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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

Centene Venture Company Michigan

(Name)

NAIC Group Code 01295 (Current Period), 01295 (Prior Period) NAIC Company Code 16613 Employer's ID Number 93-2446307

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 [X] No [ ]

Incorporated/Organized 11/07/2018 Commenced Business 01/01/2021

Statutory Home Office 800 Tower Road, 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)
St. Loouis, 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), St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.centene.com

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

OFFICERS

Name	Title	Name	Title
Thomas Robert Lindquist #	President	James Edward Snyder III	Treasurer
Janet Robey Alonzo #	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

Penny Joan Boyle #	Vice President	Charlie Willie Fields Jr. #	Assistant Secretary

DIRECTORS OR TRUSTEES

Kirk Fischer #	Angela Porter #	Kate Nicole Casso #	Adam Scott Durall #
Timothy Warren Moorhead #	Cheryl Gueldenzopf #	Richard Jong Youl Chong #	

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

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

Thomas Robert Lindquist	James Edward Snyder III	Janet Robey Alonzo
President	Treasurer	Secretary

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

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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	112,007	0	112,007	110,069
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)	0	0	0	0
4.3 Properties held for sale (less $ ..... encumbrances)	0	0	0	0
5. Cash ($ 9,836,234 , Schedule E-Part 1), cash equivalents ($ 1,100,215 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA)	10,936,449	0	10,936,449	1,386,663
6. Contract loans (including $ ..... premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	11,048,456	0	11,048,456	1,496,732
13. Title plants less $ ..... charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	760	0	760	379
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	20,476	0	20,476	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums ($ 99,916) and contracts subject to redetermination ($ .....)	99,916	0	99,916	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies		0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	35,369	0	35,369	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	6,282
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets ($ .....)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care ($ 137,580) and other amounts receivable	214,213	76,633	137,580	0
25. Aggregate write-ins for other-than-invested assets	117,061	15,442	101,619	2,598
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	11,536,252	92,075	11,444,177	1,505,991
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	11,536,252	92,075	11,444,177	1,505,991
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State Income Tax Receivable	101,619	0	101,619	2,598
2502. Other Assets Non-admitted	15,442	15,442	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	117,061	15,442	101,619	2,598

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	1,099,806	0	1,099,806	0
2. Accrued medical incentive pool and bonus amounts	16,412	0	16,412	0
3. Unpaid claims adjustment expenses	8,827	0	8,827	0
4. Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act	5,270,893	0	5,270,893	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	171	0	171	0
9. General expenses due or accrued	47,393	0	47,393	0
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))	3,252	0	3,252	0
10.2 Net deferred tax liability	0	0	0	139
11. Ceded reinsurance premiums payable	749	0	749	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	1,148,975	0	1,148,975	17,579
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified ($ .....) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	329,473	0	329,473	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	7,925,951	0	7,925,951	17,718
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	12,085,380	1,511,380
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	(8,568,154)	(23,107)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,518,226	1,488,273
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,444,177	1,505,991
DETAILS OF WRITE-INS				
2301.				
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)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	5,980	0
2. Net premium income (including $ 0 non-health premium income)	XXX	4,781,863	0
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
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,781,863	0
Hospital and Medical:			
9. Hospital/medical benefits		4,263,420	0
10. Other professional services		323,203	0
11. Outside referrals		0	0
12. Emergency room and out-of-area		141,870	0
13. Prescription drugs		248,097	0
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		16,412	0
16. Subtotal (Lines 9 to 15)	0	4,993,002	0
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	4,993,002	0
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 3,758 cost containment expenses		62,629	0
21. General administrative expenses		3,012,061	56,400
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		5,161,330	0
23. Total underwriting deductions (Lines 18 through 22)	0	13,229,022	56,400
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(8,447,159)	(56,400)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,284	11,814
26. Net realized capital gains (losses) less capital gains tax of $		0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,284	11,814
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 1,702)]		(1,702)	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(8,443,577)	(44,586)
31. Federal and foreign income taxes incurred	XXX	9,534	(9,536)
32. Net income (loss) (Lines 30 minus 31)	XXX	(8,453,111)	(35,050)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	1,488,273	1,523,462
34.	Net income or (loss) from Line 32	(8,453,111)	(35,050)
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax	139	(139)
39.	Change in nonadmitted assets	(92,075)	0
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	1,000	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	10,574,000	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	2,029,953	(35,189)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	3,518,226	1,488,273
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	4,771,954	0
2. Net investment income	5,762	15,916
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	4,777,716	15,916
5. Benefit and loss related payments	4,090,998	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	2,724,366	56,400
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	0	(139)
10. Total (Lines 5 through 9)	6,815,363	56,261
11. Net cash from operations (Line 4 minus Line 10)	(2,037,647)	(40,345)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	110,000	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	110,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	112,802	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	112,802	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2,802)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	10,574,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	1,016,235	24,120
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	11,590,235	24,120
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)	9,549,786	(16,225)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,386,663	1,402,888
19.2 End of year (Line 18 plus Line 19.1)	10,936,449	1,386,663

