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# QUARTERLY STATEMENT

## AS OF MARCH 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

## Fidelis SecureCare of Michigan, Inc.

NAIC Group Code 01295 (Current Period), 01295 (Prior Period) NAIC Company Code 10769 Employer's ID Number 30-0312489

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

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 [ ]

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 800 Tower Rd., Suite 200 (Street and Number), Troy, MI, US 48098 (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address http://www.fidelissc.com

Statutory Statement Contact Tanya Marie Ferguson (Name) 314-445-0447 (Area Code) (Telephone Number) (Extension)

taferguson@centene.com (E-Mail Address) 314-725-4658 (FAX Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Amy Williams | President | Keith Harvey Williamson | Secretary |
| Jeffrey Alan Schwaneke | Treasurer | | |

## OTHER OFFICERS

| | | | |
|---|---|---|---|
| Tricia Lynn Dinkelman | Vice President of Tax | | |

## DIRECTORS OR TRUSTEES

| | | | |
|---|---|---|---|
| Amy Williams # | Jeffrey Alan Schwaneke | Daryl Pack | |

State of Missouri
ss
County of St. Louis

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.

| | | |
|---|---|---|
| Amy Williams<br>President | Keith Harvey Williamson<br>Secretary | Jeffrey Alan Schwaneke<br>Treasurer |

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 Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | 1,098,773 | | 1,098,773 | 1,098,503 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less $ ..... encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less $ ..... encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less $ ..... encumbrances) | | | 0 | 0 |
| 5. Cash ($ 7,223,365 ), cash equivalents ($ 0 ) and short-term investments ($ 0 ) | 7,223,365 | | 7,223,365 | 1,916,165 |
| 6. Contract loans (including $ ..... premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 8,322,138 | 0 | 8,322,138 | 3,014,668 |
| 13. Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 4,163 | | 4,163 | 1,428 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 406,381 | | 406,381 | 116,131 |
| 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 ($ ..... ) and contracts subject to redetermination ($ 3,624,204 ) | 3,264,204 | | 3,264,204 | 2,935,665 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 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 | 0 | | 0 | 1,835 |
| 24. Health care ($ ..... ) and other amounts receivable | 3,404,850 | 21,101 | 3,383,749 | 4,557,369 |
| 25. Aggregate write-ins for other-than-invested assets | 10,532 | 10,532 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 15,412,268 | 31,633 | 15,380,635 | 10,627,096 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 15,412,268 | 31,633 | 15,380,635 | 10,627,096 |
| **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 Assets | 10,532 | 10,532 | 0 | 0 |
| 2502. | | | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 10,532 | 10,532 | 0 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|---|---|---|---|
| | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less $ ..... reinsurance ceded) | 285,025 | | 285,025 | 670,518 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 25,097 | | 25,097 | 0 |
| 4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act | 1,382,017 | | 1,382,017 | 1,725,088 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 3,566,167 | | 3,566,167 | 0 |
| 9. General expenses due or accrued | 283,236 | | 283,236 | 138,101 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses)) | 669,783 | | 669,783 | 246,241 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 248 | | 248 | 242 |
| 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 | 567,081 | | 567,081 | 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 | 1,742,491 | | 1,742,491 | 1,274,113 |
| 23. Aggregate write-ins for other liabilities (including $ ..... current) | 31,452 | 0 | 31,452 | 31,616 |
| 24. Total liabilities (Lines 1 to 23) | 8,552,597 | 0 | 8,552,597 | 4,085,919 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 267,990 | 0 |
| 26. Common capital stock | XXX | XXX | 1 | 1 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 7,824,999 | 7,824,999 |
| 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 | (1,264,954) | (1,283,824) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 ..... shares common (value included in Line 26 $ ..... ) | XXX | XXX | 0 | 0 |
| 32.2 ..... shares preferred (value included in Line 27 $ ..... ) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 6,828,036 | 6,541,176 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 15,380,633 | 10,627,095 |
| **DETAILS OF WRITE-INS** | | | | |
| 2301. State Income Tax Payable | 31,452 | | 31,452 | 31,616 |
| 2302. | | | | |
| 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) | 31,452 | 0 | 31,452 | 31,616 |
| 2501. 2016 Health Insurer Fee Estimate | XXX | XXX | 267,990 | 0 |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 267,990 | 0 |
| 3001. | XXX | XXX | | 0 |
| 3002. | XXX | XXX | | 0 |
| 3003. | XXX | XXX | | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|---|---|---|---|
| | 1<br>Uncovered | 2<br>Total | 3<br>Total | 4<br>Total |
| 1. Member Months | XXX | 12,243 | 0 | 54,547 |
| 2. Net premium income (including $ non-health premium income) | XXX | 12,464,655 | 12,864,460 | 46,875,769 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of $ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 12,464,655 | 12,864,460 | 46,875,769 |
| **Hospital and Medical:** | | | | |
| 9. Hospital/medical benefits | | 6,576,668 | 11,750,450 | 35,395,547 |
| 10. Other professional services | | 2,405,259 | 132,065 | 487,936 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 379,597 | 0 | 1,940,998 |
| 13. Prescription drugs | | 1,381,060 | 0 | 3,958,541 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 1,238 | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 10,743,822 | 11,882,515 | 41,783,022 |
| **Less:** | | | | |
| 17. Net reinsurance recoveries | | | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 10,743,822 | 11,882,515 | 41,783,022 |
| 19. Non-health claims (net) | | | 0 | 0 |
| 20. Claims adjustment expenses, including $ 3,967 cost containment expenses | | 75,773 | 361,074 | 489,379 |
| 21. General administrative expenses | | 1,482,538 | 2,196,731 | 6,299,694 |
| 22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | (343,071) | (234,260) | (448,275) |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 11,959,062 | 14,206,060 | 48,123,820 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 505,593 | (1,341,600) | (1,248,051) |
| 25. Net investment income earned | | 3,005 | 3,021 | 12,091 |
| 26. Net realized capital gains (losses) less capital gains tax of $ | | | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 3,005 | 3,021 | 12,091 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ) (amount charged off $ )] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 508,598 | (1,338,579) | (1,235,960) |
| 31. Federal and foreign income taxes incurred | XXX | 214,417 | (139,784) | (635,166) |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 294,181 | (1,198,795) | (600,794) |
| **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 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 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 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | 0 | |
| 1402. | | | 0 | |
| 1403. | | | 0 | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | 0 | |
| 2902. | | | 0 | |
| 2903. | | | 0 | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year<br>Ended<br>December 31 |
|---|---|---|---|---|
| | **CAPITAL & SURPLUS ACCOUNT** | | | |
| 33. | Capital and surplus prior reporting year | 6,541,177 | 0 | 5,013,048 |
| 34. | Net income or (loss) from Line 32 | 294,181 | 0 | (600,794) |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | | 0 | 0 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. | Change in net deferred income tax | | 0 | 0 |
| 39. | Change in nonadmitted assets | (7,322) | 0 | 57,648 |
| 40. | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in | | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| | 44.3 Transferred to surplus | | 0 | 0 |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | | 0 | 2,000,000 |
| | 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| | 45.3 Transferred from capital | | 0 | 0 |
| 46. | Dividends to stockholders | | 0 | 0 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 71,275 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 286,859 | 0 | 1,528,129 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 6,828,036 | 0 | 6,541,177 |
| | **DETAILS OF WRITE-INS** | | | |
| 4701. | 2014 Annual Filing Correction | | | 71,275 |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 71,275 |

