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# ANNUAL STATEMENT

**FOR THE YEAR ENDING DECEMBER 31, 2025**

OF THE CONDITION AND AFFAIRS OF THE

**WellCare Health Plans of Rhode Island, Inc.**

(Name)

NAIC Group Code 01295 (Current Period), 01295 (Prior Period) NAIC Company Code 16766 Employer's ID Number 84-4627844

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island

Country of Domicile United States

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

Incorporated/Organized 02/03/2020 Commenced Business 01/01/2021

Statutory Home Office 450 Veterans Memorial Parkway, Suite 7A (Street and Number), East Providence, RI, US 02914 (City or Town, State, Country and Zip Code)

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

Mail Address 8725 Henderson Road (Street and Number or P.O. Box), Tampa, FL, US 33634 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.centene.com

Statutory Statement Contact Kimberly Bringhurst (Name), 813-206-2725 (Area Code) (Telephone Number) (Extension)
kimberly.bringhurst@centene.com (E-Mail Address) 813-675-2899 (Fax Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Benjamin Mark Craig | President | James Edward Snyder III | Vice President and Treasurer |
| Kendra Louise Archer | Vice President and Secretary | Tricia Lynn Dinkelman | Vice President of Tax |

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

Benjamin Mark Craig

State of .....
County of ..... ss

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

| Benjamin Mark Craig | James Edward Snyder III | Kendra Louise Archer |
|---|---|---|
| President | Vice President and Treasurer | Vice President and Secretary |

Subscribed and sworn to before me this
_____ day of _____, _____

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

# ASSETS

| | | Current Year 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | Prior Year 4 Net Admitted Assets |
|---|---|---|---|---|---|
| 1. | Bonds (Schedule D) | 125,918 | | 125,918 | 124,184 |
| 2. | Stocks (Schedule D): | | | | |
| | 2.1 Preferred stocks | 0 | | 0 | 0 |
| | 2.2 Common stocks | 0 | | 0 | 0 |
| 3. | Mortgage loans on real estate (Schedule B): | | | | |
| | 3.1 First liens | | | 0 | 0 |
| | 3.2 Other than first liens | | | 0 | 0 |
| 4. | Real estate (Schedule A): | | | | |
| | 4.1 Properties occupied by the company (less $ 0 encumbrances) | | | 0 | 0 |
| | 4.2 Properties held for the production of income (less $ 0 encumbrances) | | | 0 | 0 |
| | 4.3 Properties held for sale (less $ 0 encumbrances) | | | 0 | 0 |
| 5. | Cash ($ 1,765,878 , Schedule E-Part 1), cash equivalents ($ 0 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA) | 1,765,878 | | 1,765,878 | 8,728,744 |
| 6. | Contract loans (including $ premium notes) | | | 0 | 0 |
| 7. | Derivatives (Schedule DB) | 0 | | 0 | 0 |
| 8. | Other invested assets (Schedule BA) | 0 | 0 | 0 | 0 |
| 9. | Receivables for securities | | | 0 | 0 |
| 10. | Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. | Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 1,891,796 | 0 | 1,891,796 | 8,852,928 |
| 13. | Title plants less $ charged off (for Title insurers only) | | | 0 | 0 |
| 14. | Investment income due and accrued | 2,526 | | 2,526 | 1,732 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 22,626 | 0 | 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 ($ 2,652,497 ) and contracts subject to redetermination ($ ) | 2,652,497 | | 2,652,497 | 1,865,793 |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | 0 | | 0 | 0 |
| | 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| | 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. | Amounts receivable relating to uninsured plans | 1,332,354 | | 1,332,354 | 1,383,835 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 | Net deferred tax asset | 26,030 | | 26,030 | 42,198 |
| 19. | Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. | Electronic data processing equipment and software | | | 0 | 0 |
| 21. | Furniture and equipment, including health care delivery assets ($ ) | | | 0 | 0 |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. | Receivables from parent, subsidiaries and affiliates | 146,564 | | 146,564 | 415,980 |
| 24. | Health care ($ 0 ) and other amounts receivable | 53,489 | 53,489 | 0 | 835,455 |
| 25. | Aggregate write-ins for other-than-invested assets | 36,340 | 36,340 | 0 | 0 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 6,164,222 | 89,829 | 6,074,393 | 13,434,686 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 6,164,222 | 89,829 | 6,074,393 | 13,434,686 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1101. | | | | 0 | 0 |
| 1102. | | | | 0 | 0 |
| 1103. | | | | 0 | 0 |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | Prepaid expenses | 36,340 | 36,340 | 0 | 0 |
| 2502. | | | | 0 | 0 |
| 2503. | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 36,340 | 36,340 | 0 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|---|---|---|---|---|
| | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less $ 0 reinsurance ceded) | 108,522 | | 108,522 | 3,659,463 |
| 2. Accrued medical incentive pool and bonus amounts | 161,512 | | 161,512 | 889,003 |
| 3. Unpaid claims adjustment expenses | 1,564 | | 1,564 | 33,546 |
| 4. Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act | 675,357 | | 675,357 | 862,825 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 40 | | 40 | 191 |
| 9. General expenses due or accrued | 140,147 | | 140,147 | 121,473 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses)) | 404,031 | | 404,031 | 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 | 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 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with $ authorized reinsurers, $ unauthorized reinsurers and $ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified ($ ) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 222,143 | | 222,143 | 604,907 |
| 23. Aggregate write-ins for other liabilities (including $ current) | 123,952 | 0 | 123,952 | 93,454 |
| 24. Total liabilities (Lines 1 to 23) | 1,837,268 | 0 | 1,837,268 | 6,703,322 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 3,000,000 | 3,000,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 0 | 2,627,840 |
| 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 | 1,237,125 | 1,103,524 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 $ ) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 $ ) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 4,237,125 | 6,731,364 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 6,074,393 | 13,434,686 |
| **DETAILS OF WRITE-INS** | | | | |
| 2301. Unclaimed property payable | 61,442 | | 61,442 | 51,522 |
| 2302. State income tax payable | 62,510 | | 62,510 | 41,932 |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 123,952 | 0 | 123,952 | 93,454 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES

| | Current Year 1 Uncovered | Current Year 2 Total | Prior Year 3 Total |
|---|---|---|---|
| 1. Member months | XXX | 0 | 20,091 |
| 2. Net premium income (including $ 0 non-health premium income) | XXX | 966,779 | 27,199,231 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 29,228 |
| 4. Fee-for-service (net of $ medical expenses) | XXX | | 0 |
| 5. Risk revenue | XXX | | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 966,779 | 27,228,459 |
| **Hospital and Medical:** | | | |
| 9. Hospital/medical benefits | | (1,229,940) | 15,796,851 |
| 10. Other professional services | | (509) | 849,201 |
| 11. Outside referrals | | 0 | 0 |
| 12. Emergency room and out-of-area | | (66,175) | 1,319,956 |
| 13. Prescription drugs | | (65,905) | 1,862,468 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | (583,627) | 1,178,263 |
| 16. Subtotal (Lines 9 to 15) | 0 | (1,946,156) | 21,006,739 |
| **Less:** | | | |
| 17. Net reinsurance recoveries | | 30,584 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | (1,976,740) | 21,006,739 |
| 19. Non-health claims (net) | | | 0 |
| 20. Claims adjustment expenses, including $ (2,746) cost containment expenses | | (45,771) | 177,752 |
| 21. General administrative expenses | | 692,412 | 4,349,943 |
| 22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | 0 | (126,722) |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | (1,330,099) | 25,407,712 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 2,296,878 | 1,820,747 |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 247,980 | 501,783 |
| 26. Net realized capital gains (losses) less capital gains tax of $ | | | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 247,980 | 501,783 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ 7 ) (amount charged off $ )] | | 7 | (19,562) |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 2,544,865 | 2,302,968 |
| 31. Federal and foreign income taxes incurred | XXX | 523,707 | 456,604 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 2,021,158 | 1,846,364 |
| **DETAILS OF WRITE-INS** | | | |
| 0601. | XXX | | 0 |
| 0602. | XXX | | 0 |
| 0603. | XXX | | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 |
| 0701. | XXX | | 0 |
| 0702. | XXX | | 0 |
| 0703. | XXX | | 0 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 |
| 1401. | | | 0 |
| 1402. | | | 0 |
| 1403. | | | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 |
| 2901. | | | |
| 2902. | | | |
| 2903. | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| | **CAPITAL & SURPLUS ACCOUNT** | | |
| 33. | Capital and surplus prior reporting year | 6,731,364 | 4,873,864 |
| 34. | Net income or (loss) from Line 32 | 2,021,158 | 1,846,364 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | 0 |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ 0 | | 0 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | 0 |
| 38. | Change in net deferred income tax | (16,171) | (42,732) |
| 39. | Change in nonadmitted assets | 774 | 53,868 |
| 40. | Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles | | 0 |
| 44. | Capital Changes: | | |
| | 44.1 Paid in | 0 | 0 |
| | 44.2 Transferred from surplus (stock dividend) | | 0 |
| | 44.3 Transferred to surplus | | 0 |
| 45. | Surplus adjustments: | | |
| | 45.1 Paid in | 0 | 0 |
| | 45.2 Transferred to capital (stock dividend) | 0 | 0 |
| | 45.3 Transferred from capital | | 0 |
| 46. | Dividends to stockholders | (4,500,000) | 0 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | (2,494,239) | 1,857,500 |
| 49. | Capital and surplus end of reporting year (Line 33 plus 48) | 4,237,125 | 6,731,364 |
| **DETAILS OF WRITE-INS** | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 |

