3191569				Miami Beach, LLCAccess Medical Group of Miami,	FL	NIA	Access Medical Acquisition,	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	00000	45-3191719				IIIC	FL	NIA	IIIC	Ownership	100.0	Corporation	NO	
01233	Contone corporation		40-0101710				Access Medical Group of			Access Medical Acquisition,	. O #1101 3111 p	1100.0	Centene		
01295	Centene Corporation	00000	45-3192283				Hialeah, LLC	FL	NIA	LLC.	Ownership.	100.0	Corporation	NO	
	'	i i					Access Medical Group of			Access Medical Acquisition,	İ '		Centene		
01295	Centene Corporation	00000	45-3199819				Westchester, LLC	FL	NIA	LLC.	Ownership	100.0	Corporation	NO	
04005		00000	45 0505400				Access Medical Group of Opa-			Access Medical Acquisition,		400.0	Centene	No	
01295	Centene Corporation	00000	45 - 3505196				Locka, LLCAccess Medical Group of	FL	NIA	Access Medical Acquisition,	Ownership	100.0		NU	
01295	Centene Corporation	00000	45-3192955				Perrine, LLC	FI	NIA	lic Medical Acquisition,	Ownership	100.0	Centene Corporation	NO	
01233	Contone corporation		40-0102000				Access Medical Group of Florida			Access Medical Acquisition,	. O #1101 3111 p	1100.0	Centene		
01295	Centene Corporation	00000	45-3192366				City, LLC.	FL	NIA	LLC.	Ownership.	100.0	Corporation	NO	
	'						Access Medical Group of Tampa,			Access Medical Acquisition,	İ '		Centene		
01295	Centene Corporation	00000	82-1737078				LLC	FL	NIA	LLC.	Ownership	100.0	Corporation	NO	
04005	0	00000	00 4750070				Access Medical Group of Tampa			Access Medical Acquisition,	0	400.0	Centene	NO	
01295	Centene Corporation	00000	82-1750978				III, LLCAccess Medical Group of Tampa	FL	NIA	Access Medical Acquisition,	Ownership	100.0	Corporation Centene	NU	
01295	Centene Corporation	00000	82-1773315				III. LLC	FL	NIA	lic Medical Acquisition,	Ownership	100.0		NO	
01200			02-1110010				Access Medical Group of		NI //	Access Medical Acquisition,	. Omnor Sirrp	100.0	Centene	INU	
01295	Centene Corporation	00000	84-2750188				Lakeland. LLC	FL	NIA	LLC	Ownership.	100.0	Corporation	NO.	
	· ·						Access Medical Group of			Access Medical Acquisition,			Centene		
01295	Centene Corporation	00000	88-2251274				Pembroke Pines, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	NO	
0.405-							Access Medical Group of			Access Medical Acquisition,			Centene		
01295	Centene Corporation	00000	88 - 2263310				Margate, LLC	FL	NIA	LLC	.Ownership	100.0		N0	
01205	Contono Corporation	00000	00 220/E40				Access Medical Group of	FI	NI A	Access Medical Acquisition,	Ownershin	100.0	Centene	N/O	
01295	Centene Corporation	00000	88 - 2284518				Riverview, LLC Access Medical Group of	FL	NIA	Access Medical Acquisition,	.Ownership	1	Corporation Centene	NU	
01295	Centene Corporation	00000	92-0235557				Kendall. LLC	FL	NIA	LLC	Ownership.	100.0	Corporation	NO	
0 1200	Solution of por at ron	30000	0200007				Access Medical Group of			Access Medical Acquisition,		1	Centene		
01295	Centene Corporation	00000	92-0261029				Lauderdale Lakes, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	N0	
0 1200	100110110 001 por at 1011		02 020 1020	-1			1 = a a a a a a a a a a a a a a a a a a		······	EEV	1 v = 110 1 0111 p	1	1001 por at 1011	I	