# CASH FLOW

| | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **Cash from Operations** | | | |
| 1. Premiums collected net of reinsurance | 11,845,865 | 0 | 45,099,046 |
| 2. Net investment income | 0 | 0 | 12,767 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 11,845,865 | 0 | 45,111,813 |
| 5. Benefit and loss related payments | 6,388,311 | 0 | 43,470,847 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 359,481 | 0 | 5,787,326 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | (209,125) | 0 | (1,399,075) |
| 10. Total (Lines 5 through 9) | 6,538,667 | 0 | 47,859,098 |
| 11. Net cash from operations (Line 4 minus Line 10) | 5,307,198 | 0 | (2,747,285) |
| **Cash from Investments** | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | 0 | 0 |
| **Cash from Financing and Miscellaneous Sources** | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 2,000,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 0 | 0 | (1) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 0 | 0 | 1,999,999 |
| **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) | 5,307,198 | 0 | (747,286) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 1,916,164 | 0 | 2,663,450 |
| 19.2 End of period (Line 18 plus Line 19.1) | 7,223,362 | 0 | 1,916,164 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 4,125 | 0 | 0 | 0 | 0 | 0 | 0 | 2,018 | 2,107 | 0 |
| 2. First Quarter | 4,186 | 0 | 0 | 0 | 0 | 0 | 0 | 2,094 | 2,092 | 0 |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 12,243 | | | | | | | 6,204 | 6,039 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 8,882 | | | | | | | 5,911 | 2,971 | |
| 8. Non-Physician | 13,364 | | | | | | | 1,312 | 12,052 | |
| 9. Total | 22,246 | 0 | 0 | 0 | 0 | 0 | 0 | 7,223 | 15,023 | 0 |
| 10. Hospital Patient Days Incurred | 734 | | | | | | | 372 | 362 | |
| 11. Number of Inpatient Admissions | 145 | | | | | | | 73 | 72 | |
| 12. Health Premiums Written (a) | 12,464,655 | | | | | | | 8,776,818 | 3,687,837 | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 0 | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 11,129,314 | | | | | | | 7,529,808 | 3,599,506 | |
| 18. Amount Incurred for Provision of Health Care Services | 10,743,821 | | | | | | | 7,151,023 | 3,592,798 | |

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

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

Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims unpaid (Reported) | | | | | | |
| External Capitation | 45,000 | | | | | 45,000 |
| Express Scripts | 182,455 | | | | | 182,455 |
| 0199999 Individually listed claims unpaid | 227,455 | 0 | 0 | 0 | 0 | 227,455 |
| 0299999 Aggregate accounts not individually listed-uncovered | 57,570 | | | | | 57,570 |
| 0399999 Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0499999 Subtotals | 285,025 | 0 | 0 | 0 | 0 | 285,025 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 285,025 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | 0 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 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 Dec. 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 Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | 0 | 0 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental only | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | 477,828 | 9,790,596 | 26,775 | 233,282 | 504,603 | 638,843 |
| 7. Title XIX - Medicaid | 17,190 | 4,226,211 | 12,152 | 12,816 | 29,342 | 31,675 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 495,018 | 14,016,807 | 38,927 | 246,098 | 533,945 | 670,518 |
| 10. Health care receivables (a) | | 3,383,749 | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | 1,238 | | | 0 | 0 |
| 13. Totals (Lines 9-10+11+12) | 495,018 | 10,634,296 | 38,927 | 246,098 | 533,945 | 670,518 |

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

# NOTES TO FINANCIAL STATEMENTS

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

A. Accounting Practices

The financial statements of Fidelis SecureCare of Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The State of Michigan requires that insurance companies domiciled in the state of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Michigan Insurance Commissioner.

| NET INCOME | SSAP # | F/S Page | F/S Line # | State of Domicile | 2017 | 2016 |
|---|---|---|---|---|---|---|
| (1) Fidelis SecureCare of Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | Michigan | $ 294,181 | $ (600,794) |
| (2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets | - | - | - | Michigan | $ - | $ - |
| (3) State Permitted Practices that is an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property | - | - | - | Michigan | $ - | $ - |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | Michigan | $ 294,181 | $ (600,794) |
| SURPLUS | | | | | | |
| (5) Fidelis SecureCare of Michigan, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | Michigan | $ 6,828,036 | $ 6,541,176 |
| (6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net | - | - | - | Michigan | $ - | $ - |
| (7) State Permitted Practices that is an increase/(decrease) from NAIC SAP: e.g., Home Office Property | - | - | - | Michigan | $ - | $ - |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | Michigan | $ 6,828,036 | $ 6,541,176 |

B. Use of Estimates in the Preparation of the Financial Statements - No Change

C. Accounting Policy

1.-5. No Change

6. The Company holds no loan-backed securities.

7.-13. No Change

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

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

No Change

**3. Business Combinations and Goodwill**

A. Statutory Purchase Method – No Change

B. Statutory Merger – No Change

C. Assumption Reinsurance – No Change

D. Impairment Loss – No Change

**4. Discontinued Operations**

No Change

**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans – No Change

B. Debt Restructuring – No Change

C. Reverse Mortgages – No Change

D. Loan-Backed Securities – None

E. Repurchase Agreements and/or Securities Lending Transactions – None

# NOTES TO FINANCIAL STATEMENTS

F. Real Estate – No Change

G. Investment In Low-Income Housing Tax Credits (LIHTC) - None

H. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | 1<br>Total Gross Restricted from Current Year | 2<br>Total Gross Restricted From Prior Year | 3<br>Increase/ (Decrease) (1 minus 2) | 4<br>Total Current Year Admitted Restricted | 5<br>Percentage Gross Restricted to Total Assets | 6<br>Percentage Admitted Restricted to Total Admitted Assets |
|---|---|---|---|---|---|---|
| a. Subject to contractual obligation for which liability is not shown | | | | | | |
| b. Collateral held under security lending agreements | | | | | | |
| c. Subject to repurchase agreements | | | | | | |
| d. Subject to reverse repurchase agreements | | | | | | |
| e. Subject to dollar repurchase agreements | | | | | | |
| f. Subject to dollar reverse repurchase agreements | | | | | | |
| g. Placed under option contracts | | | | | | |
| h. Letter stock or securities restricted as to sale | | | | | | |
| i. FHLB capital stock | | | | | | |
| j. On deposit with states | $ 1,098,773 | $ 1,098,503 | $ 270 | $ 1,098,773 | 7.4% | 7.5% |
| k. On deposit with other regulatory bodies | | | | | | |
| l. Pledged collateral to FHLB (including assets backing funding | | | | | | |
| m. Pledged as collateral not captured in other categories | | | | | | |
| n. Other restricted assets | | | | | | |
| o. Total Restricted Assets | $ 1,098,773 | $ 1,098,503 | $ 270 | $ 1,098,773 | 9.7% | 7.5% |

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

3. Detail of Other Restricted Assets – None

I. Working Capital Finance Investments - None

J. Offsetting and Netting of Assets and Liabilities - None

K. Structured Notes - None

L. 5* Securities - None

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

No Change

**7. Investment Income**

No Change

**8. Derivative Instruments**

No Change

**9. Income Tax**

No Change

**10. Information Concerning Parent, Subsidiaries and Affiliates**

Included in the Company's balance sheet as of March 31, 2017 are payables to parent, subsidiaries and affiliates of $567,081 generated in the normal course of business with Centene Management Company.

# NOTES TO FINANCIAL STATEMENTS

**11. Debt**

A. Capital Notes – None

B. FHLB (Federal Home Loan Bank) Agreements - None

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

A. Defined Benefit Plans – None

B. Investment Policies and Strategies for Plan Assets – None

C. Fair Value of Each Class of Plan Assets – None

D. Basis Used to Determine the Overall Expected Long-term Rate-of-Return-on-Assets Assumption – None

E. Defined Contribution Plan – None

F. Multiemployer Plan – None

G. Consolidated/Holding Company Plans – None

H. Postemployment Benefits and Compensated Absences – None

I. Impact of Medicare Modernization Act on Postretirement Benefits – None

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

No Change

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments - None

B. Assessments - None

C. Gain Contingencies - None

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits - None

E. Joint and Several Liabilities - None

F. All Other Contingencies - None

**15. Leases**

No Change

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

No Change

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

A. Transfer of Receivables Reported as Sales - None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales - None

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

No Change

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

No Change

**20. Fair Value Measurement**

# NOTES TO FINANCIAL STATEMENTS

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

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

The following table summarizes fair value measurements by level at March 31, 2017 for assets and liabilities measured at fair value on a recurring basis:

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total |
|---|---|---|---|---|
| a. Assets at fair value | | | | |
| Cash and Short-Term Investments | | | | |
| Cash | $ 7,223,365 | $ - | $ - | $ 7,223,365 |
| Short-Term Investments | $ - | - | - | - |
| Total Cash and Short-Term Investments | $ 7,223,365 | $ - | $ - | $ 7,223,365 |
| Perpetual Preferred stock | | | | |
| Industrial and Misc | $ - | $ - | $ - | $ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Perpetual Preferred Stocks | $ - | $ - | $ - | $ - |
| Bonds | | | | |
| U.S. Governments | $ - | $ - | $ - | $ - |
| Industrial and Misc | - | - | - | - |
| Hybrid Securities | - | - | - | - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Bonds | $ - | $ - | $ - | $ - |
| Common Stock | | | | |
| Industrial and Misc | $ - | $ - | $ - | $ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Common Stocks | $ - | $ - | $ - | $ - |
| Derivative assets | | | | |
| Interest rate contracts | $ - | $ - | $ - | $ - |
| Foreign exchange contracts | - | - | - | - |
| Credit contracts | - | - | - | - |
| Commodity futures contracts | - | - | - | - |
| Commodity forward contracts | - | - | - | - |
| Total Derivatives | $ - | $ - | $ - | $ - |
| Separate account assets | $ - | $ - | $ - | $ - |
| Total assets at fair value | $ 7,223,365 | $ - | $ - | $ 7,223,365 |
| b. Liabilities at fair value | | | | |
| Derivative liabilities | $ - | $ - | $ - | $ - |
| Total liabilities at fair value | $ - | $ - | $ - | $ - |