# CASH FLOW

| | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|
| **Cash from Operations** | | |
| 1. Premiums collected net of reinsurance | (3,896) | 27,292,806 |
| 2. Net investment income | 246,619 | 500,313 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 242,723 | 27,793,119 |
| 5. Benefit and loss related payments | 1,465,463 | 22,906,443 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 991,225 | 5,495,572 |
| 8. Dividends paid to policyholders | | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses) | 547,648 | (191,157) |
| 10. Total (Lines 5 through 9) | 3,004,336 | 28,210,858 |
| 11. Net cash from operations (Line 4 minus Line 10) | (2,761,613) | (417,739) |
| **Cash from Investments** | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 125,000 | 0 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 125,000 | 0 |
| 13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments): | | |
| 13.1 Bonds | 126,167 | 0 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 126,167 | 0 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (1,167) | 0 |
| **Cash from Financing and Miscellaneous Sources** | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 500,000 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 |
| 16.5 Dividends to stockholders | 4,500,000 | 0 |
| 16.6 Other cash provided (applied) | 299,914 | 490,249 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (4,200,086) | 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) | (6,962,866) | 572,510 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 8,728,744 | 8,156,234 |
| 19.2 End of year (Line 18 plus Line 19.1) | 1,765,878 | 8,728,744 |

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. Net premium income | 966,779 | 0 | 0 | 0 | 0 | 0 | 0 | 966,779 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Change in unearned premium reserves and reserve for rate credit | 0 | | | | | | | | | | | | | |
| 3. Fee-for-service (net of $ ..... medical expenses) | 0 | | | | | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 7. Total revenues (Lines 1 to 6) | 966,779 | 0 | 0 | 0 | 0 | 0 | 0 | 966,779 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | (1,229,940) | | | | | | | (1,229,940) | | | | | | XXX |
| 9. Other professional services | (509) | | | | | | | (509) | | | | | | XXX |
| 10. Outside referrals | 0 | | | | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | (66,175) | | | | | | | (66,175) | | | | | | XXX |
| 12. Prescription drugs | (65,905) | | | | | | | (65,905) | | | | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts | (583,627) | | | | | | | (583,627) | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | (1,946,156) | 0 | 0 | 0 | 0 | 0 | 0 | (1,946,156) | 0 | 0 | 0 | 0 | 0 | XXX |
| 16. Net reinsurance recoveries | 30,584 | | | | | | | 30,584 | | | | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | (1,976,740) | 0 | 0 | 0 | 0 | 0 | 0 | (1,976,740) | 0 | 0 | 0 | 0 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 19. Claims adjustment expenses including $ (2,746) cost containment expenses | (45,771) | | | | | | | (45,771) | | | | | | |
| 20. General administrative expenses | 692,412 | | | | | | | 692,412 | | | | | | |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | (1,330,099) | 0 | 0 | 0 | 0 | 0 | 0 | (1,330,099) | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 2,296,878 | 0 | 0 | 0 | 0 | 0 | 0 | 2,296,878 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

| Line of Business | 1<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>Net Premium Income (Cols. 1+2-3) |
|---|---|---|---|---|
| 1. Comprehensive (hospital and medical) individual | | | | 0 |
| 2. 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 | | | 0 |
| 7. Title XVIII - Medicare | 966,779 | | | 966,779 |
| 8. Title XIX – Medicaid | 0 | | | 0 |
| 9. Credit A&H | | | | 0 |
| 10. Disability income | | | | 0 |
| 11. Long-term care | | | | 0 |
| 12. Other health | | | | 0 |
| 13. Health subtotal (Lines 1 through 12) | 966,779 | 0 | 0 | 966,779 |
| 14. Life | 0 | | | 0 |
| 15. Property/casualty | 0 | | | 0 |
| 16. Totals (Lines 13 to 15) | 966,779 | 0 | 0 | 966,779 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. Payments during the year: | | | | | | | | | | | | | | |
| 1.1 Direct | 1,352,184 | | | | | | | 1,352,184 | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | 30,584 | | | | | | | 30,584 | | | | | | |
| 1.4 Net | 1,321,600 | 0 | 0 | 0 | 0 | 0 | 0 | 1,321,600 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 143,864 | | | | | | | 143,864 | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | | | | | |
| 3.1 Direct | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 161,512 | | | | | | | 161,512 | | | | | | |
| 6. Net healthcare receivables (a) | (836,229) | | | | | | | (836,229) | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | | | | | |
| 8.1 Direct | 3,659,463 | 0 | 0 | 0 | 0 | 0 | 0 | 3,659,463 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 3,659,463 | 0 | 0 | 0 | 0 | 0 | 0 | 3,659,463 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | | | | | |
| 9.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 889,003 | 0 | 0 | 0 | 0 | 0 | 0 | 889,003 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Incurred benefits: | | | | | | | | | | | | | | |
| 12.1 Direct | (1,362,528) | 0 | 0 | 0 | 0 | 0 | 0 | (1,362,528) | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 30,584 | 0 | 0 | 0 | 0 | 0 | 0 | 30,584 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | (1,393,112) | 0 | 0 | 0 | 0 | 0 | 0 | (1,393,112) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | (583,627) | 0 | 0 | 0 | 0 | 0 | 0 | (583,627) | 0 | 0 | 0 | 0 | 0 | 0 |

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | Comprehensive (Hospital and Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1. Direct | 867 | | | | | | | 867 | | | | | | |
| 1.2. Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3. Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 1.4. Net | 867 | 0 | 0 | 0 | 0 | 0 | 0 | 867 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1. Direct | 107,655 | | | | | | | 107,655 | | | | | | |
| 2.2. Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 2.3. Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 2.4. Net | 107,655 | 0 | 0 | 0 | 0 | 0 | 0 | 107,655 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1. Direct | 0 | | | | | | | | | | | | | |
| 3.2. Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 3.3. Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 3.4. Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1. Direct | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2. Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3. Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4. Net | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 | 108,522 | 0 | 0 | 0 | 0 | 0 | 0 |