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	4,781,863	0	0	0	0	0	4,781,863	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	4,781,863	0	0	0	0	0	4,781,863	0	0	0
8. Hospital/medical benefits	4,263,420						4,263,420			XXX
9. Other professional services	323,203						323,203			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	141,870						141,870			XXX
12. Prescription drugs	248,097						248,097			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	16,412						16,412			XXX
15. Subtotal (Lines 8 to 14)	4,993,002	0	0	0	0	0	4,993,002	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	4,993,002	0	0	0	0	0	4,993,002	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 3,758 cost containment expenses	62,629						62,629			
20. General administrative expenses	3,017,626						3,017,626			
21. Increase in reserves for accident and health contracts	5,161,330						5,161,330			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	13,234,587	0	0	0	0	0	13,234,587	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(8,452,724)	0	0	0	0	0	(8,452,724)	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	4,789,823		7,960	4,781,863
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	4,789,823	0	7,960	4,781,863
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	4,789,823	0	7,960	4,781,863

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	4,091,003						4,091,003			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,091,003	0	0	0	0	0	4,091,003	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,099,806	0	0	0	0	0	1,099,806	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	1,099,806	0	0	0	0	0	1,099,806	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	16,412						16,412			
6. Net healthcare receivables (a)	214,213						214,213			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	4,976,596	0	0	0	0	0	4,976,596	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	4,976,596	0	0	0	0	0	4,976,596	0	0	0
13. Incurred medical incentive pools and bonuses	16,412	0	0	0	0	0	16,412	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	237,191						237,191			
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	237,191	0	0	0	0	0	237,191	0	0	0
2. Incurred but Unreported:										
2.1. Direct	862,615						862,615			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	862,615	0	0	0	0	0	862,615	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	1,099,806	0	0	0	0	0	1,099,806	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	1,099,806	0	0	0	0	0	1,099,806	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 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		4,091,003		1,099,806	0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	0	4,091,003	0	1,099,806	0	0
10. Healthcare receivables (a)		214,213			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts				16,412	0	0
13. Totals (Lines 9-10+11+12)	0	3,876,790	0	1,116,218	0	0

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017	0	0	0	0	
3. 2018	XXX	0	0	0	
4. 2019	XXX	XXX	0	0	
5. 2020	XXX	XXX	XXX	0	
6. 2021	XXX	XXX	XXX	XXX	3,877

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017	0	0	0	0	
3. 2018	XXX	0	0	0	
4. 2019	XXX	XXX	0	0	
5. 2020	XXX	XXX	XXX	0	
6. 2021	XXX	XXX	XXX	XXX	4,993

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	0	0		0.0	0	0.0			0	0.0
2. 2018	0	0		0.0	0	0.0			0	0.0
3. 2019	0	0		0.0	0	0.0			0	0.0
4. 2020	0	0		0.0	0	0.0			0	0.0
5. 2021	4,782	3,877	54	1.4	3,931	82.2	1,116	9	5,056	105.7

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	0	0	0
5. 2020	XXX	XXX	XXX	0	0
6. 2021	XXX	XXX	XXX	XXX	3,877

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	0	0	0
5. 2020	XXX	XXX	XXX	0	0
6. 2021	XXX	XXX	XXX	XXX	4,993

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2019	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2021	4,782	3,877	54	1.4	3,931	82.2	1,116	9	5,056	105.7