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1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
04205	Contana Connentia	00000	22 2702704				Access Medical Group of Sand	FL	NII A	Access Medical Acquisition,	O	100.0	Centene	NO	
01295	Centene Corporation	00000	33-2792794				Lake, LLC		NIA	LLC	Ownership	100.0	Corporation Centene	. NO	
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership	80.1	Corporation	NO	
01200	ourtone corporation	00000	02 1000021				Tirrorprota noranigo, mo			Joseph Grant Ton	0 #1101 0111 p		Centene		
01295	Centene Corporation	00000	46-5517858				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	Corporation	NO	
													Centene		
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership.	100.0	Centene Corporation	NO	
01295	Centene corporation	00000	03-2301790				Centene Venture Company Alabama		N 1 A	INEXT DOOR NETGIDOTS, LLC	Owner Sirip	100.0	Centene	.	
01295	Centene Corporation	16771	84-3707689				Health Plan. Inc	AL	IA	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	
							Centene Venture Company						Centene		
01295	Centene Corporation	16505	83-2425735				Illinois	IL	IA	Next Door Neighbors, Inc	Ownership	100.0	Corporation		
0.4005		40500						140		l.,		400.0	Centene		
01295	Centene Corporation	16528	83-2409040				Centene Venture Company Kansas	KS	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	16499	83-2434596				Centene Venture Company Florida.	FL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene corporation	10499	03-2434390				Centene Venture Company	Γ		INEXT DOOR NETGIDOTS, ITIC	ownersiiip	100.0	Centene		
01295	Centene Corporation	16773	84-3679376				Indiana, Inc	IN	IA	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	
							Centene Venture Company						Centene		
01295	Centene Corporation	16770	84-3724374				Tennessee	TN	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation		
0.4005		10000					Centene Venture Insurance			l.,		400.0	Centene		
01295	Centene Corporation	16990	86-1543217				Company Texas	TX	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	16613	83-2446307				Centene Venture Company	MI	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	
01200	Contone corporation	100 10	00-2440007				Comprehensive Health	J#I I	I //	l l l l l l l l l l l l l l l l l l l	O #1101 3111 p	100.0	Centene		
01295	Centene Corporation	00000	59-3547616				Management, LLC	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
	,									·	, i		Centene		
01295	Centene Corporation	00000	83-4405939				WellCare Health Plans, Inc	DE	UIP	Centene Corporation	Ownership	100.0	Corporation	. NO	
01295	Centene Corporation	00000	04-3669698				WCG Health Management, Inc	DE	UIP	 WellCare Health Plans. Inc.	Ownership	100.0	Centene Corporation	NO	
01295	Centene corporation	00000	04-3009090				The WellCare Management Group,		VIF	Wellcare nearth Flans, Inc	ownersiiip	100.0	Centene		
01295	Centene Corporation	00000	14-1647239				Inc.	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Corporation	NO	
										The WellCare Management			Centene		
01295	Centene Corporation	16329	81-5442932				WellCare of Mississippi, Inc	MS	I A	Group, Inc	Ownership	100.0	Corporation		
0.4005										The WellCare Management		400.0	Centene		
01295	Centene Corporation	00000	82-0664467				WellCare of Virginia, Inc	VA	NIA	Group, Inc The WellCare Management	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	16117	81-3299281				WellCare of Oklahoma. Inc.	0 K	IA	Group. Inc.	Ownership	100.0	Centene Corporation	NO	
01200	Contono corporation	10111	01 0200201				WellCare Health Insurance		I/\	The WellCare Management	σπιοι σιτιρ	100.0	Centene		
01295	Centene Corporation	00000	84-3731013				Company of Nevada, Inc	NV	NIA	Group, Inc.	Ownership	100.0	Corporation		
	, , , , , , , , , , , , , , , , , , ,						WellCare Health Insurance of			The WellCare Management			Centene		
01295	Centene Corporation	16692	84-3739752				the Southwest, Inc	AZ	I A	Group, Inc.	Ownership	100.0	Corporation	N0	
01205	Contono Cornoration	10760	20-2103320				WollCare of Coorsis Iss	GA	1.4	The WellCare Management	Ownorchin	100.0	Centene	NO	
01295	Centene Corporation	10700	ZU - Z 1U33ZU				WellCare of Georgia, Inc	A.	I A	Group, IncThe WellCare Management	Ownership	100.0	Corporation Centene	. INU	
01295	Centene Corporation	12964	20-8058761				WellCare of Texas. Inc	ТХ	I A	Group, Inc	Ownership	100 0	Corporation	NO	
_ · · <u>-</u> · · · · · · · · · · · · · · · · · · ·		.=00 1		1			1	1	7	1 1			1 60.00.00		