# UNDERWRITING AND INVESTMENT EXHIBIT

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

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual | | | | | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | | | | | 0 | 0 |
| 3. Medicare supplement | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Dental only | | | | | 0 | 0 |
| 6. Federal employees health benefits plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | 2,211,317 | 0 | 108,522 | 0 | 2,319,839 | 3,659,463 |
| 8. Title XIX - Medicaid | | | | | 0 | 0 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability income | | | | | 0 | 0 |
| 11. Long-term care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 2,211,317 | 0 | 108,522 | 0 | 2,319,839 | 3,659,463 |
| 14. Healthcare receivables (a) | 53,489 | | | | 53,489 | 0 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 143,864 | | 161,512 | | 305,376 | 889,003 |
| 17. Totals (Lines 13-14+15+16) | 2,301,692 | 0 | 270,034 | 0 | 2,571,726 | 4,548,466 |

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

### Section A - Paid Health Claims - Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2021 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2021 | 7,348 | 8,785 | 8,959 | 8,863 | 8,863 |
| 3. 2022 | XXX | 17,593 | 20,446 | 20,615 | 20,535 |
| 4. 2023 | XXX | XXX | 19,451 | 23,364 | 23,373 |
| 5. 2024 | XXX | XXX | XXX | 19,379 | 21,752 |
| 6. 2025 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1<br>2021 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2021 | 8,700 | 8,839 | 8,959 | 8,863 | 8,863 |
| 3. 2022 | XXX | 21,146 | 21,353 | 20,615 | 20,535 |
| 4. 2023 | XXX | XXX | 25,450 | 23,797 | 23,373 |
| 5. 2024 | XXX | XXX | XXX | 23,494 | 22,022 |
| 6. 2025 | XXX | XXX | XXX | XXX | 0 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2021 | 10,374 | 8,863 | | 0.0 | 8,863 | 85.4 | | | 8,863 | 85.4 |
| 2. 2022 | 25,641 | 20,535 | | 0.0 | 20,535 | 80.1 | | | 20,535 | 80.1 |
| 3. 2023 | 28,283 | 23,373 | 276 | 1.2 | 23,649 | 83.6 | | | 23,649 | 83.6 |
| 4. 2024 | 27,228 | 21,752 | 206 | 0.9 | 21,958 | 80.6 | 270 | | 22,228 | 81.6 |
| 5. 2025 | 967 | 0 | (14) | 0.0 | (14) | (1.4) | 0 | 2 | (12) | (1.2) |

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

### Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2021 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2021 | 7,348 | 8,785 | 8,959 | 8,863 | 8,863 |
| 3. 2022 | XXX | 17,593 | 20,446 | 20,615 | 20,535 |
| 4. 2023 | XXX | XXX | 19,451 | 23,364 | 23,373 |
| 5. 2024 | XXX | XXX | XXX | 19,379 | 21,752 |
| 6. 2025 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1<br>2021 | 2<br>2022 | 3<br>2023 | 4<br>2024 | 5<br>2025 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2021 | 8,700 | 8,839 | 8,959 | 8,863 | 8,863 |
| 3. 2022 | XXX | 21,146 | 21,353 | 20,615 | 20,535 |
| 4. 2023 | XXX | XXX | 25,450 | 23,797 | 23,373 |
| 5. 2024 | XXX | XXX | XXX | 23,494 | 22,022 |
| 6. 2025 | XXX | XXX | XXX | XXX | 0 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2021 | 10,374 | 8,863 | 0 | 0.0 | 8,863 | 85.4 | 0 | 0 | 8,863 | 85.4 |
| 2. 2022 | 25,641 | 20,535 | 0 | 0.0 | 20,535 | 80.1 | 0 | 0 | 20,535 | 80.1 |
| 3. 2023 | 28,283 | 23,373 | 276 | 1.2 | 23,649 | 83.6 | 0 | 0 | 23,649 | 83.6 |
| 4. 2024 | 27,228 | 21,752 | 206 | 0.9 | 21,958 | 80.6 | 270 | 0 | 22,228 | 81.6 |
| 5. 2025 | 967 | 0 | (14) | 0.0 | (14) | (1.4) | 0 | 2 | (12) | (1.2) |

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other |
| 1. Unearned premium reserves | 0 | | | | | | | | | | | | |
| 2. Additional policy reserves (a) | 0 | | | | | | | | | | | | |
| 3. Reserve for future contingent benefits | 0 | | | | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income) | 675,357 | | | | | | | 675,357 | | | | | |
| 5. Aggregate write-ins for other policy reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Totals (gross) | 675,357 | 0 | 0 | 0 | 0 | 0 | 0 | 675,357 | 0 | 0 | 0 | 0 | 0 |
| 7. Reinsurance ceded | 0 | | | | | | | | | | | | |
| 8. Totals (Net) (Page 3, Line 4) | 675,357 | 0 | 0 | 0 | 0 | 0 | 0 | 675,357 | 0 | 0 | 0 | 0 | 0 |
| 9. Present value of amounts not yet due on claims | 0 | | | | | | | | | | | | |
| 10. Reserve for future contingent benefits | 0 | | | | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals (gross) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Reinsurance ceded | 0 | | | | | | | | | | | | |
| 14. Totals (Net) (Page 3, Line 7) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101. | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes $ ..... 0 premium deficiency reserve.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent ($ ..... for occupancy of own building) | (24) | (369) | 4,234 | | 3,841 |
| 2. Salaries, wages and other benefits | (1,611) | (25,236) | 289,553 | | 262,706 |
| 3. Commissions (less $ ..... ceded plus $ ..... assumed) | | | | | 0 |
| 4. Legal fees and expenses | (13) | (196) | 2,460 | | 2,251 |
| 5. Certifications and accreditation fees | (2) | (26) | 300 | | 272 |
| 6. Auditing, actuarial and other consulting services | (99) | (1,557) | 51,796 | | 50,140 |
| 7. Traveling expenses | (16) | (250) | 2,872 | | 2,606 |
| 8. Marketing and advertising | (50) | (791) | 9,075 | | 8,234 |
| 9. Postage, express and telephone | (41) | (650) | 7,453 | | 6,762 |
| 10. Printing and office supplies | (38) | (602) | 6,902 | | 6,262 |
| 11. Occupancy, depreciation and amortization | (140) | (2,198) | 25,221 | | 22,883 |
| 12. Equipment | (4) | (57) | 658 | | 597 |
| 13. Cost or depreciation of EDP equipment and software | (168) | (2,637) | 30,310 | | 27,505 |
| 14. Outsourced services including EDP, claims, and other services | (417) | (6,526) | 74,880 | | 67,937 |
| 15. Boards, bureaus and association fees | | | | | 0 |
| 16. Insurance, except on real estate | (4) | (65) | 748 | | 679 |
| 17. Collection and bank service charges | (15) | (234) | 10,287 | | 10,038 |
| 18. Group service and administration fees | | | | | 0 |
| 19. Reimbursements by uninsured plans | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | (5) | (82) | 936 | | 849 |
| 22. Real estate taxes | (3) | (46) | 530 | | 481 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | 85,851 | | 85,851 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | (6) | (89) | 72,118 | | 72,023 |
| 23.4 Payroll taxes | (89) | (1,393) | 15,987 | | 14,505 |
| 23.5 Other (excluding federal income and real estate taxes) | (1) | (21) | 241 | | 219 |
| 24. Investment expenses not included elsewhere | | | | | 0 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 0 | 0 | 0 |
| 26. Total expenses incurred (Lines 1 to 25) | (2,746) | (43,025) | 692,412 | 0 | (a) 646,641 |
| 27. Less expenses unpaid December 31, current year | | 1,564 | 140,147 | | 141,711 |
| 28. Add expenses unpaid December 31, prior year | 0 | 33,546 | 121,473 | 0 | 155,019 |
| 29. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | (2,746) | (11,043) | 673,738 | 0 | 659,949 |
| **DETAILS OF WRITE-INS** | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 | 0 | 0 |

(a) Includes management fees of $ 479,872 to affiliates and $ ..... to non-affiliates.