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	5,161,330						5,161,330		
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income)	109,563						109,563		
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	5,270,893	0	0	0	0	0	5,270,893	0	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	5,270,893	0	0	0	0	0	5,270,893	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ 5,161,330 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)			55,624		55,624
2. Salaries, wages and other benefits			1,366,414		1,366,414
3. Commissions (less $ ..... ceded plus $ ..... assumed)					0
4. Legal fees and expenses			24,837		24,837
5. Certifications and accreditation fees			1,160		1,160
6. Auditing, actuarial and other consulting services			722,874		722,874
7. Traveling expenses			4,001		4,001
8. Marketing and advertising			46,657		46,657
9. Postage, express and telephone			32,864		32,864
10. Printing and office supplies			157,508		157,508
11. Occupancy, depreciation and amortization			159,416		159,416
12. Equipment			3,691		3,691
13. Cost or depreciation of EDP equipment and software			148,489		148,489
14. Outsourced services including EDP, claims, and other services	3,758	58,871	262,423		325,052
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			7,573		7,573
17. Collection and bank service charges			26,106		26,106
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			9,411		9,411
22. Real estate taxes			5,002		5,002
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(95,740)		(95,740)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			3,651		3,651
23.4 Payroll taxes			70,422		70,422
23.5 Other (excluding federal income and real estate taxes)			(322)		(322)
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	3,758	58,871	3,012,061	0	(a) 3,074,690
27. Less expenses unpaid December 31, current year		8,827	47,393		56,220
28. Add expenses unpaid December 31, prior year	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,758	50,044	2,964,668	0	3,018,470
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of $ 2,460,478 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 718	1,104
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 32,537	4,180
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	33,255	5,284
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		5,284
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ ..... accrual of discount less $ 864 amortization of premium and less $ 618 paid for accrued interest on purchases.
(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ ..... paid for accrued interest on purchases.
(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.
(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.
(g) Includes $ ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.
(i) Includes $ ..... depreciation on real estate and $ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	76,633	0	(76,633)
25. Aggregate write-ins for other-than-invested assets	15,442	0	(15,442)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	92,075	0	(92,075)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	92,075	0	(92,075)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other Assets Non-admitted	15,442		(15,442)
2502.			0
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	15,442	0	(15,442)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Total Members at End of					6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	0	442	498	531	563	5,980
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	0	442	498	531	563	5,980
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Centene Venture Company Michigan, Inc. (the "Company"), domiciled in the State of Michigan, are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance (the "Department").

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

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

		SSAP #	F/S Page	F/S Line #	2021	2020
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	$ (8,453,112)	$ (35,050)
2	State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
3	State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
4	NAIC SAP (1-2-3=4)	xxx	xxx	xxx	$ (8,453,112)	$ (35,050)
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	$ 3,518,222	$ 1,488,273
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: None	—	—	—	—	—
7	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: None	—	—	—	—	—
8	NAIC SAP (5-6-7=8)	xxx	xxx	xxx	$ 3,518,222	$ 1,488,273

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

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

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investment in subsidiaries, controlled or affiliated companies.
8. The Company has no interest in joint ventures.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the

amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

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

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

A. The Company has no statutory purchases.
B. The Company has no statutory mergers.
C. The Company has no assumption reinsurance.
D. The Company has no impairment losses.
E. The Company has no subcomponents and calculation of adjusted surplus and total admitted goodwill.

4. Discontinued Operations

The Company has no discontinued operations.

5. Investments

A. The Company has no mortgage loans, including mezzanine real estate loans.
B. The Company has no debt restructuring.
C. The Company has no reverse mortgages.
D. The Company has no loan-backed securities.
E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2021.
F-I. The Company did not have any repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.
J. The Company did not engage in any retail land sale operations.
K. The Company did not engage in any low income housing tax credits.
L. Restricted Assets
1. Restricted Assets (Including Pledged):
The information on the Company's investment in restricted assets at December 31, was as follows:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
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 - excluding FHLB capital stock	—	—	—	—	—	—	—
i. FHLB capital stock							

j. On deposit with states	112,007	110,069	1,938	—	112,007	1.0 %	1.0 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged as collateral to FHLB	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total restricted assets	$ 112,007	$ 110,069	$ 1,938	$ —	$ 112,007	1.0 %	1.0 %

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

2. The Company did not have any assets pledged as collateral, or captured in other categories.
3. The Company did not have any other restricted assets.
4. The Company has no collateral received and reflected as assets.
M. The Company has no working capital financed investments.
N. The Company has no asset and liabilities which are offset and reported net in accordance with a valid right to offset.
O. The Company has no 5*GI securities.
P. The Company has no short sales.
Q. The Company did not have any prepayment penalty and acceleration fees.
R. The Company has no reporting entity's share of cash pool.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company had no investments in any joint ventures, partnerships or limited liability companies that exceeds 10% of the admitted assets of the insurer.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.
B. There was no nonadmitted accrued interest income.

8. Derivative Instruments

The Company had no investment derivative instruments.