1																
Part	1	2	3	4	5	6	7	8	9	10	11		13	14	15	16
Description Code Company Code																
Composition Composition										Dalatianahin			If Control io		la an CCA	
Code Code Comparison Code C			NAIC					Names of								
Copies Group Name	Croup			ID	Fodoral				Dominilian		Directly Controlled by			Liltimata Controllina		
Description 1975		Group Namo				CIK										*
Content Corporation 1777 20-2003831 Tex. Sc. A. Group, Inc. Content Corporation 1000 20-807518 All Flore Health Plans of New A. A. A. A. A. A. A. A	Code	Group Name	Code	Number	KOOD	CIK	international)		Location	Ellity		miliderice, Other)	reiceillage) (Tes/NO)	
Variety Corporation 1000 20-93173** Variety Va	01205	Centene Cornoration	11775	32-0062883				1.1	SC	Ι ΙΔ		Ownershin	100.0		NO	
Description Contract Corporation Statistics Description Statistics Description Descrip	01233		111113	02-0002000					1			O#11013111P	1			
Cetter Corporation	01295	Centene Cornoration	13020	20-8017319					N.I	Ι ΙΔ		Ownershin	100.0		NO	
Compared from Compared fro	01200	ourtone corporation	10020	20 0017010				100130y; 1110		1//		о и пот эттр	1			
Mathematical Composition 16970	01295	Centene Cornoration	00000	81-1631920				WellCare of Pennsylvania Inc	PΔ	NIA		Ownershin	100.0		NO	
Assessment Ass	01200	Octrono Corporation	00000	01 1001020					1		The WellCare Management	о и пот эттр	1			
Net Content Corporation 68752 84-444000 Company of Challens Section Company of Challens Company of Challens Section Company of Challens Company of Challen	01295	Centene Corporation	16970	84-3547689					MA	IA		Ownership	100 0		NO	
Output Content Corporation 167% 84-444900 Company of Kilahons, Inc. K. J. Stroug, Inc. Overship 100.0 Corporation M0	0.200		10010	0 1 00 11 000							The WellCare Management	0				
Cartere Corporation 1973 84-5907795	01295	Centene Corporation	16752	84-4449030					0K	IA	Group. Inc.	Ownership	100.0		NO.	
0.7256											The WellCare Management					
Oracle	01295	Centene Corporation	16753	84-3907795]				MO	IA	Group. Inc.	Ownership	100.0		NO	
10256 Centene Corporation 10155 22-2383134 Insurance of Hawaii, Inc. AZ Inc. Ownership 100 O Corporation NN 10156 Centene Corporation 17002 84-4664883. Mill Care Neath Insurance of Hawaii, Inc. Hawaiii, Inc. Hawaiii, Inc. Hawaiii, Inc. Hawaiii, Inc.		·									The WellCare Management	2. 4F				
	01295	Centene Corporation	10155	20-2383134					AZ	IA	Group. Inc.	Ownership.	100.0		NO	
Display Centere Corporation 17002 24-468483 Hamail Inc. HI JA Group Inc. Ownership 100.0 Corporation MN Centere Ce			i i								The WellCare Management	· '		Centene	i i	
New Content	01295	Centene Corporation	17002	84-4664883				Hawaii, Inc	HI	IA	Group. Inc.	Ownership	100.0	Corporation	NO	
		·	i i					WellCare Health Plans of Rhode			The WellCare Management			Centene	i i	
101295	01295	Centene Corporation	16766	84-4627844					RI	RE	Group, Inc	Ownership	100.0	Corporation	NO	
Centene Corporation.		·									The WellCare Management	· ·		Centene		
O1295	01295	Centene Corporation	16765	84-4649985				WellCare of Illinois, Inc	IL	IA	Group, Inc	Ownership	100.0	Corporation	NO	
New York, Inc. New																
1025 Centene Corporation 10884 11-3197523 New York, Inc. NY JA Group, Inc. Ownership 100 Octopration NO Centene Corporation NO Centene	01295	Centene Corporation	16533	45-5154364					TN	IA	Group, Inc	Ownership	100.0			
Centene Corporation											The WellCare Management					
Other Composition Composit	01295	Centene Corporation	. 10884	11-3197523				New York, Inc	NY	. IA		Ownership	100.0		N0	
Centene Corporation Centene Corporation Contene Corporation	<u>-</u>															
101295 Centene Corporation 00000 83-28400051 Well Care of Indiana, Inc. IN NIA Group, Inc. Ownership. 100.0 Corporation NO Centene No Ownership. 100.0 Corporation NO Centene No Ownership. 100.0 Corporation NO Centene No Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation NO Ownership. 100.0 Corporation. NO Ownership. 100.0	01295	Centene Corporation	. 00000	27-0386122				Ohana Health Plan, Inc	HI	N I A	Group, Inc	Ownership	100.0		N0	
America's 1st Choice California Holdings, LLC Centene Corporation, 00000 45-3236788. Holdings, LLC Holdings, LLC Centene Corporation, 00000 20-5327501. Holdings, LLC Mila California Holdings, LLC Convership, 100.0 Corporation, NO Centene Corporation, 16532 83-2276159. Holdings, LLC Mila California Holdings, LLC Convership, 100.0 Corporation, NO Centene Corporation, 16515 83-2276159. Holdings, LLC Mila California Holdings, LLC Convership, 100.0 Corporation, NO Centene Corporation, 16515 83-2276159. Holdings, LLC Mila California Holdings, LLC Convership, 100.0 Corporation, NO Centene Corporation, 16515 83-2276159. Holdings, LLC Mila Large of New Hampshire, Inc. NH JA Group, Inc. Group, Inc. Contene Corporation, 16514 83-225514. Holdings, LLC Mila Mil	0.4005		00000	00 0040054				W 110 6 1 1:					400 0	Centene	NO.	