# EXHIBIT OF NET INVESTMENT INCOME

| | | 1<br>Collected<br>During Year | 2<br>Earned<br>During Year |
|---|---|---|---|
| 1. | U.S. Government bonds | (a) 4,169 | 4,963 |
| 1.1 | Bonds exempt from U.S. tax | (a) | |
| 1.2 | Other bonds (unaffiliated) | (a) | |
| 1.3 | Bonds of affiliates | (a) | |
| 2.1 | Preferred stocks (unaffiliated) | (b) 0 | |
| 2.11 | Preferred stocks of affiliates | (b) 0 | |
| 2.2 | Common stocks (unaffiliated) | 0 | |
| 2.21 | Common stocks of affiliates | 0 | |
| 3. | Mortgage loans | (c) | |
| 4. | Real estate | (d) | 0 |
| 5. | Contract loans | | |
| 6. | Cash, cash equivalents and short-term investments | (e) 242,450 | 243,017 |
| 7. | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| 9. | Aggregate write-ins for investment income | 0 | 0 |
| 10. | Total gross investment income | 246,619 | 247,980 |
| 11. | Investment expenses | | (g) |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. | Interest expense | | (h) |
| 14. | Depreciation on real estate and other invested assets | | (i) |
| 15. | Aggregate write-ins for deductions from investment income | | 0 |
| 16. | Total deductions (Lines 11 through 15) | | 0 |
| 17. | Net investment income (Line 10 minus Line 16) | | 247,980 |
| | **DETAILS OF WRITE-INS** | | |
| 0901. | | | |
| 0902. | | | |
| 0903. | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 |
| 1501. | | | |
| 1502. | | | |
| 1503. | | | |
| 1598. | Summary of remaining write-ins for Line 15 from overflow page | | 0 |
| 1599. | Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | 0 |

(a) Includes $ 816 accrual of discount less $ 249 amortization of premium and less $ 149 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

# EXHIBIT OF CAPITAL GAINS (LOSSES)

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

NONE

# EXHIBIT OF NONADMITTED ASSETS

| | 1<br>Current Year Total Nonadmitted Assets | 2<br>Prior Year Total Nonadmitted Assets | 3<br>Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| 1. Bonds (Schedule D) | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | 0 | 0 | 0 |
| 3.2 Other than first liens | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | 0 | 0 | 0 |
| 4.2 Properties held for the production of income | 0 | 0 | 0 |
| 4.3 Properties held for sale | 0 | 0 | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) | 0 | 0 | 0 |
| 6. Contract loans | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB) | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only) | 0 | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | 0 | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable | 53,489 | 54,263 | 774 |
| 25. Aggregate write-ins for other-than-invested assets | 36,340 | 36,340 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 89,829 | 90,603 | 774 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 89,829 | 90,603 | 774 |
| **DETAILS OF WRITE-INS** | | | |
| 1101. | | 0 | 0 |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 |
| 2501. Other non-admitted assets (prepaids) | 36,340 | 36,340 | 0 |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 36,340 | 36,340 | 0 |

# EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| | Total Members at End of | | | | | 6 |
|---|---|---|---|---|---|---|
| Source of Enrollment | 1<br>Prior Year | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year | Current Year<br>Member Months |
| 1. Health Maintenance Organizations | 379 | 0 | 0 | 0 | 0 | 0 |
| 2. Provider Service Organizations | 0 | | | | | |
| 3. Preferred Provider Organizations | 1,168 | 0 | 0 | 0 | 0 | 0 |
| 4. Point of Service | 0 | | | | | |
| 5. Indemnity Only | 0 | | | | | |
| 6. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 1,547 | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

## 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 | $ 2,021,158 | $ 1,846,364 |
| 2 | State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None | xxx | xxx | xxx | - | - |
| 3 | State Permitted Practices that are an increase/(decrease) from NAIC SAP: None | xxx | xxx | xxx | - | - |
| 4 | NAIC SAP (1-2-3=4) | xxx | xxx | xxx | $ 2,021,158 | $ 1,846,364 |
| | SURPLUS | | | | | |
| 5 | Company state basis (Page 3, Line 33, Columns 3 & 4) | xxx | 3 | 33 | $ 4,237,125 | $ 6,731,364 |
| 6 | State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None | xxx | xxx | xxx | - | - |
| 7 | State Permitted Practices that are an increase/(decrease) from NAIC SAP: None | xxx | xxx | xxx | - | - |
| 8 | NAIC SAP (5-6-7=8) | xxx | xxx | xxx | $ 4,237,125 | $ 6,731,364 |

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

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

C. Accounting Policy

The Company uses the following accounting policies:

1. Cash and short-term investments are carried at cost, which approximates fair value. The Company holds no short term investments.

2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.

3. The Company holds no common stocks.

4. The Company holds no preferred stocks.

5. The Company holds no mortgage loans on real estate.

6. The Company holds no asset-backed securities.

7. The Company had no investment interest in subsidiaries, controlled or affiliated companies ("SCA").

8. The Company had no minor ownership interest in joint ventures.

9. The Company holds no derivatives.

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

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

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

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

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

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

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

**3. Business Combinations and Goodwill**

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

B. The Company had no statutory mergers.

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

D. The Company did not recognize any impairment losses.

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

**4. Discontinued Operations**

The Company did not have any discontinued operations.

**5. Investments**

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

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. The Company had no asset-backed securities.

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

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

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

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

L. Restricted Assets

1. Restricted Assets (Including Pledged):

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

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| Restricted Asset Category | Total Gross (Admitted & Nonadmitted) Restricted from Current Year | Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Nonadmitted Restricted | Total Current Year Restricted (1 minus 4) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | Admitted Restricted to Total Admitted Assets (b) | Amount Reported in General Interrogatories | Difference from Note and GI | GI Ref |
| a. Subject to contractual obligation for which liability is not shown | $ - | $ - | $ - | $ - | $ - | 0.0% | 0.0% | XXX | XXX | XXX |
| b. Collateral held under security lending agreements | - | - | - | - | - | 0.0% | 0.0% | - | - | 25.04 + 25.05 |
| c. Subject to repurchase agreements | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.21 |
| d. Subject to reverse repurchase agreements | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.22 |
| e. Subject to dollar repurchase agreements | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.23 |
| f. Subject to dollar reverse repurchase agreements | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.24 |
| g. Placed under option contracts | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.25 |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.26 |
| i. FHLB capital stock | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.27 |
| j. On deposit with states | 125,918 | 124,184 | 1,734 | - | 125,918 | 2.0% | 2.1% | 125,918 | - | 26.28 |
| k. On deposit with other regulatory bodies | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.29 |
| l. Pledged as collateral to FHLB | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.31 |
| m. Pledged as collateral not captured in other categories | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.30 |
| n. Other restricted assets | - | - | - | - | - | 0.0% | 0.0% | - | - | 26.32 |
| o. Collateral assets received and on balance sheet | - | - | - | - | - | 0.0% | 0.0% | XXX | XXX | XXX |
| p. Assets held under MODCO reinsurance agreements | - | - | - | - | - | 0.0% | 0.0% | XXX | XXX | XXX |
| q. Assets held under funds withheld reinsurance agreements | - | - | - | - | - | XXX | XXX | XXX | XXX | XXX |
| r. Total restricted assets | $ 125,918 | $ 124,184 | $ 1,734 | $ — | $ 125,918 | 2.00% | 2.10% | XXX | XXX | XXX |

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

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

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

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

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

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

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

P. The Company had no short sales.

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

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

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

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

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

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

**7. Investment Income**

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

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

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

| | | Amount |
|---|---|---|
| (1) | Gross | $ 2,526 |
| (2) | Nonadmitted | - |
| (3) | Admitted | $ 2,526 |

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

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

**8. Derivative Instruments**

The Company did not have any derivative instruments.