The following table summarizes fair value measurements by level at December 31, 2016 for assets and liabilities measured at fair value on a recurring basis:

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total |
|---|---|---|---|---|
| a. Assets at fair value | | | | |
| Cash and Short-Term Investments | | | | |
| Cash | $ 1,916,165 | $ - | $ - | $ 1,916,165 |
| Short-Term Investments | $ - | - | - | - |
| Total Cash and Short-Term Investments | $ 1,916,165 | $ - | $ - | $ 1,916,165 |
| Perpetual Preferred stock | | | | |
| Industrial and Misc | $ - | $ - | $ - | $ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Perpetual Preferred Stocks | $ - | $ - | $ - | $ - |

# NOTES TO FINANCIAL STATEMENTS

| | | | | |
|---|---|---|---|---|
| Bonds | | | | |
| U.S. Governments | $ - | $ - | $ - | $ - |
| Industrial and Misc | - | - | - | - |
| Hybrid Securities | - | - | - | - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Bonds | $ - | $ - | $ - | $ - |
| Common Stock | | | | |
| Industrial and Misc | $ - | $ - | $ - | $ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Common Stocks | $ - | $ - | $ - | $ - |
| Derivative assets | | | | |
| Interest rate contracts | $ - | $ - | $ - | $ - |
| Foreign exchange contracts | - | - | - | - |
| Credit contracts | - | - | - | - |
| Commodity futures contracts | - | - | - | - |
| Commodity forward contracts | - | - | - | - |
| Total Derivatives | $ - | $ - | $ - | $ - |
| Separate account assets | $ - | $ - | $ - | $ - |
| Total assets at fair value | $ 1,916,165 | $ - | $ - | $ 1,916,165 |
| b. Liabilities at fair value | | | | |
| Derivative liabilities | $ - | $ - | $ - | $ - |
| Total liabilities at fair value | $ - | $ - | $ - | $ - |

B. None

C. The following table summarizes the aggregate fair value measurements by level at March 31, 2017 for all financial instruments.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I | Level II | Level III | Not Practicable (Carrying Value) |
|---|---|---|---|---|---|---|
| Total Cash and Short-Term Investments | $ 7,223,365 | $ 7,223,365 | $ 7,223,365 | $ - | $ - | $ - |
| Bonds | 1,098,773 | 1,098,503 | 1,098,773 | - | - | - |
| Common Stock | - | - | - | - | - | - |
| Perpetual Preferred Stock | - | - | - | - | - | - |
| Mortgage Loans | - | - | - | - | - | - |
| Total | $ 8,322,138 | $ 8,321,868 | $ 8,322,138 | $ - | $ - | $ - |

The following table summarizes the aggregate fair value measurements by level at December 31, 2016 for all financial instruments.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I | Level II | Level III | Not Practicable (Carrying Value) |
|---|---|---|---|---|---|---|
| Total Cash and Short-Term Investments | $ 1,916,165 | $ 1,916,165 | $ 1,916,165 | $ - | $ - | $ - |
| Bonds | 1,099,615 | 1,098,503 | 1,099,615 | - | - | - |
| Common Stock | - | - | - | - | - | - |
| Perpetual Preferred Stock | - | - | - | - | - | - |
| Mortgage Loans | - | - | - | - | - | - |
| Total | $ 3,015,780 | $ 3,014,668 | $ 3,015,780 | $ - | $ - | $ - |

D. None

**21. Other Items**

A. Extraordinary Items – No Change

B. Troubled Debt Restructuring: Debtors – No Change

C. Other Disclosures and Unusual Items – No Change

D. Business Interruption Insurance Recoveries – No Change

E. State Transferable and Non-Transferable Tax Credits – No Change

# NOTES TO FINANCIAL STATEMENTS

F. Subprime Mortgage Related Risk Exposure – No Change

G. Retained Assets – No Change

H. Insurance-Linked Securities (ILS) Contracts – No Change

**22. Events Subsequent**

Type I – Recognized Subsequent Events

Subsequent events have been considered through May 12, 2017 for the statutory statement issued as of March 31, 2017 on May 15, 2017.

On April 1, 2017, the Company changed their name to Michigan Complete Health, Inc. There were no changes to operations at this time.

Type II – Nonrecognized Subsequent Event

Subsequent events have been considered through May 12, 2017 for the statutory statement issued as of March 31, 2017 on May 15, 2017.

None

**23. Reinsurance**

A. Ceded Reinsurance Report – No Change

B. Uncollectible Reinsurance – No Change

C. Commutation of Ceded Reinsurance – No Change

D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation – No Change

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

**A.** The Company estimates accrued retrospective premiums for its federal and state sponsored programs in accordance with the provisions in its contract with the Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services.

**B.** The Company records accrued retrospective premium through written premium.

**C.** The amount of net premiums written by the Company at March 31, 2017 which are subject to retrospective rating features were $11.8 million, which represents 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required per Public Health Service Act – No Change

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

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

Reserves for incurred claims and claim adjustment expenses as of December 31, 2016 were $0.7 million. As of March 31, 2017, $0.5 million has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now $0.04 million, as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been a $0.16 million favorable prior-year development since December 31, 2016 to March 31, 2017. The 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.

**26. Intercompany Pooling Arrangements**

No Change

**27. Structured Settlements**

No Change

**28. Health Care Receivables**

1. Pharmaceutical Rebate Receivables – No Change

2. Risk Sharing Receivables – No Change

**29. Participating Policies**

# NOTES TO FINANCIAL STATEMENTS

No Change

**30. Premium Deficiency Reserves**

| | | |
|---|---|---|
| 1. | Liability carried for premium deficiency reserves | $1,382,017 |
| 2. | Date of the most recent evaluation of this liability | April 27, 2017 |
| 3. | Was anticipated investment income utilized in this calculation? | Yes |

**31. Anticipated Salvage and Subrogation**

No Change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES
## GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/24/2014

6.4 By what department or departments?

Michigan Department of Insurance and Financial Services

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] NA [ ]

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

# GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

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

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

## INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

# GENERAL INTERROGATORIES

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

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

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

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

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

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| US Bank | PO Box 1800, St. Paul, MN 55101 |

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

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

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

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

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

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

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

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

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

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

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

18.2 If no, list exceptions:

.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:

| | |
|---|---|
| 1.1 A&H loss percent | 83.5 % |
| 1.2 A&H cost containment percent | 0.0 % |
| 1.3 A&H expense percent excluding cost containment expenses | 14.2 % |
| 2.1 Do you act as a custodian for health savings accounts? | Yes [ ] No [X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date | $ |
| 2.3 Do you act as an administrator for health savings accounts? | Yes [ ] No [X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date | $ |

# SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Ceded | 7<br>Type of Reinsurer | 8<br>Certified Reinsurer Rating (1 through 6) | 9<br>Effective Date of Certified Reinsurer Rating |
|---|---|---|---|---|---|---|---|---|
| | | | LIFE & ANNUITY - AFFILIATES | | | | | |
| | | | LIFE & ANNUITY - NON-AFFILIATES | | | | | |
| | | | ACCIDENT & HEALTH - AFFILIATES | | | | | |
| | | | ACCIDENT & HEALTH - NON-AFFILIATES | | | | | |
| 11835 | 04-1590940 | 01/01/2017 | PARTNERRE AMER INS CO | DE | SSL/I/L | Authorized | | |
| | | | PROPERTY/CASUALTY - AFFILIATES | | | | | |
| | | | PROPERTY/CASUALTY - NON-AFFILIATES | | | | | |