October Octo	01295	Centene Corporation	. 00000	83-2840051					I N	NIA	Group, Inc	Ownership	100.0		NU	
Centene Corporation Contene Corporation	04005	0	00000	45 0000700						NI A		0	400.0		NO	
Centene Corporation Centene Corporation	01295	centene corporation		45-3230788	-			Horarngs, LLC	FL	N I A		ownership	100.0		NU	
Centence Corporation	01205	Contono Cornoration	00000	20 5227504				WollCare of Colifornia Inc	CA	NIIA		Ownerchin	100.0		NO	
O1295 Centene Corporation 16532 83-2276159 Tennessee, Inc. TN. IA. Group, Inc. Ownership 100.0 Corporation NO Centene O1295 Centene Corporation 16515 83-2914327 WellCare Health Plans of Vermont, Inc. VT. IA. Group, Inc. Ownership 100.0 Corporation NO Centene O1295 Centene Corporation 16513 83-2255514 WellCare Health Insurance of Connecticut, Inc. VT. IA. Group, Inc. Ownership 100.0 Corporation NO Corporation NO Corporation NO Corporation NO Centene O1295 Centene Corporation 16513 83-2126269 Centene Corporation O1295 O1295	01295	l centene corporation		20-002/001						N I A		Owner Sirrp	100.0			
Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01295. Centene Corporation. 01296. Centene Corporation. 01297. Centene Corporation. 01298. Centene Corporation. 01299. Centene Corporation. 0299. Centene Corporation. 030. Centene Corporation. 040. Centene Corporation. 050. Centene Corporation. 050. Centene Corporation. 060. Centene Corporation. 070. Centene Corporation. 070. Centene Corporation. 070. Cent	01205	Centene Cornoration	16532	83-2276150					TNI	LA		Ownershin	100 0		NO	
O1295 Centene Corporation 16515 83-2914327 Well Care of New Hampshire, Inc. NH IA Group, Inc. Ownership 100.0 Corporation .NO Content on the Well Care Health Plans of Vermont, Inc. VT IA Group, Inc. Ownership .100.0 Corporation .NO Content on the Well Care Health Insurance of Centene Corporation .NO Content on the Well Care Health Insurance of Connecticut, Inc. CT IA Group, Inc. Ownership .100.0 Content on the Well Care Management Ownership .	0 1233		10002	00-22101JJ	1			, гоннозаев, тно		··········	The WellCare Management	O#11619111P	100.0			
Centene Corporation 16514 83-2255514 WellCare Health Plans of Vermont, Inc. VT IA Group, Inc. Ownership 100.0 Corporation NO Centene One of the WellCare Management Ownership 100.0 Corporation NO Centene Ownership 100.0 Ownersh	01295	Centene Cornoration	16515	83-201/327				WellCare of New Hamoshire Inc	NH	JΔ		Ownershin	100 0		NO	
Centene Corporation 16514 83-2255514 Vermont, Inc. VT IA Group, Inc. Ownership 100.0 Corporation Centene Corporation 16513 83-2126269 Centene Corporation 16513 83-2126269 Centene Corporation 16571 83-2069308 WellCare of Washington, Inc WA. IA. Group, Inc. Ownership 100.0 Corporation NO Centene NO Centene Corporation NO Centene Corporation NO Centene NO Centene NO Centene Corporation NO Centene NO Centene Corporation NO Centene NO Ce	0 1200		10010	00-2014021					WI L	1	The WellCare Management	ο πιιοι σιτιμ	100.0			
Centene Corporation 16513 83-2126269	01295	Centene Corporation	16514	83-2255514					VT	IΔ	IGroup Inc	Ownership	100 0		NO	
Centene Corporation 16513 83-2126269 Connecticut, Inc. CT IA. Group, Inc. Ownership 100.0 Corporation N0		00. POT ALTON	10017	55 LL 550 17							The WellCare Management					
Centene Corporation. 16571. 83-2069308. WellCare of Washington, Inc. WA IA Group, Inc. Ownership. 100.0 Corporation. 100.0 Centene Corporation. 15510. 47-0971481. WellCare Management Group, Inc. Ownership. 100.0 Centene Corporation. NO Centene Corporation. 16239. 82-1301128. WellCare of Alabama, Inc. AL IA Group, Inc. Ownership. 100.0 Centene Corporation. NO Centene Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Centene Corporation. NO Centene Cente	01295	Centene Corporation	16513	83-2126269					CT	IA		Ownership	100 0		NO	
O1295. Centene Corporation. 16571. 83-2069308. WellCare of Washington, Inc. WA. IA. Group, Inc. Ownership. 100.0 Corporation. NO Centene Corporation. 15510. 47-0971481. WellCare Health Plans of Kentucky, Inc. KY. IA. Group, Inc. Ownership. 100.0 Corporation. NO Centene Centene Corporation. NO Centene Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Corporat									1	1	The WellCare Management					
Centene Corporation 15510 47-0971481 WellCare Health Plans of Kentucky, Inc. KY IA Group, Inc. Ownership 101.00 Centene Corporation Centene Corporation 16239 82-1301128 WellCare of Alabama, Inc. AL IA Group, Inc. Ownership Ownership 100.0 Centene Corporation Centene Corporation Centene Corporation Ownership Ownership 100.0 Centene Corporation Ownership Ownership 100.0 Centene Corporation Ownership 100.0 Centene Corporation Ownership Ownership 100.0 Centene Corporation Ownership Ownership 100.0 Centene Corporation Ownership Ownership 100.0 Ownership Ownership Ownership 100.0 Ownership Ownership Ownership 100.0 Ownership Owner	01295	Centene Corporation	16571	83-2069308]			WellCare of Washington. Inc	WA	I A	Group. Inc.	Ownership	100.0		NO.	