9. Income Taxes

A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):
The components of the net DTAs/DTLs at December 31, are as follows:

	2021			2020		
(1)	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	$ 1,810,901	$ —	$ 1,810,901	$ —	$ —	$ —
(b) Statutory Valuation Allowance Adjustments	1,802,046	—	1,802,046	—	—	—
(c) Adjusted Gross Deferred Tax Assets	8,855	—	8,855	—	—	—
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset	8,855	—	8,855	—	—	—
(f) Deferred Tax Liabilities ("DTL")	8,856	—	8,856	139	—	139
(g) Net Admitted Deferred Tax Asset/Liability	$ (1)	$ —	$ (1)	$ (139)	$ —	$ (139)
(2)						
Admission Calculation Components SSAP 101:						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ —	$ —	$ —	$ —	$ —	$ —
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	—	—	—	—	—	—
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	—	—	—	—	—	—
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	XXX	XXX	527,734	XXX	XXX	223,240
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	8,856	—	8,856	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	$ 8,856	$ —	$ 8,856	$ —	$ —	$ —

(1)		Change Ordinary	Change Capital	Change Total
(a)	Gross Deferred Tax Assets	$ 1,810,901	$ —	$ 1,810,901
(b)	Statutory Valuation Allowance Adjustments	1,802,046	—	1,802,046
(c)	Adjusted Gross Deferred Tax Assets	8,855	—	8,855
(d)	Deferred Tax Assets Nonadmitted	—	—	—
(e)	Subtotal Net Admitted Deferred Tax Asset	8,855	—	8,855
(f)	Deferred Tax Liabilities	8,717	—	8,717
(g)	Net Admitted Deferred Tax Asset/Liability	$ 138	$ —	$ 138
(2)				
Admission Calculation Components SSAP 101:				
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ —	$ —	$ —
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	—	—	—
	1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	—	—	—
	2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	XXX	XXX	304,494
(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	8,856	—	8,856
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No 101	$ 8,856	$ —	$ 8,856

Information used in expected to be realized calculation.

(3)		2021	2020
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	382.1 %	3500.0 %
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	$ 3,518,226	$ 1,488,269

(4)	Impact of Tax-Planning Strategies	2021 Ordinary	2021 Capital	2020 Ordinary	2020 Capital	Change Ordinary	Change Capital
(a)	Adjusted gross DTAs - Amount	$ 8,855	$ —	$ —	$ —	$ 8,855	$ —
	Adjusted gross DTAs - Percentage	— %	— %	— %	— %	— %	— %
(b)	Net admitted DTAs - Amount	$ 8,855	$ —	$ —	$ —	$ 8,855	$ —
	Net admitted DTAs - Percentage	— %	— %	— %	— %	— %	— %
(c)	Does the Company's tax-planning strategies include the use of reinsurance?					Yes _____	No __X__

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

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

	(1) Current Income Tax	2021	2020	Change
(a)	Federal	$ —	$ (9,536)	$ 9,536
(b)	Foreign	—	—	—
(c)	Subtotal	$ —	$ (9,536)	$ 9,536
(d)	Federal income tax on net capital gains	—	—	—
(e)	Utilization of capital loss carry-forwards	—	—	—
(f)	Other	9,535	—	9,535
(g)	Federal and foreign income taxes incurred	$ 9,535	$ (9,536)	$ 19,071

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

	(2) DTAs Resulting From	2021	2020	Change
(a)	Ordinary			
	Discounting of unpaid losses and LAE	$ 3,308	$ —	$ 3,308
	Unearned premiums	7	—	7
	Policyholder reserves	—	—	—
	Investments	—	—	—
	Deferred acquisition costs	—	—	—
	Policyholder dividends accrued	—	—	—
	Fixed assets	—	—	—
	Accrued Expenses	357	—	357
	Pension accruals	—	—	—
	Nonadmitted assets	19,336	—	19,336
	Net operating loss carryforward	704,014	—	704,014
	Tax credit carryforward	—	—	—
	Goodwill & Intangible Amortization	—	—	—
	Premium deficiency reserve	1,083,879	—	1,083,879
	Other (separately disclose items >5%)	—	—	—
	Gross ordinary DTAs	$ 1,810,901	$ —	$ 1,810,901
(b)	Statutory valuation adjustment adjustment - ordinary	1,802,046	—	1,802,046
(c)	Nonadmitted ordinary DTAs (-)	—	—	—
(d)	Admitted ordinary DTAs	$ 8,855	$ —	$ 8,855
(e)	Capital			
	Investments	—	—	—
	Net capital loss carryforward	—	—	—
	Real estate	—	—	—
	Other (separately disclose items >5%)	—	—	—
	Unrealized capital losses	—	—	—
	Gross capital DTAs	$ —	$ —	$ —
(f)	Statutory valuation adjustment adjustment - capital (-)	—	—	—
(g)	Nonadmitted capital DTAs (-)	—	—	—
(h)	Admitted capital DTAs	$ —	$ —	$ —
(i)	Admitted DTAs	$ 8,855	$ —	$ 8,855