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories**

| States, Etc. | 1 Active Status | Direct Business Only 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit-Type Contracts |
|---|---|---|---|---|---|---|---|---|---|
| 1. Alabama AL | N | | | | | | | 0 | |
| 2. Alaska AK | N | | | | | | | 0 | |
| 3. Arizona AZ | N | | | | | | | 0 | |
| 4. Arkansas AR | N | | | | | | | 0 | |
| 5. California CA | N | | | | | | | 0 | |
| 6. Colorado CO | N | | | | | | | 0 | |
| 7. Connecticut CT | N | | | | | | | 0 | |
| 8. Delaware DE | N | | | | | | | 0 | |
| 9. Dist. Columbia DC | N | | | | | | | 0 | |
| 10. Florida FL | N | | | | | | | 0 | |
| 11. Georgia GA | N | | | | | | | 0 | |
| 12. Hawaii HI | N | | | | | | | 0 | |
| 13. Idaho ID | N | | | | | | | 0 | |
| 14. Illinois IL | N | | | | | | | 0 | |
| 15. Indiana IN | N | | | | | | | 0 | |
| 16. Iowa IA | N | | | | | | | 0 | |
| 17. Kansas KS | N | | | | | | | 0 | |
| 18. Kentucky KY | N | | | | | | | 0 | |
| 19. Louisiana LA | N | | | | | | | 0 | |
| 20. Maine ME | N | | | | | | | 0 | |
| 21. Maryland MD | N | | | | | | | 0 | |
| 22. Massachusetts MA | N | | | | | | | 0 | |
| 23. Michigan MI | L | 0 | 8,776,818 | 3,687,837 | | | | 12,464,655 | |
| 24. Minnesota MN | N | | | | | | | 0 | |
| 25. Mississippi MS | N | | | | | | | 0 | |
| 26. Missouri MO | N | | | | | | | 0 | |
| 27. Montana MT | N | | | | | | | 0 | |
| 28. Nebraska NE | N | | | | | | | 0 | |
| 29. Nevada NV | N | | | | | | | 0 | |
| 30. New Hampshire NH | N | | | | | | | 0 | |
| 31. New Jersey NJ | N | | | | | | | 0 | |
| 32. New Mexico NM | N | | | | | | | 0 | |
| 33. New York NY | N | | | | | | | 0 | |
| 34. North Carolina NC | N | | | | | | | 0 | |
| 35. North Dakota ND | N | | | | | | | 0 | |
| 36. Ohio OH | N | | | | | | | 0 | |
| 37. Oklahoma OK | N | | | | | | | 0 | |
| 38. Oregon OR | N | | | | | | | 0 | |
| 39. Pennsylvania PA | N | | | | | | | 0 | |
| 40. Rhode Island RI | N | | | | | | | 0 | |
| 41. South Carolina SC | N | | | | | | | 0 | |
| 42. South Dakota SD | N | | | | | | | 0 | |
| 43. Tennessee TN | N | | | | | | | 0 | |
| 44. Texas TX | N | | | | | | | 0 | |
| 45. Utah UT | N | | | | | | | 0 | |
| 46. Vermont VT | N | | | | | | | 0 | |
| 47. Virginia VA | N | | | | | | | 0 | |
| 48. Washington WA | N | | | | | | | 0 | |
| 49. West Virginia WV | N | | | | | | | 0 | |
| 50. Wisconsin WI | N | | | | | | | 0 | |
| 51. Wyoming WY | N | | | | | | | 0 | |
| 52. American Samoa AS | N | | | | | | | 0 | |
| 53. Guam GU | N | | | | | | | 0 | |
| 54. Puerto Rico PR | N | | | | | | | 0 | |
| 55. U.S. Virgin Islands VI | N | | | | | | | 0 | |
| 56. Northern Mariana Islands MP | N | | | | | | | 0 | |
| 57. Canada CAN | N | | | | | | | 0 | |
| 58. Aggregate other alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 8,776,818 | 3,687,837 | 0 | 0 | 0 | 12,464,655 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | (a) 1 | 0 | 8,776,818 | 3,687,837 | 0 | 0 | 0 | 12,464,655 | 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 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

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

## PART 1 - ORGANIZATIONAL CHART

| | | | |
|---|---|---|---|
| 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 (13%) | 46-2860967 | MO | |
| Absolute Total Care, Inc | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1%) | 46-2860967 | MO | |
| Physicians Choice, LLC | 59-3807546 | SC | |
| PhyTrust of South Carolina LLC | 65-1206841 | FL | |
| Coordinated Care Corporation d/b/a Managed Health Services | 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 | |
| Hallmark Life Insurance Co | 86-0819817 | AZ | 60078 |
| 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 |
| IlliniCare Health Plan, Inc | 27-2186150 | IL | 14053 |
| Health Plan Real Estate Holding, Inc (5%) | 46-2860967 | MO | |
| Sunshine Health Holding LLC | 26-0557093 | FL | |
| Sunshine State Health Plan, Inc | 20-8937577 | FL | 13148 |
| Access Health Solutions LLC | 56-2384404 | FL | |
| Kentucky Spirit Health Plan, Inc | 45-1294925 | KY | 14100 |
| Healthy Missouri Holding, Inc (95%) | 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 |
| Granite State Health Plan, Inc | 45-4792498 | NH | 14226 |
| Bridgeway Advantage Solutions, Inc | 46-4195563 | AZ | 15447 |
| California Health and Wellness Plan | 46-0907261 | CA | |
| Fidelis SecureCare of Michigan, Inc. | 30-0312489 | MI | 10769 |
| SilverSummit Healthplan, Inc. | 20-4761189 | NV | 16143 |
| Agate Resources, Inc. | 20-0483299 | OR | |
| Lane Individual Practice Association, Inc. | 93-1198219 | OR | |

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

## PART 1 - ORGANIZATIONAL CHART

| | | | |
|---|---|---|---|
| Trillium Community Health Plan, Inc. (60%) | 42-1694349 | OR | 12559 |
| Trillium Community Health Plan, Inc. (40%) | 42-1694349 | OR | 12559 |
| Agate Properties, LLC | 26-4475075 | OR | |
| Independent Professional Services, LLC | 93-1198376 | OR | |
| Nebraska Total Care, Inc. | 47-5123293 | NE | 15902 |
| Pennsylvania Health & Wellness, Inc. | 47-5340613 | PA | 16041 |
| Superior HealthPlan Community Solutions, Inc. | 47-5664832 | TX | 15912 |
| Sunshine Health Community Solutions, Inc. | 47-5667095 | FL | 15927 |
| Buckeye Health Plan Community Solutions, Inc. | 47-5664342 | OH | |
| Arkansas Health & Wellness Health Plan, Inc. | 81-1282251 | AR | 16130 |
| Healthy Oklahoma Holdings, Inc. | 81-2788043 | DE | |
| Oklahoma Complete Health Inc. | 81-3121527 | OK | |
| Bridgeway Health Solutions, LLC | 20-4980875 | DE | |
| Bridgeway Health Solutions of Arizona Inc. | 20-4980818 | AZ | |
| 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 |
| Novasys Health, Inc | 27-2221367 | DE | |
| CeltiCare Health Plan Holdings LLC | 26-4278205 | DE | |
| CeltiCare Health Plan of Massachusetts, Inc. | 26-4818440 | MA | 13632 |
| Centene Management Company LLC | 39-1864073 | WI | |
| CMC Real Estate Co. LLC | 20-0057283 | DE | |
| Centene Center LLC | 26-4094682 | DE | |
| Centene Center II, LLC | 47-5156015 | DE | |
| CMC Hanley, LLC | 46-4234827 | MO | |
| Forhan, LLC | 47-2914561 | MO | |
| Hanley-Forsyth, LLC | 37-1766939 | MO | |
| GPT Acquisition LLC | 45-5431787 | DE | |
| Clayton Property Investment LLC | 45-4372065 | DE | |
| LSM Holdco, Inc. | 46-2794037 | DE | |
| Lifeshare Management Group, LLC | 46-2798132 | NH | |
| CCTX Holdings, LLC | 20-2074217 | DE | |
| Centene Company of Texas, LP (1%) | 74-2810404 | TX | |
| Centene Holdings, LLC | 20-2074277 | DE | |
| Centene Company of Texas, LP (99%) | 74-2810404 | TX | |
| MHS Travel & Charter, Inc | 43-1795436 | WI | |
| Health Care Enterprises, LLC | 46-4855483 | DE | |
| Envolve Holdings, Inc. | 22-3889471 | DE | |
| Cenpatico Behavioral Health, LLC | 68-0461584 | CA | |
| CBHSP Arizona, Inc | 86-0782736 | AZ | |