01295. Centene Corporation. 15510. 47-0971481. Kentucky, Inc. KY IA. Group, Inc. Ownership. 100.0 Corporation. NO The WellCare Management Group, Inc. Ownership. 100.0 Corporation. NO Centene Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Corporation. NO Centene Centene Corporation. NO Centene]		The WellCare Management	2. 4F				
O1295. Centene Corporation. 16239. 82-1301128. WellCare of Alabama, Inc. AL IA. Group, Inc. Ownership. 100.0 Centene Corporation. NO The WellCare Management Centene	01295	Centene Corporation	15510	47 - 0971481]				КҮ	I A		Ownership	100.0		NO	
01295. Centene Corporation. 16239. 82-1301128.								, , , , , , , , , , , , , , , , , , , ,				F				
The WellCare Management Centene	01295	Centene Corporation.	16239	82-1301128				WellCare of Alabama, Inc	AL	IA	Group, Inc.	Ownership	100.0		NO	
		,						11 1, 1					1			
01295 Centene Corporation	01295	Centene Corporation	16344	82-3114517	.[WellCare of Maine, Inc	ME	IA		Ownership	100.0	Corporation	NO	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
							l			The WellCare Management			Centene		
01295	Centene Corporation	00000	22-3391045				Harmony Health Systems Inc	NJ	NIA	Group, Inc	Ownership	100.0	Corporation	NO	
04005	0	44000	00 4050405				Harris Harlth Black Inc		1.4	Harman Harlith Original Land	O	400.0	Centene	NO	
01295	Centene Corporation	11229	36-4050495				Harmony Health Plan, Inc.	IL	IA	Harmony Health Systems Inc	Ownership	100.0	Corporation	NU	
01295	Centene Corporation	64467	36-6069295				WellCare Health Insurance Company of Kentucky, Inc.	КҮ	IA	The WellCare Management Group, Inc.	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	04407	30-0009293				WellCare Health Insurance of	N1	I A	The WellCare Management	ownership	100.0	Centene	INU	
01295	Centene Corporation	83445	86-0269558				Arizona, Inc.	A7	I A	Group, Inc.	Ownership.	100.0	Corporation	NO	
01230	Contone corporation		00-020000				WellCare Health Insurance of			The WellCare Management	0 WIIGT 3111 P	1100.0	Centene		
01295	Centene Corporation	16548	83-3493160				North Carolina. Inc.	NC	IA	Group, Inc.	Ownership	100.0	Corporation	NO	
0.200			00 0 100 100				WellCare Health Insurance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The WellCare Management	5 miles emp		Centene		
01295	Centene Corporation	16788	83-3333918				Company of Louisiana, Inc.	LA		Group. Inc.	Ownership	100.0		NO	
	'						WellCare of Missouri Health			The WellCare Management	'		Centene		
01295	Centene Corporation	16512	83-3525830				Insurance Company, Inc	MO		Group, Inc.	Ownership	100.0	Corporation	NO	
							One Care by Care1st Health			The WellCare Management			Centene		
01295	Centene Corporation	00000	06 - 1742685				Plans of Arizona, Inc	AZ	NIA	Group, Inc.	Ownership	100.0	Corporation	N0	
0.4005		10570					WellCare Health Insurance	l		The WellCare Management			Centene		
01295	Centene Corporation	16570	83-3166908				Company of Washington, Inc	WA	I A	Group, Inc	Ownership	100.0	Corporat ion	NO	
04005	Contant Comment:	16547	82-5488080				WellCare of North Carolina,	NO.	IA	The WellCare Management	O	100.0	Centene	NO	
01295	Centene Corporation	10047	82-3488080				Inc WellCare Health Insurance	NC		Group, IncThe WellCare Management	Ownership	100.0	Corporation Centene	NU	
01295	Centene Corporation	16343	82-4247084				Company of America	AR	I A	Group. Inc.	Ownership.	100.0	Corporation	NO	
01233	l centene corporation		02-4247 004				WellCare National Health			The WellCare Management	Owner Sirrp	1100.0	Centene	INO	
01295	Centene Corporation	16342	82-5127096				Insurance Company	TX	IA	Group. Inc.	Ownership.	100 0	Corporation	NO	
0.200			02 0.2.000				WellCare Health Insurance			The WellCare Management			Centene		
01295	Centene Corporation	16516	83-3091673				Company of New Hampshire, Inc	NH		Group, Inc.	Ownership	100.0	Corporation	NO	
	'						Wellcare Health Insurance			The WellCare Management	'		Centene		
01295	Centene Corporation	16789	84-4709471				.Company of New Jersey, Inc	NJ	I A	Group, Inc	Ownership	100.0	Corporation	N0	
							WellCare of Michigan Holding			The WellCare Management			Centene		
01295	Centene Corporation	00000	26-4004578				Company	MI	NIA	Group, Inc	Ownership	100.0	Corporation	N0	
04205	Contana Consentian	50500	20 2052077				Meridian Health Plan of		1.4	WellCare of Michigan Holding	0	100.0	Centene	NO.	
01295	Centene Corporation	52563	38-3253977	[Michigan, Inc Meridian Health Plan of	MI	IA	Company WellCare of Michigan Holding	Ownership	100.0		NU	
01295	Centene Corporation	13189	20-3209671				Meridian Health Plan of 	l 11	IA	Company	Ownership	100.0	Centene Corporation	NO	