DTLs resulting from book/tax differences in:

	(3) DTLs Resulting From			
(a)	Ordinary			
	Investments	$ —	$ —	$ —
	Fixed assets	—	—	—
	Deferred and uncollected premiums	—	—	—
	Policyholder reserves/salvage and subrogation	—	—	—
	Other (separately disclose items >5%)	8,856	139	8,717
	Ordinary DTLs	$ 8,856	$ 139	$ 8,717
(b)	Capital			
	Investments	—	—	—
	Real estate	—	—	—
	Other (separately disclose items >5%)	—	—	—
	Unrealized capital gains	—	—	—
	Capital DTLs	$ —	$ —	$ —
(c)	DTLs	$ 8,856	$ 139	$ 8,717
	Net deferred tax assets/liabilities	$ (1)	$ (139)	$ 138

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

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

	2021
Income Before Taxes	$ (1,773,151)
Statutory Valuation Allowance Adjustment	1,802,045
Deferred Taxes on Nonadmitted Assets	(19,336)
Other, Including Prior Year True-Up	(163)
Total Statutory Income Taxes	$ 9,395

	2021
Federal Income Taxes Incurred [Expense/(Benefit)]	$ 9,534
Tax on Capital Gains/(Losses)	—
Change in Net Deferred Income Tax [Charge/(Benefit)]	(139)
Total Statutory Income Taxes	$ 9,395

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:
1. At December 31, 2021, the Company has no federal operating loss carryforwards.

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

Year	Ordinary	Capital	Total
2019	N/A	$ —	$ —
2020	$ —	$ —	$ —
2021	$ —	$ —	$ —

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

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Next Door Neighbors, Inc. ("NDN") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.

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

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.
H. The Company does not have any repatriation transition tax.
I. The Company does not have any alternative minimum tax credit.
J. The Company does not have any global intangible low taxed income.

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

A. and B. Relationship/Transactions and Amounts

The Company is wholly owned by Next Door Neighbors, Inc. ("NDN"), which is wholly owned by Next Door Neighbors, LLC.

In 2021, the Company received capital contributions of $10,574,000 from its parent, NDN. No capital contributions were received in 2020.

The Company's transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2021 and 2020 are as follows:

Affiliate	Expense 2021	Expense 2020	Amount due (to) from 2021	Amount due (to) from 2020	Services Provided
Centene Management Company	$ 721,259	$ —	$ (268,549)	$ (17,579)	General management services
Envolve PeopleCare, Inc.	$ 179	$ —	$ —	$ — (1)	Nurse-line triage and life and health management
Envolve Vision, Inc.	$ 27,235	$ —	$ (5,495)	$ — (1)	Managed vision
Envolve Pharmacy Solutions, Inc.	$ 674,838	$ —	$ (103,328)	$ — (1)	Pharmacy benefits management
Envolve Dental, Inc.	$ 117,729	$ —	$ (9,263)	$ — (1)	Managed dental
U.S. Medical Management, LLC	$ 5,419	$ —	$ —	$ — (1)	In-home health services
Next Door Neighbors, LLC	$ 1,739,219	$ —	$ (880,425)	$ —	General management services
Bankers Reserve-Reinsurance	$ 7,960	$ —	$ (749)	$ — (2)	Reinsurance

(1) Amounts due to affiliates reflected in claims payable.
(2) Amounts due to affiliate is reflected in reinsurance payable.

C. The Company does not have transactions with related parties who are not reported on Schedule Y.
D. The Company has no balance receivable from parent, subsidiaries and affiliates. The Company has a $1,148,975 and $17,579, balance payable to parent, subsidiaries and affiliates, respectively.
E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.
F. The Company does not have guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.
G. All outstanding shares of the Company are owned by the Parent Company, Centene.
H. - L. The Company did not have any controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.
M. - O. The Company did not have any SCA investments, investments in insurance and SCA losses.

11. Debt

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

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

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

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

A. The Company has 1,000 shares of $1 par value common stock authorized, issued and outstanding.
B. The Company has no preferred stock outstanding.
C. *Dividend Restrictions* - Under the laws of the State of Michigan, all dividends and other distributions to shareholders must be reported to the Michigan Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus required by law, or when the payment of a dividend or other distribution would reduce its surplus to less than such amount.
D. *Dividends* - The Company did not pay any dividends in 2021 or 2020.
E. Within the limitation of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
G. The Company has no advances to surplus not repaid.
H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.
I. The Company has no changes in balances of any special surplus funds.
J. The Company has no unrealized gains and (losses).
K. The Company has no surplus notes.
L. The Company was not involved in a quasi-reorganization.
M. The Company has not been involved in a quasi-reorganization in the last 10 years.