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

## PART 1 - ORGANIZATIONAL CHART

| | | | |
|---|---|---|---|
| Cenpatico of California, Inc | 47-2595704 | CA | |
| Integrated Mental Health Mgmt, LLC | 74-2892993 | TX | |
| Integrated Mental Health Services | 74-2785494 | TX | |
| Cenpatico Behavioral Health of Arizona, LLC | 20-1624120 | AZ | |
| Cenpatico of Arizona Inc. (80%) | 80-0879942 | AZ | 14704 |
| Envolve, Inc. | 37-1788565 | DE | |
| AHA Administrative Services, LLC | 47-4545413 | AL | |
| Envolve - New York, Inc. | 47-3454898 | NY | |
| Massachusetts Total Care Holding Company, LLC | 81-5366207 | DE | |
| Massachusetts Total Care, Inc. | 81-5220756 | MA | |
| Envolve PeopleCare, Inc. | 06-1476380 | DE | |
| LiveHealthier, Inc. | 47-2516714 | DE | |
| Envolve Benefits Options, Inc. | 20-4730341 | DE | |
| Envolve Captive Insurance Company, Inc. | 36-4520004 | SC | |
| 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 Vision of New York, Inc. | 06-1635519 | NY | |
| Envolve Dental, Inc. | 46-2783884 | DE | |
| Envolve Dental of Florida, Inc. | 81-2969330 | FL | |
| Envolve Dental of Texas, Inc. | 81-2796896 | TX | 16106 |
| Envolve Pharmacy Solutions, Inc. | 77-0578529 | DE | |
| LBB Industries, Inc | 76-0511700 | TX | |
| RX Direct, Inc | 75-2612875 | TX | |
| US Script IPA, LLC | 46-2307356 | NY | |
| Casenet LLC | 90-0636938 | DE | |
| Casenet S.R.O. | Foreign | CZE | |
| Centurion Group, Inc | 61-1450727 | DE | |
| Centurion LLC (51%) | 90-0766502 | DE | |
| Centurion of Arizona, LLC | 81-4228054 | AZ | |
| Centurion of Vermont, LLC | 47-1686283 | VT | |
| Centurion of Mississippi, LLC | 47-2967381 | MS | |
| Centurion of Tennessee, LLC | 30-0752651 | TN | |
| Massachusetts Partnership for Correctional Healthcare, LLC | 61-1696004 | MA | |
| Centurion of Minnesota, LLC | 46-2717814 | MN | |
| Centurion Correctional Healthcare of New Mexico, LLC | 81-1161492 | NM | |
| Centurion of Florida, LLC | 81-0687470 | FL | |
| Centurion of Illinois, LLC | 81-3007264 | IL | |
| Centurion of Maryland, LLC | 81-4938030 | MD | |
| Centurion of Philadelphia, LLC | 81-5429405 | PA | |

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

## PART 1 - ORGANIZATIONAL CHART

| | | |
|---|---|---|
| Specialty Therapeutic Care Holdings, LLC | 27-3617766 | DE |
| Specialty Therapeutic Care, LP (99.99%) | 73-1698808 | TX |
| Specialty Therapeutic Care, GP, LLC | 73-1698807 | TX |
| Specialty Therapeutic Care, LP (0.01%) | 73-1698808 | TX |
| Specialty Therapeutic Care West, LLC | 26-2624521 | TX |
| AcariaHealth Solutions, Inc. | 80-0856383 | DE |
| AcariaHealth, Inc. | 45-2780334 | DE |
| AcariaHealth Pharmacy #14, Inc | 27-1599047 | CA |
| AcariaHealth Pharmacy #11, Inc | 20-8192615 | TX |
| AcariaHealth Pharmacy #12, Inc | 27-2765424 | NY |
| AcariaHealth Pharmacy #13, Inc | 26-0226900 | CA |
| AcariaHealth Pharmacy, Inc | 13-4262384 | CA |
| HomeScripts.com, LLC | 27-3707698 | MI |
| New York Rx, Inc. | 20-8235695 | NY |
| U.S. Medical Management Holdings, Inc | 27-0275614 | DE |
| U.S. Medical Management, LLC (20%) | 38-3153946 | DE |
| U.S. Medical Management, LLC (48%) | 38-3153946 | DE |
| RMED, LLC | 31-1733889 | FL |
| IAH of Florida, LLC | 47-2138680 | FL |
| Heritage Home Hospice, LLC | 51-0581762 | MI |
| Grace Hospice of Austin, LLC | 20-2827613 | MI |
| ComfortBrook Hospice, LLC | 20-1530070 | OH |
| Comfort Hospice of Texas, LLC | 20-4996551 | MI |
| Grace Hospice of San Antonio, LLC | 20-2827526 | MI |
| Grace Hospice of Grand Rapids, LLC | 45-0679248 | MI |
| Grace Hospice of Indiana, LLC | 45-0634905 | MI |
| Grace Hospice of Virginia, LLC | 45-5080637 | MI |
| Comfort Hospice of Missouri, LLC | 45-5080567 | MI |
| Grace Hospice of Colorado, LLC | 45-5080675 | MI |
| Grace Hospice of Wisconsin, LLC | 46-1708834 | MI |
| Grace Hospice of Illinois, LLC | 81-5129923 | IL |
| Seniorcorps Peninsula, LLC | 26-4435532 | VA |
| R&C Healthcare, LLC | 33-1179031 | TX |
| A N J, LLC | 20-0927034 | TX |
| Pinnacle Senior Care of Missouri, LLC | 46-0861469 | MI |
| Country Style Health Care, LLC | 03-0556422 | TX |
| Phoenix Home Health Care, LLC | 14-1878333 | DE |
| Traditional Home Health Services, LLC | 75-2635025 | TX |
| Family Nurse Care, LLC | 38-2751108 | MI |
| Family Nurse Care II, LLC | 20-5108540 | MI |
| Family Nurse Care of Ohio, LLC | 20-3920947 | MI |

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

## PART 1 - ORGANIZATIONAL CHART

| | | | |
|---|---|---|---|
| Pinnacle Senior Care of Wisconsin, LLC | 46-4229858 | WI | |
| Pinnacle Senior Care of Indiana, LLC | 81-1565426 | MI | |
| Pinnacle Home Care, LLC | 76-0713516 | TX | |
| North Florida Health Services, Inc | 59-3519060 | FL | |
| Pinnacle Sr. Care of Kalamazoo, LLC | 47-1742728 | MI | |
| Hospice DME Company, LLC | 46-1734288 | MI | |
| Rapid Respiratory Services, LLC | 20-4364776 | DE | |
| USMM Accountable Care Network, LLC | 46-5730959 | DE | |
| USMM Accountable Care Partners, LLC | 46-5735993 | DE | |
| USMM Accountable Care Solutions, LLC | 46-5745748 | DE | |
| USMM ACO, LLC | 45-4165480 | MI | |
| USMM ACO Florida, LLC | 45-4157180 | MI | |
| USMM ACO North Texas, LLC | 45-4154905 | MI | |
| Health Net, Inc. | 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 | |
| Health Net of California Real Estate Holdings, Inc. | 54-2174069 | CA | |
| Managed Health Network, LLC | 95-4117722 | DE | |
| Managed Health Network | 95-3817988 | CA | |
| MHN Services, LLC | 95-4146179 | CA | |
| MHN Services IPA, Inc. | 13-4027559 | NY | |
| Health Net Federal Services, LLC | 68-0214809 | DE | |
| MHN Government Services LLC | 42-1680916 | DE | |
| MHN Global Services, Inc. | 51-0589404 | DE | |
| MHN Government Services-Belgium, Inc. | 80-0852000 | DE | |
| MHN Government Services-Djibouti, Inc. | 90-0889816 | DE | |
| MHN Government Services-Germany, Inc. | 80-0852008 | DE | |
| MHN Government Services-Guam, Inc. | 90-0889803 | DE | |
| MHN Government Services-International, Inc. | 90-0889825 | DE | |
| MHN Government Services-Italy, Inc. | 80-0852019 | DE | |
| MHN Government Services-Japan, Inc. | 46-1038058 | DE | |
| MHN Government Services-Puerto Rico, Inc. | 90-0889815 | DE | |
| MHN Government Services-Turkey, Inc. | 90-0889824 | DE | |
| MHN Government Services-United Kingdom, Inc. | 90-0889833 | DE | |
| Network Providers, LLC (10%) | 88-0357895 | DE | |
| Health Net Preferred Providers, LLC | 61-1388903 | DE | |
| Health Net Veterans, LLC | 35-2490375 | DE | |
| Network Providers, LLC (90%) | 88-0357895 | DE | |
| Health Net of the Northeast, LLC (25%) | 06-1116976 | DE | |
| North Region Providers, LLC | n/a | DE | |