0 1233	Toontene ourporation	13 108	ZU-UZUZUI I				111111013, 1110		1	The WellCare Management	. Owner 9111b	100.0	Centene		
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	I A	Group, Inc	Ownership	50.0	Corporation	NO	
0 1200	Octive to the control of the contr		20 0001011				Canonino otato noartii i laii, mo.		1	The WellCare Management	10 milot offip	1	Centene		
01295	Centene Corporation	00000	27 - 4683816				Universal American Corp.	DE	NIA	Group, Inc	Ownership.	100.0	Corporation	NO.	
							Universal American Holdings,						Centene		
01295	Centene Corporation	00000	45-1352914				LLC	DE	NIA	Universal American Corp	Ownership	100.0	Corporation	NO	
							American Progressive Life and			l '					
							Health Insurance Company of New			Universal American Holdings,	L		Centene		
01295	Centene Corporation	80624	13-1851754				York	NY	I A	[LLC	.Ownership	100.0	Corporation	N0	
04005	0	00000	00 4547404				Handton Hanlik Onetanna	T.V.	l NILA	Universal American Holdings,	O	400.0	Centene	110	
01295	Centene Corporation	00000	62-1517194	[Heritage Health Systems, Inc	TX	NIA	LLU	.Ownership	1100.0	Corporation	NO	
01205	Centene Corporation	10096	62-1819658				SelectCare of Texas. Inc.	TX	IA	Heritage Health Systems, Inc.	Ownerchin	100.0	Centene	NIO	
01295	Trentene corboration	10090	UZ - 10 19000				Joerectoare of Texas, IIIC	[Λ	.	.[nerrrage mearth systems, Inc.	10wiersiiip	100.0	Corporation	. NU	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group		NAIC Company	ID	Federal		Exchange if Publicly Traded (U.S. or	Names of Parent. Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling	Is an SCA Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
						,	Heritage Health Systems of		,	,	,	Ŭ	Centene		
01295	Centene Corporation	00000	76 - 0459857				Texas, Inc	TX	NIA	Heritage Health Systems, Inc.	Ownership	100 .0	Corporation Centene	N0	
01295	Centene Corporation	95448	71-0794605				QCA Healthplan, IncQualchoice Life and Health	AR	I A	Centene Corporation	Ownership	100.0	Corporation Centene	N0	
01295	Centene Corporation	70998	71-0386640				Insurance Company	AR	I A	Centene Corporation	Ownership	100 .0		N0	
01295	Centene Corporation	16814	84-4119570				District Community Care Inc Oklahoma Complete Health	DC	I A	Centene Corporation	Ownership	100.0	Corporation	NO	
01295	Centene Corporation	00000	86-2318658				Holding Company, LLC	0K	NIA	Centene CorporationOklahoma Complete Health	Ownership	100.0	CorporationCentene	NO	
01295	Centene Corporation	16904	81-3121527	-			Oklahoma Complete Health Inc	0 K	I A	Holding Company, LLC	Ownership	100.0	Corporation Centene	N0	
01295	Centene Corporation	00000	86-2694770				RI Health & Wellness, Inc	RI	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	00000	88-3410060				Delaware First Health, Inc Delaware First Health Complete,	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	00000	88-4145615				Inc	DE	NIA	Centene Corporation	Ownership	100 . 0	Corporation	N0	
01295	Centene Corporation	00000	58 - 1076937				Magellan Health, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	
01295	Centene Corporation	00000	47 - 5588795				Magellan Pharmacy Services,	DE	NIA	Magellan Health, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	12632	52-2310906	-			Magellan Behavioral Health of New Jersey, LLC Magellan Health Services of	NJ	IA	Magellan Pharmacy Services,	Ownership	100.0	Centene Corporation	N0	
01295	Centene Corporation	00000	95-2868243				California, Inc Employer Services	CA	NIA	Magellan Pharmacy Services,	Ownership	100.0	Centene Corporation	N0	
01295	Centene Corporation	00000	52-2135463				Magellan Healthcare, Inc	DE	NIA	Magellan Health, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	93-0999350				Human Affairs International of California	CA	NIA	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	N0	
01295	Centene Corporation	15550	46 - 4188169				Magellan Complete Care of Louisiana, Inc	LA	I A	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	20-1919978				Magellan Behavioral Health of Florida, Inc	FL	NIA	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	N0	
01295	Centene Corporation	00000	20 - 1728452				Magellan Health Services of Arizona, Inc	AZ	NIA	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	85-0420095				Magellan Health Services of New Mexico, Inc	NM	NIA	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	85-4065417				Magellan of Idaho, LLC	ID	NIA	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	15924	46 - 4457706				Magellan Complete Care of Pennsylvania, Inc	PA	I A	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	97292	57 - 0724249				Magellan Life Insurance Company.	DE	I A	Magellan Healthcare, Inc	Ownership	100.0	Centene Corporation	NO	
01295	Centene Corporation	00000	22-3236927				Merit Behavioral Care Corporation	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Centene Corporation	N0	