14. Liabilities, Contingencies and Assessments

A. There were no contingent commitments.
B. There were no assessments.
C. There were no gain contingencies.
D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.
E. There were no joint and several liabilities.
F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

15. Leases

The Company did not have any leases.

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

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

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

A. Transfers of Receivables Reported as Sales
The Company did not have any transfer of receivables reported as sales.
B. Transfer and Servicing of Financial Assets
The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.
C. Wash Sales
The Company has no wash sales with an NAIC designation 3 or below or unrated securities.

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

A. - B. The Company has no ASO or ASC plans.
C. Medicare or Similarly Structured Cost Based Reimbursement Contract:
1. Revenue from the Company's Medicare contract for the years ending December 31, 2021 and 2020, consisted of $4,781,863 and $0 , respectively.
2. At December 31, 2021, the Company has recorded receivables of $35,369 from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.
3. There were no recorded allowances or reserves for adjustment of recorded revenues.
4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company has no direct premiums written or reduced by managing general agents or third party administrators.

20. Fair Value Measurements

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

1. Fair Value Measurements Reporting Date:

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalent and Short Investments					
Cash and Cash Equivalents	$ 10,936,449	$ —	$ —	$ —	$ 10,936,449
Short-Term Investments	—	—	—	—	—
Total Cash and Short-Term Investments	$ 10,936,449	$ —	$ —	$ —	$ 10,936,449
Perpetual Preferred Stock					
Industrial & Misc	$ —	$ —	$ —	$ —	$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Perpetual Preferred Stocks	$ —	$ —	$ —	$ —	$ —
Bonds					
U.S. Government	$ —	$ —	$ —	$ —	$ —
Industrial & Misc.	—	—	—	—	—
Exchange Traded Fund	—	—	—	—	—
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Bonds	$ —	$ —	$ —	$ —	$ —
Common Stock					
Industrial & Misc.	$ —	$ —	$ —	$ —	$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	$ —	$ —	$ —	$ —	$ —
Derivatives 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/NAV	$ 10,936,449	$ —	$ —	$ —	$ 10,936,449
b. Liabilities at fair value					
Total liabilities at fair value					

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

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

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

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

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. Government	$ 111,289	$ 112,007	$ 111,289	$ —	$ —	$ —	$ —
Total Bonds	$ 111,289	$ 112,007	$ 111,289	$ —	$ —	$ —	$ —
Cash and Cash Equivalents	10,936,449	10,936,449	10,936,449	—	—	—	—
Total Investments	$ 11,047,738	$ 11,048,456	$ 11,047,738	$ —	$ —	$ —	$ —

D. & E. The Company has no investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

21. Other Items

A. The Company did not have any unusual or infrequent items.
B. The Company did not have any troubled debt restructuring.
C. Other Disclosures and Unusual Items -
The Company is monitoring the current COVID-19 pandemic. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate those impacts, if any, at this time.

D. There were no business interruption insurance recoveries.
E. There were no state transferable and non-transferable tax credits.
F. There were no subprime mortgage related risk exposure.
G. There were no retained assets.
H. There were no insurance-linked securities ILS contracts.
I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

22. Events Subsequent

There were no events occurring subsequent to December 31, 2021, requiring disclosure. Subsequent events have been considered through February 24, 2022, for the Statutory statement issued on February 24, 2022.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes ( ) No (X) If yes, give full details.

2. Have any policies issued by the company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

   Yes ( ) No (X) If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

   Yes ( ) No (X) If yes, give full details.

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

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

   Yes ( ) No (X) If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate $0.

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

   Yes ( ) No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company has no uncollectible reinsurance.
C. The Company has no commutation of ceded reinsurance.
D. The Company has no certified reinsurer rating downgraded or subject to revocation.
E. The Company has no reinsurance contracts subject to A-791.

24. Retrospectively Rated Contracts

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by their contract with CMS.
B. The Company records accrued retrospective premium as an adjustment to earned premiums.
C. The amount of net premiums written by the Company at December 31, 2021, that are subject to retrospective rating features was $4,781,863 or 100% of the total net premiums written.
D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.
E. The Company did not write any accident and health insurance premiums subject to ACA risk-sharing provision.