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

## PART 1 - ORGANIZATIONAL CHART

| | | | |
|---|---|---|---|
| Health Net of the Northeast, LLC (75%) | 06-1116976 | DE | |
| QualMed, Inc. | 84-1175468 | DE | |
| QualMed Plans for Health of Colorado, Inc. | 84-0975985 | CO | |
| Health Net Health Plan of Oregon, Inc. | 93-1004034 | OR | 95800 |
| HSI Advantage Health Holdings, Inc. | 23-2867299 | DE | |
| QualMed Plans for Health of Western Pennsylvania, Inc. | 23-2867300 | PA | |
| Pennsylvania Health Care Plan, Inc. | 25-1516632 | PA | |
| Health Net Services Inc. | 94-3037822 | DE | |
| Health Net Community Solutions, Inc. | 54-2174068 | CA | |
| Health Net of Arizona, Inc. | 36-3097810 | AZ | 95206 |
| Health Net One Payment Services, Inc. | 54-2153100 | DE | |
| Health Net of Pennsylvania, LLC | n/a | PA | |
| QualMed Plans for Health of Pennsylvania, Inc. | 23-2456130 | PA | |
| FH Surgery Limited, Inc. | 68-0390434 | CA | |
| Foundation Health Facilities, Inc. | 68-0390438 | CA | |
| FH Assurance Company | 98-0150604 | CJ | |
| Health Net Pharmaceutical Services | 68-0295375 | CA | |
| Health Net of Arizona Administrative Services, Inc. | 86-0660443 | AZ | |
| Health Net Community Solutions of Arizona, Inc. | 81-1348826 | AZ | 15895 |
| National Pharmacy Services Inc. | 84-1301249 | DE | |
| Integrated Pharmacy Systems, Inc. (90%) | 23-2789453 | PA | |
| FH Surgery Centers Inc. | 68-0390435 | CA | |
| Greater Sacramento Surgery Center LP (66%) | 68-0343818 | CA | |
| Health Net Access, Inc. | 46-2616037 | AZ | |
| MHS Consulting, International, Inc | 20-8630006 | DE | |
| PRIMEROSALUD, S.L. | Foreign | ESP | |
| Centene UK Limited | Foreign | UK | |
| The Practice (Group) Limited (75%) | Foreign | UK | |
| Centene Health Plan Holdings, Inc. | Pending | DE | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 42-1406317 | | 0001071739 | New York Stock Exchange | Centene Corporation | DE | UDP | Shareholders/Board of Directors | Shareholders/Board of Directors | 100.0 | Shareholders/Board of Directors | N | |
| 01295 | Centene Corporation | 71013 | 39-0993433 | | | | Bankers Reserve Life Insurance Company of Wisconsin | WI | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Bankers Reserve Life Insurance Company of Wisconsin | Ownership | 17.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 12315 | 20-3174593 | | | | Peach State Health Plan, Inc. | GA | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Peach State Health Plan, Inc. | Ownership | 21.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 15713 | 46-4829006 | | | | Iowa Total Care, Inc. | IA | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 11834 | 32-0045282 | | | | Buckeye Community Health Plan, Inc. | OH | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Buckeye Community Health Plan, Inc. | Ownership | 13.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 12959 | 20-5693998 | | | | Absolute Total Care, Inc. | SC | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Absolute Total Care, Inc. | Ownership | 1.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 00000 | 59-3807546 | | | | Physicians Choice, LLC | SC | NIA | Absolute Total Care, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 65-1206841 | | | | PhyTrust of South Carolina LLC | FL | NIA | Absolute Total Care, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 95831 | 39-1821211 | | | | Coordinated Care Corporation d/b/a Managed Health Services | IN | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Coordinated Care Corporation d/b/a Managed Health Services | Ownership | 15.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 00000 | 46-5523218 | | | | Healthy Washington Holdings, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15352 | 46-2578279 | | | | Coordinated Care of Washington, Inc. | WA | IA | Healthy Washington Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 96822 | 39-1678579 | | | | Managed Health Services Insurance Corp. | WI | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Managed Health Services Insurance Corp. | Ownership | 2.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 60078 | 86-0819817 | | | | Hallmark Life Insurance Co. | AZ | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 95647 | 74-2770542 | | | | Superior HealthPlan, Inc. | TX | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Superior HealthPlan, Inc. | Ownership | 21.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 00000 | 27-0916294 | | | | Healthy Louisiana Holdings LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 13970 | 27-1287287 | | | | Louisiana Healthcare Connections, Inc. | LA | IA | Healthy Louisiana Holdings LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 13923 | 20-8570212 | | | | Magnolia Health Plan Inc. | MS | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 14053 | 27-2186150 | | | | IlliniCare Health Plan, Inc. | IL | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | IlliniCare Health Plan, Inc. | Ownership | 5.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 00000 | 26-0557093 | | | | Sunshine Health Holding LLC | FL | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 13148 | 20-8937577 | | | | Sunshine State Health Plan, Inc. | FL | IA | Sunshine Health Holding LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 56-2384404 | | | | Access Health Solutions LLC | FL | NIA | Sunshine Health Holding LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 14100 | 45-1294925 | | | | Kentucky Spirit Health Plan, Inc. | KY | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-5070230 | | | | Healthy Missouri Holding, Inc. | MO | NIA | Centene Corporation | Ownership | 95.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 14218 | 45-2798041 | | | | Home State Health Plan, Inc. | MO | IA | Healthy Missouri Holding, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Home State Health Plan, Inc. | Ownership | 5.0 | Centene Corporation | Y | |
| 01295 | Centene Corporation | 14345 | 45-3276702 | | | | Sunflower State Health Plan, Inc. | KS | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 14226 | 45-4792498 | | | | Granite State Health Plan, Inc. | NH | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15447 | 46-4195563 | | | | Bridgeway Advantage Solutions, Inc. | AZ | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-0907261 | | | | California Health and Wellness Plan | CA | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 10769 | 30-0312489 | | | | Fidelis SecureCare of Michigan, Inc. | MI | RE | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 16143 | 20-4761189 | | | | SilverSummit Health Plan, Inc. | NV | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-0483299 | | | | Agate Resources, Inc. | OR | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 93-1198219 | | | | Lane Individual Practice Association, Inc. | OR | NIA | Agate Resources, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 12559 | 42-1694349 | | | | Trillium Community Health Plan, Inc. | OR | IA | Lane Individual Practice Association, Inc. | Ownership | 60.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 12559 | 42-1694349 | | | | Trillium Community Health Plan, Inc. | OR | IA | Agate Resources, Inc. | Ownership | 40.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-4475075 | | | | Agate Properties, LLC | OR | NIA | Agate Resources, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 93-1198376 | | | | Independent Professional Services, LLC | OR | NIA | Agate Resources, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15902 | 47-5123293 | | | | Nebraska Total Care, Inc. | NE | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 16041 | 47-5340613 | | | | Pennsylvania Health & Wellness, Inc. | PA | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 15912 | 47-5664832 | | | | Superior HealthPlan Community Solutions, Inc. | TX | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15927 | 47-5667095 | | | | Sunshine Health Community Solutions, Inc. | FL | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-5664342 | | | | Buckeye Health Plan Community Solutions, Inc. | OH | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 16130 | 81-1282251 | | | | Arkansas Health & Wellness Health Plan, Inc. | AR | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-2788043 | | | | Healthy Oklahoma Holdings, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-3121527 | | | | Oklahoma Complete Health Inc | OK | NIA | Healthy Oklahoma Holdings, Inc | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4980875 | | | | Bridgeway Health Solutions, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4980818 | | | | Bridgeway Health Solutions of Arizona Inc. | AZ | NIA | Bridgeway Health Solutions, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 36-2979209 | | | | Celtic Group, Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 80799 | 06-0641618 | | | | Celtic Insurance Company | IL | IA | Celtic Group, Inc | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15762 | 35-2525384 | | | | Ambetter of Magnolia Inc | MS | IA | Celtic Insurance Company | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15729 | 36-4802632 | | | | Ambetter of Peach State Inc. | GA | IA | Celtic Insurance Company | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-2221367 | | | | Novasys Health, Inc | DE | NIA | Celtic Group, Inc | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-4278205 | | | | CeltiCare Health Plan Holdings LLC | DE | NIA | Celtic Group, Inc | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 13632 | 26-4818440 | | | | CeltiCare Health Plan of Massachusetts, Inc. | MA | IA | CeltiCare Health Plan Holdings LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 39-1864073 | | | | Centene Management Company LLC | WI | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-0057283 | | | | CMC Real Estate Co. LLC | DE | NIA | Centene Management Company LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-4094682 | | | | Centene Center LLC | DE | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-5156015 | | | | Centene Center II, LLC | DE | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-4234827 | | | | CMC Hanley, LLC | MO | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-2914561 | | | | Forhan, LLC | MO | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 37-1766939 | | | | Hanley-Forsyth, LLC | MO | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-5431787 | | | | GPT Acquisition LLC | DE | NIA | CMC Real Estate Co. LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-4372065 | | | | Clayton Property Investment LLC | DE | NIA | GPT Acquisition LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 46-2794037 | | | | LSM Holdco, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2798132 | | | | Lifeshare Management Group, LLC | NH | NIA | LSM Holdco, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-2074217 | | | | CCTX Holdings, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 74-2810404 | | | | Centene Company of Texas, LP | TX | NIA | CCTX Holdings, LLC | Ownership | 1.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-2074277 | | | | Centene Holdings, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 74-2810404 | | | | Centene Company of Texas, LP | TX | NIA | Centene Holdings, LLC | Ownership | 99.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 43-1795436 | | | | MHS Travel & Charter, Inc | WI | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-4855483 | | | | Health Care Enterprises, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 22-3889471 | | | | Envolve Holdings, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0461584 | | | | Cenpatico Behavioral Health, LLC | CA | NIA | Envolve Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 86-0782736 | | | | CBHSP Arizona, Inc. | AZ | NIA | Cenpatico Behavioral Health, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-2595704 | | | | Cenpatico of California, Inc. | CA | NIA | Cenpatico Behavioral Health, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 74-2892993 | | | | Integrated Mental Health Mgmt, LLC | TX | NIA | Cenpatico Behavioral Health, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 74-2785494 | | | | Integrated Mental Health Services | TX | NIA | Integrated Mental Health Mgmt, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-1624120 | | | | Cenpatico Behavioral Health of Arizona, LLC | AZ | NIA | Cenpatico Behavioral Health, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 14704 | 80-0879942 | | | | Cenpatico of Arizona Inc. | AZ | IA | Cenpatico Behavioral Health of Arizona, LLC | Ownership | 80.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 37-1788565 | | | | Envolve, Inc. | DE | NIA | Envolve Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-4545413 | | | | AHA Administrative Services, LLC | AL | NIA | Envolve, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-3454898 | | | | Envolve - New York, Inc. | NY | NIA | Envolve, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-5366207 | | | | Massachusetts Total Care Holding Company, LLC | DE | NIA | Envolve, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-5220756 | | | | Massachusetts Total Care, Inc. | MA | NIA | Massachusetts Total Care Holding Company, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 06-1476380 | | | | Envolve PeopleCare, Inc. | DE | NIA | Envolve Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-2516714 | | | | LiveHealthier, Inc. | DE | NIA | Envolve PeopleCare, Inc. | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 20-4730341 | | | | Envolve Benefits Options, Inc. | DE | NIA | Envolve Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 36-4520004 | | | | Envolve Captive Insurance Company, Inc. | SC | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 95302 | 75-2592153 | | | | Envolve Vision of Texas, Inc. | TX | IA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4773088 | | | | Envolve Vision, Inc. | DE | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 65-0094759 | | | | Envolve Vision of Florida, Inc. | FL | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4861241 | | | | Envolve Total Vision, Inc. | DE | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 06-1635519 | | | | Envolve Vision of New York, Inc. | NY | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2783884 | | | | Envolve Dental, Inc. | DE | NIA | Envolve Benefit Options, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-2969330 | | | | Envolve Dental of Florida, Inc. | FL | NIA | Envolve Dental, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-2796896 | | | | Envolve Dental of Texas, Inc. | TX | NIA | Envolve Dental, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 77-0578529 | | | | Envolve Pharmacy Solutions, Inc. | DE | NIA | Envolve Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 76-0511700 | | | | LBB Industries, Inc. | TX | NIA | Envolve Pharmacy Solutions, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 75-2612875 | | | | RX Direct, Inc. | TX | NIA | Envolve Pharmacy Solutions, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2307356 | | | | US Script IPA, LLC | NY | NIA | Envolve Pharmacy Solutions, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0636938 | | | | Casenet LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | Casenet S.R.O. | CZE | NIA | Casenet LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 61-1450727 | | | | Centurion Group, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0766502 | | | | Centurion LLC | DE | NIA | Centurion Group, Inc. | Ownership | 51.