**9. Income Taxes**

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

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

| | 2025 | | | 2024 | | | Change | | |
|---|---|---|---|---|---|---|---|---|---|
| (1) | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| (a) Gross DTAs | $ 26,031 | $ - | $ 26,031 | $ 42,680 | $ - | $ 42,680 | $ (16,649) | $ - | $ (16,649) |
| (b) Statutory Valuation Allowance ("SVA") Adjustments | - | - | - | - | - | $ - | $ - | $ - | - |
| (c) Adjusted Gross DTAs | $ 26,031 | $ - | $ 26,031 | $ 42,680 | $ - | $ 42,680 | $ (16,649) | $ - | $ (16,649) |
| (d) DTAs Nonadmitted | - | - | - | - | - | $ - | $ - | $ - | - |
| (e) Subtotal Net Admitted DTAs | $ 26,031 | $ - | $ 26,031 | $ 42,680 | $ - | $ 42,680 | $ (16,649) | $ - | $ (16,649) |
| (f) (DTLs) | 1 | - | 1 | 483 | - | 483 | $ (482) | $ - | $ (482) |
| (g) Net Admitted DTAs/(DTLs) | $ 26,030 | $ - | $ 26,030 | $ 42,197 | $ - | $ 42,197 | $ (16,167) | $ - | $ (16,167) |
| (2) | | | | | | | | | |
| Admission Calculation Components *SSAP No. 101*: | | | | | | | | | |
| (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks | $ 26,030 | $ - | $ 26,030 | $ 42,679 | $ - | $ 42,679 | $ (16,649) | $ - | $ (16,649) |
| (b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation | - | - | - | | | - | - | - | - |
| 1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date | - | - | - | - | - | - | - | - | - |
| 2. Adjusted Gross DTAs Allowed per Limitation Threshold | XXX | XXX | 631,664 | XXX | XXX | 1,003,375 | XXX | XXX | (371,711) |
| (c) Adjusted Gross DTAs Offset by Gross (DTLs) | - | - | - | 1 | - | 1 | (1) | - | (1) |
| (d) DTAs Admitted as the result of application of *SSAP No. 101* | $ 26,030 | $ - | $ 26,030 | $ 42,680 | $ - | $ 42,680 | $ (16,650) | $ - | $ (16,650) |

Information used in expected to be realized calculation.

| (3) | 2025 | 2024 |
|---|---|---|
| Authorized control level risk-based capital ratio without net DTAs | >300% | >300% |
| Adjusted capital and surplus | $ 4,211,096 | $ 6,689,167 |

| (4) | 2025 | | 2024 | | Change | |
|---|---|---|---|---|---|---|
| Impact of Tax-Planning Strategies | Ordinary | Capital | Ordinary | Capital | Ordinary | Capital |
| (a) Adjusted Gross DTAs - Amount | $ 26,031 | $ - | $ 42,680 | $ - | $ (16,649) | $ - |
| Adjusted gross DTAs - Percentage | 1.0% | 0.0% | 11.0% | 0.0% | -10.0% | 0.0% |
| (b) Net Admitted DTAs - Amount | $ 26,031 | $ - | $ 42,680 | $ - | $ (16,649) | $ - |
| Adjusted gross DTAs - Percentage | 1.0% | 0.0% | 11.0% | 0.0% | -10.0% | 0.0% |
| (c) Does the Company's tax-planning strategies include the use of reinsurance? | | | | | Yes _____ | No __X__ |

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

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

| | (1) Current Income Tax | 2025 | 2024 | Change |
|---|---|---|---|---|
| (a) | Federal | $ 517,110 | $ 452,197 | $ 64,913 |
| (b) | Foreign | - | - | - |
| (c) | Subtotal | $ 517,110 | $ 452,197 | $ 64,913 |
| (d) | Federal income tax on capital (losses) | - | - | - |
| (e) | Utilization of capital loss carry-forwards | - | - | - |
| (f) | Other, including prior years underaccrual\(overaccrual) | 6,597 | 4,407 | 2,190 |
| (g) | Federal and foreign income taxes incurred expense | $ 523,707 | $ 456,604 | $ 67,103 |

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

| | (2) DTAs Resulting From: | 2025 | 2024 | Change |
|---|---|---|---|---|
| (a) | Ordinary | | | |
| | Discounting of unpaid losses and LAE | $ 893 | $ 13,753 | $ (12,860) |
| | Unearned premiums | 2 | 8 | (6) |
| | Policyholder reserves | - | - | - |
| | Investments | - | - | - |
| | Deferred acquisition costs | - | - | - |
| | Policyholder dividends accrued | - | - | - |
| | Fixed assets | - | - | - |
| | Accrued Expenses | 6,272 | 9,892 | (3,620) |
| | Pension accruals | - | - | - |
| | Nonadmitted assets | 18,864 | 19,026 | (162) |
| | Net operating loss carryforward | - | - | - |
| | Tax credit carryforward | - | - | - |
| | Goodwill and intangible amortization | - | - | - |
| | Premium deficiency reserve | - | - | - |
| | Other | - | 1 | (1) |
| | Gross Ordinary DTAs | $ 26,031 | $ 42,680 | $ (16,649) |
| (b) | SVA adjustments - Ordinary (-) | - | - | - |
| (c) | Nonadmitted Ordinary DTAs (-) | - | - | - |
| (d) | Admitted Ordinary DTAs | $ 26,031 | $ 42,680 | $ (16,649) |
| (e) | Capital | | | |
| | Investments | $ - | $ - | $ - |
| | Net capital loss carryforward | - | - | - |
| | Real estate | - | - | - |
| | Unrealized capital losses | - | - | - |
| | Other | - | - | - |
| | Gross Capital DTAs | $ - | $ - | $ - |
| (f) | SVA adjustments - Capital (-) | | - | - |
| (g) | Nonadmitted Capital DTAs (-) | | - | - |
| (h) | Admitted Capital DTAs | $ - | $ - | $ - |
| (i) | Admitted DTAs | $ 26,031 | $ 42,680 | $ (16,649) |

DTLs resulting from book/tax differences in:

| (3) (DTLs) Resulting From: | 2025 | 2024 | Change |
|---|---|---|---|
| (a) Ordinary | | | |
| Investments | $ - | $ 483 | (483) |
| Fixed assets | - | - | - |
| Deferred and uncollected premiums | - | - | - |
| Policyholder reserves/salvage and subrogation | - | - | - |
| Other | 1 | - | 1 |
| Ordinary (DTLs) | $ 1 | $ 483 | $ (482) |
| (b) Capital | | | |
| Investments | - | - | - |
| Real estate | - | - | - |
| Unrealized capital gains | - | - | - |
| Other | - | - | - |
| Capital (DTLs) | $ - | $ - | $ - |
| (c) (DTLs) | $ 1 | $ 483 | $ (482) |
| (4) Net DTAs | $ 26,030 | $ 42,197 | $ (16,167) |

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

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

| | 2025 |
|---|---|
| Income Before Taxes | $ 534,421 |
| Deferred Taxes on Nonadmitted Assets | 163 |
| Other, Including Prior Year True-Up | 5,290 |
| Total Statutory Income Taxes | $ 539,874 |

| | 2025 |
|---|---|
| Federal Income Taxes Incurred Expense/(Benefit) | $ 523,707 |
| Change in Net Deferred Income Tax Charge/(Benefit) | 16,167 |
| Total Statutory Income Taxes | $ 539,874 |

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

1. At December 31, 2025, the Company has no federal operating loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

| Year: | Ordinary | Capital | Total |
|---|---|---|---|
| 2023 | N/A | $- | $- |
| 2024 | 453,504 | - | 453,504 |
| 2025 | 517,110 | - | 517,110 |

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

F. Consolidated Federal Income Tax Return

1. The Company’s federal income tax return is consolidated with Centene Corporation ("Centene") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.

2. The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing

agreement, each member shall pay to Centene or receive from Centene the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

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

H. The Company had no repatriation transition tax.

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

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

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

A. and B. Relationship/Transactions and Amounts

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

Amounts due to or from CMC are normally settled within 30 days. Any receivable due from CMC over 90 days old is nonadmitted in accordance with statutory accounting principles.