25. Change in Incurred Claims and Claim Adjustment Expenses

The Company has no activity related to prior year since membership started in January 2021.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements.

27. Structured Settlements

The Company has no structured settlement.

28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2021, were $213,295, of which $75,715 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2021	$ 129,616	$ 129,616	$ —	$ —	$ —
9/30/2021	77,991	77,991	23,799	—	—
6/30/2021	88,555	88,555	28,398	58,047	—
3/31/2021	60,742	60,742	16,203	41,416	—
12/31/2020	—	—	—	—	—
9/30/2020	—	—	—	—	—
6/30/2020	—	—	—	—	—
3/31/2020	—	—	—	—	—
12/31/2019	—	—	—	—	—
9/30/2019	—	—	—	—	—
6/30/2019	—	—	—	—	—
3/31/2019	—	—	—	—	—

B. The Company has no risk sharing receivables billed, received and accrued for three years.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves at December 31, 2021:

1. Liability carried for premium deficiency reserves - $ 5,161,330
2. Date of most recent evaluation of this liability - January 31, 2022
3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation

The Company has no anticipated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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

1.3 State Regulating? Michigan

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

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

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

2.2 If yes, date of change:

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

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

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

3.4 By what department or departments? Michigan Department of Insurance and Financial Services

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

If yes, complete and file the merger history data file with the NAIC.

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

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

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

6.2 If yes, give full information

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

7.2 If yes,

7.21 State the percentage of foreign control 0.0 %

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP 105 South Broadway, Suite 900, St. Louis, MO 63102

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

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

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

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Matt Kranovich, Milliman USA, 1301 Fifth Avenue, Seattle, WA 9810-2605

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

12.11 Name of real estate holding company N/A

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
In October 2021, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct

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

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

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

20.11 To directors or other officers $.....0

20.12 To stockholders not officers $.....0

20.13 Trustees, supreme or grand (Fraternal only) $.....0

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

20.21 To directors or other officers $.....0

20.22 To stockholders not officers $.....0

20.23 Trustees, supreme or grand (Fraternal only) $.....0

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

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

21.21 Rented from others $.....0

21.22 Borrowed from others $.....0

21.23 Leased from others $.....0

21.24 Other $.....0

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment $.....0

22.22 Amount paid as expenses $.....0

22.23 Other amounts paid $.....0

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

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

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

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

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $.....0

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

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

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

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

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

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

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

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

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

26.21 Subject to repurchase agreements $ 0

26.22 Subject to reverse repurchase agreements $ 0

26.23 Subject to dollar repurchase agreements $ 0

26.24 Subject to reverse dollar repurchase agreements $ 0

26.25 Placed under option agreements $ 0

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock $ 0

26.27 FHLB Capital Stock $ 0

26.28 On deposit with states $ 112,007

26.29 On deposit with other regulatory bodies $ 0

26.30 Pledged as collateral – excluding collateral pledged to an FHLB $ 0

26.31 Pledged as collateral to FHLB – including assets backing funding agreements $ 0

26.32 Other $ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

27.42 Permitted accounting practice Yes [ ] No [ ]

27.43 Other accounting guidance Yes [ ] No [ ]

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address

GENERAL INTERROGATORIES

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	112,007	111,289	(718)
31.2 Preferred Stocks	0		0
31.3 Totals	112,007	111,289	(718)

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

The Company's primary pricing vendor is SE, provided through Clearwater. Where SE pricing is not available, the Company reverts to Reuters, provided through Clearwater.

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
   a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
   b. Issuer or obligor is current on all contracted interest and principal payments.
   c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
   a. The security was purchased prior to January 1, 2018.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
   d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
   a. The shares were purchased prior to January 1, 2019.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
   d. The fund only or predominantly holds bonds in its portfolio.
   e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
   f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

   Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

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

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

GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 2,347

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

1 Name	2 Amount Paid
Milliman	$ 2,347

39.1 Amount of payments for legal expenses, if any?

$ 0

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

1 Name	2 Amount Paid
	$
	$
	$

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? $ 0

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

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

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ 0

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 4,781,863	$ 0
2.2	Premium Denominator	$ 4,781,863	$ 0
2.3	Premium Ratio (2.1/2.2)	1.000	0.000
2.4	Reserve Numerator	$ 6,387,111	$ 0
2.5	Reserve Denominator	$ 6,387,111	$ 0
2.6	Reserve Ratio (2.4/2.5)	1.000	0.000

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $ 3,000,000

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

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

The Company protects subscribers and their dependents againts the risk of insolvency through a reinsurance contract.