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-4228054 | | | | Centurion of Arizona, LLC | AZ | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-1686283 | | | | Centurion of Vermont, LLC | VT | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-2967381 | | | | Centurion of Mississippi, LLC | MS | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 30-0752651 | | | | Centurion of Tennessee, LLC | TN | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 61-1696004 | | | | Massachusetts Partnership for Correctional Healthcare, LLC | MA | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2717814 | | | | Centurion of Minnesota, LLC | MN | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 81-1161492 | | | | Centurion Correctional Healthcare of New Mexico, LLC | NM | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-0687470 | | | | Centurion of Florida, LLC | FL | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-3007264 | | | | Centurion of Illinois, LLC | IL | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-4938030 | | | | Centurion of Maryland, LLC | MD | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-5429405 | | | | Centurion of Philadelphia, LLC | PA | NIA | Centurion LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-3617766 | | | | Specialty Therapeutic Care Holdings, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 73-1698808 | | | | Specialty Therapeutic Care, LP | TX | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 73-1698807 | | | | Specialty Therapeutic Care, GP, LLC | TX | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 73-1698808 | | | | Specialty Therapeutic Care, LP | TX | NIA | Specialty Therapeutic Care, GP, LLC | Ownership | 0.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-2624521 | | | | Specialty Therapeutic Care West, LLC | TX | NIA | Specialty Therapeutic Care, LP | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 80-0856383 | | | | AcariaHealth Solutions, Inc. | DE | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-2780334 | | | | AcariaHealth, Inc. | DE | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-1599047 | | | | AcariaHealth Pharmacy #14, Inc. | CA | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-8192615 | | | | AcariaHealth Pharmacy #11, Inc. | TX | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-2765424 | | | | AcariaHealth Pharmacy #12, Inc. | NY | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-0226900 | | | | AcariaHealth Pharmacy #13, Inc. | CA | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 13-4262384 | | | | AcariaHealth Pharmacy, Inc. | CA | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-3707698 | | | | HomeScripts.com, LLC | MI | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-8235695 | | | | New York Rx, Inc. | NY | NIA | AcariaHealth, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 27-0275614 | | | | U.S. Medical Management Holdings, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 38-3153946 | | | | U.S. Medical Management, LLC | DE | NIA | U.S. Medical Management Holdings, Inc. | Ownership | 20.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 38-3153946 | | | | U.S. Medical Management, LLC | DE | NIA | Centene Corporation | Ownership | 48.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 31-1733889 | | | | RMED, LLC | FL | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-2138680 | | | | IAH of Florida, LLC | FL | NIA | RMED, LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 51-0581762 | | | | Heritage Home Hospice, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-2827613 | | | | Grace Hospice of Austin, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-1530070 | | | | ComfortBrook Hospice, LLC | OH | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4996551 | | | | Comfort Hospice of Texas, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-2827526 | | | | Grace Hospice of San Antonio, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-0679248 | | | | Grace Hospice of Grand Rapids, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-0634905 | | | | Grace Hospice of Indiana, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-5080637 | | | | Grace Hospice of Virginia, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-5080567 | | | | Comfort Hospice of Missouri, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-5080675 | | | | Grace Hospice of Colorado, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-1708834 | | | | Grace Hospice of Wisconsin, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-5129923 | | | | Grace Hospice of Illinois, LLC | IL | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 26-4435532 | | | | Seniorcorps Peninsula, LLC | VA | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 33-1179031 | | | | R&C Healthcare, LLC | TX | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-0927034 | | | | A N J, LLC | TX | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-0861469 | | | | Pinnacle Senior Care of Missouri, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 03-0556422 | | | | Country Style Health Care, LLC | TX | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 14-1878333 | | | | Phoenix Home Health Care, LLC | DE | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 75-2635025 | | | | Traditional Home Health Services, LLC | TX | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 38-2751108 | | | | Family Nurse Care, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-5108540 | | | | Family Nurse Care II, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-3920947 | | | | Family Nurse Care of Ohio, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-4229858 | | | | Pinnacle Senior Care of Wisconsin, LLC | WI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 81-1565426 | | | | Pinnacle Senior Care of Indiana, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 76-0713516 | | | | Pinnacle Home Care, LLC | TX | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 59-3519060 | | | | North Florida Health Services, Inc. | FL | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-1742728 | | | | Pinnacle Sr. Care of Kalamazoo, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-1734288 | | | | Hospice DME Company, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-4364776 | | | | Rapid Respiratory Services, LLC | DE | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-5730959 | | | | USMM Accountable Care Network, LLC | DE | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-5735993 | | | | USMM Accountable Care Partners, LLC | DE | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-5745748 | | | | USMM Accountable Care Solutions, LLC | DE | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-4165480 | | | | USMM ACO, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-4157180 | | | | USMM ACO Florida, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 45-4154905 | | | | USMM ACO North Texas, LLC | MI | NIA | U.S. Medical Management, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 47-5208076 | | | | Health Net, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 95-4402957 | | | | Health Net of California, Inc. | CA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 66141 | 73-0654885 | | | | Health Net Life Insurance Company | CA | IA | Health Net of California, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 98-0409907 | | | | Health Net Life Reinsurance Company | CYM | NIA | Health Net of California, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 54-2174069 | | | | Health Net of California Real Estate Holdings, Inc. | CA | NIA | Health Net of California, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 95-4117722 | | | | Managed Health Network, LLC | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 95-3817988 | | | | Managed Health Network | CA | NIA | Managed Health Network, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 95-4146179 | | | | MHN Services, LLC | CA | NIA | Managed Health Network, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 13-4027559 | | | | MHN Services IPA, Inc. | NY | NIA | MHN Services, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0214809 | | | | Health Net Federal Services, LLC | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 42-1680916 | | | | MHN Government Services LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 51-0589404 | | | | MHN Global Services, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 80-0852000 | | | | MHN Government Services-Belgium, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 00000 | 90-0889816 | | | | MHN Government Services-Djibouti, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 80-0852008 | | | | MHN Government Services-Germany, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0889803 | | | | MHN Government Services-Guam, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0889825 | | | | MHN Government Services-International, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 80-0852019 | | | | MHN Government Services-Italy, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-1038058 | | | | MHN Government Services-Japan, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0889815 | | | | MHN Government Services-Puerto Rico, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0889824 | | | | MHN Government Services-Turkey, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 90-0889833 | | | | MHN Government Services-United Kingdom, Inc. | DE | NIA | MHN Government Services LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 88-0357895 | | | | Network Providers, LLC | DE | NIA | MHN Government Services LLC | Ownership | 10.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 61-1388903 | | | | Health Net Preferred Providers, LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 35-2490375 | | | | Health Net Veterans, LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 88-0357895 | | | | Network Providers, LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 90.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 06-1116976 | | | | Health Net of the Northeast, LLC | DE | NIA | Network Providers, LLC | Ownership | 25.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | North Region Providers, LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 06-1116976 | | | | Health Net of the Northeast, LLC | DE | NIA | Health Net, Inc. | Ownership | 75.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 84-1175468 | | | | QualMed, Inc. | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 84-0975985 | | | | QualMed Plans for Health of Colorado, Inc. | CO | NIA | QualMed, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 95800 | 93-1004034 | | | | Health Net Health Plan of Oregon, Inc. | OR | IA | QualMed, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 23-2867299 | | | | HSI Advantage Health Holdings, Inc. | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 23-2867300 | | | | QualMed Plans for Health of Western Pennsylvania, Inc. | PA | NIA | HSI Advantage Health Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 25-1516632 | | | | Pennsylvania Health Care Plan, Inc. | PA | NIA | HSI Advantage Health Holdings, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 94-3037822 | | | | Health Net Services Inc. | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 54-2174068 | | | | Health Net Community Solutions, Inc. | CA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01295 | Centene Corporation | 95206 | 36-3097810 | | | | Health Net of Arizona, Inc. | AZ | IA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 54-2153100 | | | | Health Net One Payment Services, Inc. | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | Health Net of Pennsylvania, LLC | PA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 23-2456130 | | | | QualMed Plans for Health of Pennsylvania, Inc. | PA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0390434 | | | | FH Surgery Limited, Inc. | CA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0390438 | | | | Foundation Health Facilities, Inc. | CA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 98-0150604 | | | | FH Assurance Company | CYM | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0295375 | | | | Health Net Pharmaceutical Services | CA | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 86-0660443 | | | | Health Net of Arizona Administrative Services, Inc. | AZ | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 15895 | 81-1348826 | | | | Health Net Community Solutions of Arizona, Inc. | AZ | IA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 84-1301249 | | | | National Pharmacy Services Inc. | DE | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 23-2789453 | | | | Integrated Pharmacy Systems, Inc. | PA | NIA | National Pharmacy Services Inc. | Ownership | 90.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0343818 | | | | Greater Sacramento Surgery Center LP | CA | NIA | FH Surgery Centers Inc. | Ownership | 66.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 46-2616037 | | | | Health Net Access, Inc. | AZ | NIA | Health Net, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 20-8630006 | | | | MHS Consulting, International, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | PRIMEROSALUD, S.L. | ESP | NIA | MHS Consulting, International, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | Centene UK Limited | GBR | NIA | MHS Consulting, International, Inc. | Ownership | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | Centene Health Plan Holdings, Inc. | DE | NIA | Centene Corporation | | 100.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | | | | | The Practice (Group) Limited | GBR | NIA | Centene UK Limited | Ownership | 75.0 | Centene Corporation | N | |
| 01295 | Centene Corporation | 00000 | 68-0390435 | | | | FH Surgery Centers Inc. | CA | NIA | Health Net, Inc. | | 100.0 | Centene Corporation | N | |