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

| Affiliate | Expense 2025 | Expense 2024 | Amount due from (to) 2025 | Amount due from (to) 2024 | Services Provided |
|---|---|---|---|---|---|
| CMC | $ 479,872 | $ 4,084,269 | $ 146,564 | $ 400,291 | General management services |
| Centene Pharmacy Services, Inc. | - | 121,866 | - | 15,689 | Pharmacy support services |

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

D. At December 31, 2025 and 2024, the Company reported a balance of $146,564 and $415,980, receivable from parent, subsidiaries and affiliates, respectively. The Company has no balance payable to parent, subsidiaries, and affiliates for both 2025 and 2024.

The Company did not receive any capital contributions in 2025 and 2024.

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

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

G. All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc., which is owned by WCG Health Management, Inc., which is in turn owned by WellCare Health Plans, Inc., which is in turn owned by Centene Corporation.

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

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

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

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

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

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

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

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

**11. Debt**

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

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

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

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

A. The Company has 3,000,000 shares of $1 par value common stock authorized of which 3,000,000 shares are issued and outstanding.

B. The Company has no preferred stock outstanding.

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

D. Dividends - In 2025 and 2024, the Company paid a cash dividend of $4,500,000 and $0, respectively to the Parent Company, Centene Corporation

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

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

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

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

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

J. The Company had no unrealized gains and losses.

K. The Company did not have any surplus notes.

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

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

**14. Liabilities, Contingencies and Assessments**

A. There were no contingent commitments.

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

C. There were no gain contingencies.

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

E. There were no joint and several liabilities.

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

**15. Leases**

The Company did not have any noncancelable operating leases.

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

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

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

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

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

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

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

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

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. Revenue from the Company's Medicare contract (or similarly structured cost based reimbursement contract) for the years ending December 31, 2025 and 2024, consisted of $966,779 and $27,199,232, respectively.

2. At December 31, 2025 and 2024, the Company has recorded receivables of $1,332,354 and $1,383,835, respectively, from Centers for Medicare and Medicaid Services ("CMS") related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.

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

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

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

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

**20. Fair Value Measurements**

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

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

| Description of each class of asset or liability | Level 1 | Level 2 | Level 3 | (NAV) | Total |
|---|---|---|---|---|---|
| a. Assets at fair value | | | | | |
| Cash, cash equivalents and short-term investments | $ 1,765,878 | $ - | $ - | $ - | $ 1,765,878 |
| Bonds | | | | | |
| Issuer credit obligations | $ - | $ - | $ - | $ - | $ - |
| Asset-backed securities | - | - | - | - | - |
| Total Bonds | $ - | $ - | $ - | $ - | $ - |
| Common stock | | | | | |
| Parent, subsidiaries and affiliates | $ - | $ - | $ - | $ - | $ - |
| Total Common stock | $ - | $ - | $ - | $ - | $ - |
| Derivatives assets | $ - | $ - | $ - | $ - | $ - |
| Total Derivatives assets | $ - | $ - | $ - | $ - | $ - |
| Separate account assets | $ - | $ - | $ - | $ - | $ - |
| Total assets at fair value | $ 1,765,878 | $ - | $ - | $ - | $ 1,765,878 |
| b. Liabilities at fair value | | | | | |
| Separate account liabilities | $ - | | | | $ - |
| Total liabilities at fair value | $ - | $ - | $ - | $ - | $ - |

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

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

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

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

C. Aggregate Fair Value for all Financial Instruments

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

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---|---|---|---|---|---|---|---|
| Cash and cash equivalents | $ 1,765,878 | $ 1,765,878 | $ 1,765,878 | $ - | $ - | $ - | $ - |
| Issuer credit obligations | 126,660 | 125,918 | 126,660 | - | - | - | - |

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

**21. Other Items**

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

B. The Company did not have any troubled debt restructuring.

C. There were no other disclosures and unusual items.

D. There were no business interruption insurance recoveries.

E. There were no state and federal tax credits.

F. There were no subprime mortgage related risk exposure.

G. There were no retained assets.

H. There were no insurance-linked securities contracts.

I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

**22. Events Subsequent**

In connection with the preparation of the statutory-basis financial statements, the Company evaluated subsequent events after the statutory-basis statements of admitted assets, liabilities, and capital and surplus date of December 31, 2025 through subsequent events have been considered through February 24, 2026, which was the date the statutory-basis financial statements were issued.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company? Yes ( ) No ( X) If yes, give full details.

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

Section 2 - Ceded Reinsurance Report - Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? Yes ( ) No ( X ) If yes, give full details.

   a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate $0.

   b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? $0

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes ( ) No ( X ) If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2

above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate $0.

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

B. The Company did not have any uncollectible reinsurance.

C. The Company did not commute any ceded reinsurance.

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

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

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

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by their contract with Centers for Medicare and Medicaid Services ("CMS").

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

C. The amount of net premiums written by the Company at December 31, 2025, that are subject to retrospective rating features was $966,779 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.

E. The Company did not write any accident and health insurance premiums subject to Administrative Care Act risk-sharing provision.

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

A. Reserves for unpaid claims as of December 31, 2024 were $4,548,466. As of December 31, 2025, $2,301,692 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now $270,034 as a result of re-estimation of unpaid claims. Therefore, there has been $1,976,740 favorable prior-year development since December 31, 2024. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

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

**26. Intercompany Pooling Arrangements**

The Company did not have any intercompany pooling arrangements.

**27. Structured Settlements**

The Company did not have any structured settlements.

**28. Health Care Receivables**

A. Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2025, were $52,592, of which $52,592 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

| Quarter Ending | Estimated Rebates | Rebates Invoiced | Collected Within 90 days of Invoicing | Collected Within 91 to 180 days of Invoicing | Collected More than 180 days of Invoicing |
|---|---|---|---|---|---|
| 12/31/2025 | $ - | $ - | $ - | $ - | $ - |
| 9/30/2025 | - | - | - | - | - |
| 6/30/2025 | - | - | - | - | - |
| 3/31/2025 | - | - | - | - | - |
| 12/31/2024 | 728,717 | 744,502 | 626,932 | 89,586 | (15,329) |
| 9/30/2024 | 745,006 | 770,032 | 652,821 | 107,969 | (3,862) |
| 6/30/2024 | 727,439 | 757,372 | 632,485 | 123,119 | (15,870) |
| 3/31/2024 | 647,912 | 682,165 | 361,620 | 196,599 | 89,331 |
| 12/31/2023 | 713,920 | 733,306 | 648,233 | 27,402 | 20,384 |
| 9/30/2023 | 716,939 | 731,691 | 658,717 | 22,180 | 31,765 |
| 6/30/2023 | 705,690 | 733,020 | 664,844 | 14,470 | 40,682 |
| 3/31/2023 | 777,021 | 783,374 | 701,219 | 25,295 | 15,062 |

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

C. Medicare Prescription Payment Plan Receivables

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

**29. Participating Policies**

The Company had no participating policies.

**30. Premium Deficiency Reserves**

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

| | |
|---|---|
| 1. Liability carried for premium deficiency reserves - | $ — |
| 2. Date of most recent evaluation of this liability - | January 31, 2026 |
| 3. Was anticipated investment income utilized in the calculation? | No |

**31. Anticipated Salvage and Subrogation**

The Company did not have any anticipated salvage and subrogation.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]

1.3 State Regulating? Rhode Island

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ X ] No [ ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/21/2024

3.4 By what department or departments? State of Rhode Island Department of Business Regulation - Insurance Division

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ X ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [ ] No [ X ]
4.12 renewals? Yes [ ] No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [ ] No [ X ]
4.22 renewals? Yes [ ] No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]
If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |
| | | |
| | | |

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]

7.2 If yes,
7.21 State the percentage of foreign control 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1<br>Nationality | 2<br>Type of Entity |
|---|---|
| | |
| | |
| | |

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to theFederal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, 10 S. Broadway, Suite 900, St. Louis, MO 63102

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
The Company has been granted a waiver for the 2025 Actuarial Opinion requirement due to its current run-out status.

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

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $

12.2 If yes, provide explanation

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

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

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

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

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

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

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

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
On December 5, 2025, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Code of Conduct to add details and make minor enhancements.