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
							Magellan Providers of Texas,			Merit Behavioral Care			Centene		
01295	Centene Corporation	00000	76-0513383				Inc.	TX	NIA	Corporation	Ownership	100.0	Corporation	NO	
	•						Magellan Behavioral Health of			Merit Behavioral Care			Centene		
01295	Centene Corporation	47019	23-2759528				Pennsylvania, Inc.	PA	I A	Corporation	Ownership	100.0	Corporation	NO	
	•	İ					Magellan Behavioral of	i i		· ·			Centene		
01295	Centene Corporation	00000	52-1946167				Michigan, Inc	MI	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NO	
	'	İ						i i			İ '		Centene		
01295	Centene Corporation	00000	92-0642038				Magellan of Maryland, LLC	MD	NIA	Magellan Healthcare, Inc	Ownership.	100.0	Corporation	NO	
	'	İ					Magnolia Joint Venture Holding				'		Centene		
01295	Centene Corporation	00000	92-0679069				Company, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
	'									'	'		Centene		
01295	Centene Corporation	00000	33-1995487				Ambetter Health of Texas, Inc	TX	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
	'	İ					Ambetter Health of Florida.			'	'		Centene		
01295	Centene Corporation	00000	33-2010592				Inc.	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	
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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
2.	AUGUST FILING 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.	N/A
xpla	nation:	
Bar C	ode:	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate 2 Prior Year Ended Year To Date December 31 Book/adjusted carrying value, December 31 of prior year
 Cost of acquired: 0 0 2.1 Actual cost at time of acquisition.....