| Asterisk | Explanation |
|---|---|
| | |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | RESPONSE |
|---|---|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

**Explanation:**

1. Business not written.

**Bar Code:**

1. 1 0 7 6 9 2 0 1 7 3 6 5 0 0 0 0 1

# OVERFLOW PAGE FOR WRITE-INS

# SCHEDULE A – VERIFICATION

**Real Estate**

NONE

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

# SCHEDULE B – VERIFICATION

**Mortgage Loans**

NONE

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

# SCHEDULE BA – VERIFICATION

**Other Long-Term Invested Assets**

NONE

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

# SCHEDULE D – VERIFICATION

**Bonds and Stocks**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,098,502 | 1,097,420 |
| 2. Cost of bonds and stocks acquired | | 0 |
| 3. Accrual of discount | 270 | 1,083 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | | 0 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 1,098,772 | 1,098,502 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,098,772 | 1,098,502 |

# SCHEDULE D - PART 1B

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

| NAIC Designation | 1<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| **BONDS** | | | | | | | | |
| 1. NAIC 1 (a) | 1,098,503 | | | 270 | 1,098,773 | 0 | 0 | 1,098,503 |
| 2. NAIC 2 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 1,098,503 | 0 | 0 | 270 | 1,098,773 | 0 | 0 | 1,098,503 |
| **PREFERRED STOCK** | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 1,098,503 | 0 | 0 | 270 | 1,098,773 | 0 | 0 | 1,098,503 |

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

# SCHEDULE DA - PART 1

**Short-Term Investments**

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 9199999 | | XXX | | | |

# SCHEDULE DA - VERIFICATION

**Short-Term Investments**

NONE

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

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

# SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | |
| US Bank P.O. Box 1800, St. Paul, MN55101 | | 0.000 | 0 | | 2,609,383 | 3,095,085 | 6,821,565 | XXX |
| Square 1 Bank 406 Blackwell St., Suite 240, Durham, NC 27701 | | 0.150 | 0 | | 427,903 | 425,826 | 401,800 | XXX |
| 0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 0 | 0 | 3,037,286 | 3,520,911 | 7,223,365 | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | 0 | 0 | 3,037,286 | 3,520,911 | 7,223,365 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| **0599999 Total** | XXX | XXX | 0 | 0 | 3,037,286 | 3,520,911 | 7,223,365 | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| NONE | | | | | | | |
| 8699999 Total Cash Equivalents | | | | | 0 | 0 | 0 |