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

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]

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

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

## BOARD OF DIRECTORS

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

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

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

## FINANCIAL

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

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers $
20.12 To stockholders not officers $
20.13 Trustees, supreme or grand (Fraternal only) $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers $
20.22 To stockholders not officers $
20.23 Trustees, supreme or grand (Fraternal only) $

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

21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others $
21.22 Borrowed from others $
21.23 Leased from others $
21.24 Other $

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

22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment $
22.22 Amount paid as expenses $
22.23 Other amounts paid $

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

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

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

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

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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

## INVESTMENT

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

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $.....

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $.....

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

25.093 Total payable for securities lending reported on the liability page $.....0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [ X ] No [ ]

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

26.21 Subject to repurchase agreements $.....

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

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

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

26.25 Placed under option agreements $.....

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

26.27 FHLB Capital Stock $.....

26.28 On deposit with states $ .....125,918

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

26.30 Pledged as collateral – excluding collateral pledged to an FHLB $.....

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

26.32 Other $.....

26.3 For category (26.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|---|---|---|
| | | |

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

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

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

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]

27.42 Permitted accounting practice Yes [ ] No [ ]

27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

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

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

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

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---|---|
| | |

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

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

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

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---|---|
| | |
| | |
| | |

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

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

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

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Registered With | 4<br>Investment Management Agreement (IMA) Filed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

30.2 If yes, complete the following schedule:

| 1<br>CUSIP # | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---|---|---|
| | | |
| | | |
| | | |
| 30.2999 TOTAL | | 0 |

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

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

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

| | 1<br>Statement (Admitted) Value | 2<br>Fair Value | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|---|---|---|---|
| 31.1 Issuer Credit Obligations | 125,918 | 126,660 | 742 |
| 31.2 Asset-Backed Securities | 0 | 0 | 0 |
| 31.3 Preferred Stocks | 0 | 0 | 0 |
| 31.4 Totals | 125,918 | 126,660 | 742 |

31.5 Describe the sources or methods utilized in determining the fair values:
The Company's pricing vendor is London Stock Exchange Group ("LSEG"), formerly Refinitiv, with pricing data provided through Clearwater. When LSEG pricing is unavailable, the Company utilizes ICE DATA Pricing & Reference Data, provided through its custodians.

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund: Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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?

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

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

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

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

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

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

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

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

| 1<br>Name of Cryptocurrency | 2<br>Immediately Converted to USD, Directly Held, or Both | 3<br>Accepted for Payment of Premiums |
|---|---|---|
| | | |

## OTHER

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

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

| 1<br>Name | 2<br>Amount Paid |
|---|---|
| | $ |
| | $ |
| | $ |

41.1 Amount of payments for legal expenses, if any? $ 213

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

| 1<br>Name | 2<br>Amount Paid |
|---|---|
| Reed Smith LLP | $ 213 |

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

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

| 1<br>Name | 2<br>Amount Paid |
|---|---|
| | $ |
| | $ |
| | $ |

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. $ 0

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

1.31 Reason for excluding

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| 2.1 | Premium Numerator | $ 966,779 | $ 27,228,459 |
| 2.2 | Premium Denominator | $ 966,779 | $ 27,228,459 |
| 2.3 | Premium Ratio (2.1/2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | $ 945,391 | $ 5,411,292 |
| 2.5 | Reserve Denominator | $ 945,391 | $ 5,411,291 |
| 2.6 | Reserve Ratio (2.4/2.5) | 1.000 | 1.000 |

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

Reinsurance agreement was terminated due to the Company is in runout.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 67,832

8.2 Number of providers at end of reporting year 0

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $.....

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

10.23 Maximum amount payable withholds $.....

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

11.1 Is the reporting entity organized as:

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

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

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

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

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Rhode Island.....

11.4 If yes, show the amount required. $.....2,500,000

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

11.6 If the amount is calculated, show the calculation

State Statute 27-41-13.1 & State Statute 27-41-13.2

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

| 1<br>Name of Service Area |
|---|
| Medicare - Rhode Island - all 5 counties..... |

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written $.....

15.2 Total Incurred Claims $.....

15.3 Number of Covered Lives .....

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

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

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

# FIVE - YEAR HISTORICAL DATA

| | 1<br>2025 | 2<br>2024 | 3<br>2023 | 4<br>2022 | 5<br>2021 |
|---|---|---|---|---|---|
| **Balance Sheet** (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 6,074,393 | 13,434,686 | 13,393,111 | 11,034,716 | 6,246,558 |
| 2. Total liabilities (Page 3, Line 24) | 1,837,268 | 6,703,322 | 8,519,247 | 5,093,408 | 1,786,966 |
| 3. Statutory minimum capital and surplus requirement | 2,500,000 | 2,500,000 | 2,500,000 | 3,000,000 | 3,100,000 |
| 4. Total capital and surplus (Page 3, Line 33) | 4,237,125 | 6,731,364 | 4,873,864 | 5,941,308 | 4,459,592 |
| **Income Statement** (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 966,779 | 27,228,459 | 28,178,798 | 25,641,032 | 10,374,476 |
| 6. Total medical and hospital expenses (Line 18) | (1,976,740) | 21,006,739 | 25,777,440 | 21,285,347 | 8,699,725 |
| 7. Claims adjustment expenses (Line 20) | (45,771) | 177,752 | 297,734 | 262,513 | 111,399 |
| 8. Total administrative expenses (Line 21) | 692,412 | 4,349,943 | 4,210,178 | 2,554,168 | 1,999,315 |
| 9. Net underwriting gain (loss) (Line 24) | 2,296,878 | 1,820,747 | (2,233,276) | 1,593,038 | (489,997) |
| 10. Net investment gain (loss) (Line 27) | 247,980 | 501,783 | 384,068 | 115,249 | 15,829 |
| 11. Total other income (Lines 28 plus 29) | 7 | (19,562) | (22,763) | (9,856) | (10,965) |
| 12. Net income or (loss) (Line 32) | 2,021,158 | 1,846,364 | (1,512,286) | 1,336,485 | (401,586) |
| **Cash Flow** (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (2,761,613) | (417,739) | 1,331,433 | 3,181,201 | (316,926) |
| **Risk-Based Capital Analysis** | | | | | |
| 14. Total adjusted capital | 4,237,125 | 6,731,364 | 4,873,864 | 5,941,308 | 4,459,592 |
| 15. Authorized control level risk-based capital | 773,648 | 1,212,153 | 1,512,903 | 1,334,166 | 775,756 |
| **Enrollment** (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 0 | 1,547 | 1,727 | 2,023 | 1,058 |
| 17. Total members months (Column 6, Line 7) | 0 | 20,091 | 22,100 | 23,997 | 10,363 |
| **Operating Percentage** (Page 4) | | | | | |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | (204.5) | 77.1 | 91.5 | 83.0 | 83.9 |
| 20. Cost containment expenses | (0.3) | 0.0 | 0.1 | 0.1 | 0.1 |
| 21. Other claims adjustment expenses | (4.5) | 0.6 | 1.0 | 1.0 | 1.0 |
| 22. Total underwriting deductions (Line 23) | (137.6) | 93.3 | 107.9 | 93.8 | 104.7 |
| 23. Total underwriting gain (loss) (Line 24) | 237.6 | 6.7 | (7.9) | 6.2 | (4.7) |
| **Unpaid Claims Analysis** | | | | | |
| (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 17, Col. 5) | 2,571,726 | 4,418,645 | 3,933,606 | 1,490,871 | 0 |
| 25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] | 4,548,466 | 6,906,004 | 3,606,233 | 1,351,508 | 0 |
| **Investments in Parent, Subsidiaries and Affiliates** | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated mortgage loans on real estate | | 0 | 0 | 0 | 0 |
| 30. All other affiliated | | 0 | 0 | 0 | 0 |
| 31. Total of above Lines 26 to 30 | 0 | 0 | 0 | 0 | 0 |
| 32. Total investment in parent included in Lines 26 to 30 above | | | | | |