2.2 Additional investment made after acquisition 0 ..0 Current year change in encumbrances.
Total gain (loss) on disposals..... 0 Deduct amount's received on disposals

Total foreign exchange change in book/adjusted carrying value. 5. 0 ..0 Deduct current year's other-than-temporary impairment recognized 0. 8. 9. Deduct current year's depreciation.

Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8). 0 0.. 0 ..0 0 10. Deduct total nonadmitted amounts. Statement value at end of current period (Line 9 minus Line 10) 0

SCHEDULE B - VERIFICATION

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	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) Total gain (loss) on disposals		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 Total foreign exchange change in book value/recorded investment excluding accrued interest		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	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other.		0
3. Capitalized deferred interest and other.		0
4. Accrual of discount		0
4. Accrual of discount. 5. Unrealized valuation increase/(decrease). 6. Total pair (loca) and disposals. 6. Total pair (loca) and disposals.		0
6. Total gain (loss) on disposals.		0
Total gain (loss) on disposals Deduct amounts received on disposals Deduct amortization of premium, depreciation and proportional amortization		0
8. Deduct amortization of premium, depreciation and proportional amortization		0
9. I otal foreign exchange change in book/adjusted carrying value		LU
10. Deduct current year's other-than-temporary impairment recognized		
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	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	124 , 184	122,714
2.	Cost of bonds and stocks acquired		0
3.	Accrual of discount	375	1,470
4.	Unrealized valuation increase/(decrease)		0
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		U
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		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	124,559	124 , 184
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	124,559	124, 184

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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	124,184				124,559	0	0	124 , 184
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
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 ICO	124,184	0	0	375	124,559	0	0	124, 184
ASSET-BACKED SECURITIES (ABS)								
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
14. Total ABS		0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0				0	0	0	0
16. NAIC 2	0				0	0	0	0
17. NAIC 3	I I				0	0	0	0
18. NAIC 4					0	0	0	0
19. NAIC 5	0				0	0	0	0
20. NAIC 6					0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	124.184	0	0	375	124,559	0	0	124,184

(a) Book/Ad	justed Carrying Value column for the end of the current rep	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 \$	

Schedule DA - Part 1

Schedule DA - Verification

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule DB - Verification

Schedule E - Part 2 - Verification

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

Schedule D - Part 3

Schedule D - Part 4

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DB - Part E

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH Month End Depository Balances

Month End Depository Balances										
1	2	3	4	5		Balance at End of		9		
Depository	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	During Current C 7 Second Month	8	*		
Open Depositories										
Truist Bank, N.ACharlotte, NC		4 . 120	81,202	21,334	6,476,665	6,210,225	6,967,941	ХХХ		
0199998 Deposits in	XXX	XXX						XXX		
0199999 Total Open Depositories	XXX	XXX	81.202	21.334	6,476,665	6.210.225	6,967,941	XXX		
U19999 Iotal Open Depositories	XXX	XXX	81,202	21,334	6,476,665	6,210,225	6,967,941	XXX		
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0399999 Total Cash on Deposit	XXX	XXX	81,202	21,334	6,476,665	6,210,225	6,967,941	XXX		
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0 470 005	0.040.005	0 007 044	XXX		
0599999 Total	XXX	XXX	81,202	21,334	6,476,665	6,210,225	6,967,941	XXX		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter									
1	2	3	4	5	6	7	8	9	
		Restricted	Date	Stated Rate	Maturity	Book/Adjusted Carrying Value	Amount of Interest	Amount Received	
CUSIP	Description	Asset Code	Acquired	of Interest	Date	Carrying Value	Due & Accrued	During Year	
00011	Beschption	713301 0000	/ toquil cu	or interest	Date	Carrying value	Buc a ricorded	Burning Tean	
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860999999 Total	Cash Equivalents					0	0	0	