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

If no, please explain

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Allocated by States and Territories**

| | 1 | Direct Business Only | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| State, Etc. | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Plan Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. Alabama AL | N | | | | | | | | 0 | 0 |
| 2. Alaska AK | N | | | | | | | | 0 | 0 |
| 3. Arizona AZ | N | | | | | | | | 0 | 0 |
| 4. Arkansas AR | N | | | | | | | | 0 | 0 |
| 5. California CA | N | | | | | | | | 0 | 0 |
| 6. Colorado CO | N | | | | | | | | 0 | 0 |
| 7. Connecticut CT | N | | | | | | | | 0 | 0 |
| 8. Delaware DE | N | | | | | | | | 0 | 0 |
| 9. District of Columbia DC | N | | | | | | | | 0 | 0 |
| 10. Florida FL | N | | | | | | | | 0 | 0 |
| 11. Georgia GA | N | | | | | | | | 0 | 0 |
| 12. Hawaii HI | N | | | | | | | | 0 | 0 |
| 13. Idaho ID | N | | | | | | | | 0 | 0 |
| 14. Illinois IL | N | | | | | | | | 0 | 0 |
| 15. Indiana IN | N | | | | | | | | 0 | 0 |
| 16. Iowa IA | N | | | | | | | | 0 | 0 |
| 17. Kansas KS | N | | | | | | | | 0 | 0 |
| 18. Kentucky KY | N | | | | | | | | 0 | 0 |
| 19. Louisiana LA | N | | | | | | | | 0 | 0 |
| 20. Maine ME | N | | | | | | | | 0 | 0 |
| 21. Maryland MD | N | | | | | | | | 0 | 0 |
| 22. Massachusetts MA | N | | | | | | | | 0 | 0 |
| 23. Michigan MI | N | | | | | | | | 0 | 0 |
| 24. Minnesota MN | N | | | | | | | | 0 | 0 |
| 25. Mississippi MS | N | | | | | | | | 0 | 0 |
| 26. Missouri MO | N | | | | | | | | 0 | 0 |
| 27. Montana MT | N | | | | | | | | 0 | 0 |
| 28. Nebraska NE | N | | | | | | | | 0 | 0 |
| 29. Nevada NV | N | | | | | | | | 0 | 0 |
| 30. New Hampshire NH | N | | | | | | | | 0 | 0 |
| 31. New Jersey NJ | N | | | | | | | | 0 | 0 |
| 32. New Mexico NM | N | | | | | | | | 0 | 0 |
| 33. New York NY | N | | | | | | | | 0 | 0 |
| 34. North Carolina NC | N | | | | | | | | 0 | 0 |
| 35. North Dakota ND | N | | | | | | | | 0 | 0 |
| 36. Ohio OH | N | | | | | | | | 0 | 0 |
| 37. Oklahoma OK | N | | | | | | | | 0 | 0 |
| 38. Oregon OR | N | | | | | | | | 0 | 0 |
| 39. Pennsylvania PA | N | | | | | | | | 0 | 0 |
| 40. Rhode Island RI | L | | 966,779 | | | | | | 966,779 | 0 |
| 41. South Carolina SC | N | | | | | | | | 0 | 0 |
| 42. South Dakota SD | N | | | | | | | | 0 | 0 |
| 43. Tennessee TN | N | | | | | | | | 0 | 0 |
| 44. Texas TX | N | | | | | | | | 0 | 0 |
| 45. Utah UT | N | | | | | | | | 0 | 0 |
| 46. Vermont VT | N | | | | | | | | 0 | 0 |
| 47. Virginia VA | N | | | | | | | | 0 | 0 |
| 48. Washington WA | N | | | | | | | | 0 | 0 |
| 49. West Virginia WV | N | | | | | | | | 0 | 0 |
| 50. Wisconsin WI | N | | | | | | | | 0 | 0 |
| 51. Wyoming WY | N | | | | | | | | 0 | 0 |
| 52. American Samoa AS | N | | | | | | | | 0 | 0 |
| 53. Guam GU | N | | | | | | | | 0 | 0 |
| 54. Puerto Rico PR | N | | | | | | | | 0 | 0 |
| 55. U.S. Virgin Islands VI | N | | | | | | | | 0 | 0 |
| 56. Northern Mariana Islands MP | N | | | | | | | | 0 | 0 |
| 57. Canada CAN | N | | | | | | | | 0 | 0 |
| 58. Aggregate other alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 966,779 | 0 | 0 | 0 | 0 | 0 | 966,779 | 0 |
| 60. Reporting entity contributions for employee benefit plans | XXX | | | | | | | | 0 | |
| 61. Total (direct business) | XXX | 0 | 966,779 | 0 | 0 | 0 | 0 | 0 | 966,779 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | |
| 58002. | XXX | | | | | | | | | |
| 58003. | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts

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

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

The Company only has business in the state of Rhode Island.

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Rhode Island, Inc.**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Centene Corporation** | | | | | | | | | | | 42-1406317 | **DE** | |
| | Bankers Reserve Life Insurance Company of Wisconsin | | | | | | | | | | 39-0993433 | WI | 71013 |
| | | Health Plan Real Estate Holding, Inc. (17%) | | | | | | | | | 46-2860967 | MO | |
| | Peach State Health Plan, Inc. | | | | | | | | | | 20-3174593 | GA | 12315 |
| | | Health Plan Real Estate Holding, Inc. (21%) | | | | | | | | | 46-2860967 | MO | |
| | Iowa Total Care, Inc. | | | | | | | | | | 46-4829006 | IA | 15713 |
| | Buckeye Community Health Plan, Inc. | | | | | | | | | | 32-0045282 | OH | 11834 |
| | | Health Plan Real Estate Holding, Inc. (18%) | | | | | | | | | 46-2860967 | MO | |
| | Absolute Total Care, Inc. | | | | | | | | | | 20-5693998 | SC | 12959 |
| | | Health Plan Real Estate Holding, Inc. (1%) | | | | | | | | | 46-2860967 | MO | |
| | Coordinated Care Corporation | | | | | | | | | | 39-1821211 | IN | 95831 |
| | | Health Plan Real Estate Holding, Inc. (15%) | | | | | | | | | 46-2860967 | MO | |
| | Healthy Washington Holdings, Inc. | | | | | | | | | | 46-5523218 | DE | |
| | | Coordinated Care of Washington, Inc. | | | | | | | | | 46-2578279 | WA | 15352 |
| | Managed Health Services Insurance Corp. | | | | | | | | | | 39-1678579 | WI | 96822 |
| | | Health Plan Real Estate Holding, Inc. (2%) | | | | | | | | | 46-2860967 | MO | |
| | Superior HealthPlan, Inc. | | | | | | | | | | 74-2770542 | TX | 95647 |
| | | Health Plan Real Estate Holding, Inc. (21%) | | | | | | | | | 46-2860967 | MO | |
| | Healthy Louisiana Holdings LLC | | | | | | | | | | 27-0916294 | DE | |
| | | Louisiana Healthcare Connections, Inc. | | | | | | | | | 27-1287287 | LA | 13970 |
| | Magnolia Health Plan Inc. | | | | | | | | | | 20-8570212 | MS | 13923 |
| | Sunshine Health Holding LLC | | | | | | | | | | 26-0557093 | FL | |
| | | Sunshine State Health Plan, Inc. (50%) | | | | | | | | | 20-8937577 | FL | 13148 |
| | Healthy Missouri Holdings, Inc. | | | | | | | | | | 45-5070230 | MO | |
| | | Home State Health Plan, Inc. | | | | | | | | | 45-2798041 | MO | 14218 |
| | | | Health Plan Real Estate Holding, Inc. (5%) | | | | | | | | 46-2860967 | MO | |
| | Sunflower State Health Plan, Inc. | | | | | | | | | | 45-3276702 | KS | 14345 |

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

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

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

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

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

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

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

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