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 7,261

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $ 16,412

10.22 Amount actually paid for year bonuses $

10.23 Maximum amount payable withholds $ 0

10.24 Amount actually paid for year withholds $ 0

11.1 Is the reporting entity organized as:

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

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

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

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

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

11.4 If yes, show the amount required. $

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

11.6 If the amount is calculated, show the calculation

Greater of: 200% RBC or MI Section 500.3551

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

1 Name of Service Area
Michigan

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

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

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

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

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

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

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

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

15.1 Direct Premium Written $

15.2 Total Incurred Claims $

15.3 Number of Covered Lives

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

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

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

FIVE - YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	11,444,177	1,505,991	1,527,215	0	0
2. Total liabilities (Page 3, Line 24)	7,925,951	17,718	3,753	0	0
3. Statutory minimum capital and surplus requirement	0	1,400,000	1,400,000	0	0
4. Total capital and surplus (Page 3, Line 33)	3,518,226	1,488,273	1,523,462	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,781,863	0	0	0	0
6. Total medical and hospital expenses (Line 18)	4,993,002	0	0	0	0
7. Claims adjustment expenses (Line 20)	62,629	0	0	0	0
8. Total administrative expenses (Line 21)	3,012,061	56,400	(9,282)	0	0
9. Net underwriting gain (loss) (Line 24)	(8,447,159)	(56,400)	9,282	0	0
10. Net investment gain (loss) (Line 27)	5,284	11,814	6,054	0	0
11. Total other income (Lines 28 plus 29)	(1,702)	0	0	0	0
12. Net income or (loss) (Line 32)	(8,453,111)	(35,050)	12,082	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,037,647)	(40,345)	1,899	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	3,518,226	1,488,273	1,523,462	0	0
15. Authorized control level risk-based capital	919,365	2,711	2,753	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	563	0	0	0	0
17. Total members months (Column 6, Line 7)	5,980	0	0	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	104.4	0.0	0.0	0.0	0.0
20. Cost containment expenses	0.1	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.2	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	276.6	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(176.6)	0.0	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	0	0	0	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
State, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama AL	N								0	0
2. Alaska AK	N								0	0
3. Arizona AZ	N								0	0
4. Arkansas AR	N								0	0
5. California CA	N								0	0
6. Colorado CO	N								0	0
7. Connecticut CT	N								0	0
8. Delaware DE	N								0	0
9. District of Columbia DC	N								0	0
10. Florida FL	N								0	0
11. Georgia GA	N								0	0
12. Hawaii HI	N								0	0
13. Idaho ID	N								0	0
14. Illinois IL	N								0	0
15. Indiana IN	N								0	0
16. Iowa IA	N								0	0
17. Kansas KS	N								0	0
18. Kentucky KY	N								0	0
19. Louisiana LA	N								0	0
20. Maine ME	N								0	0
21. Maryland MD	N								0	0
22. Massachusetts MA	N								0	0
23. Michigan MI	L		4,789,823						4,789,823	0
24. Minnesota MN	N								0	0
25. Mississippi MS	N								0	0
26. Missouri MO	N								0	0
27. Montana MT	N								0	0
28. Nebraska NE	N								0	0
29. Nevada NV	N								0	0
30. New Hampshire NH	N								0	0
31. New Jersey NJ	N								0	0
32. New Mexico NM	N								0	0
33. New York NY	N								0	0
34. North Carolina NC	N								0	0
35. North Dakota ND	N								0	0
36. Ohio OH	N								0	0
37. Oklahoma OK	N								0	0
38. Oregon OR	N								0	0
39. Pennsylvania PA	N								0	0
40. Rhode Island RI	N								0	0
41. South Carolina SC	N								0	0
42. South Dakota SD	N								0	0
43. Tennessee TN	N								0	0
44. Texas TX	N								0	0
45. Utah UT	N								0	0
46. Vermont VT	N								0	0
47. Virginia VA	N								0	0
48. Washington WA	N								0	0
49. West Virginia WV	N								0	0
50. Wisconsin WI	N								0	0
51. Wyoming WY	N								0	0
52. American Samoa AS	N								0	0
53. Guam GU	N								0	0
54. Puerto Rico PR	N								0	0
55. U.S. Virgin Islands VI	N								0	0
56. Northern Mariana Islands MP	N								0	0
57. Canada CAN	N								0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	4,789,823	0	0	0	0	0	4,789,823	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	4,789,823	0	0	0	0	0	4,789,823	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

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

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

The company only has business in the State of Michigan

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 (18%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Coordinated Care Corporation 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
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148
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
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769

Western Sky Community Care, Inc.	45-5583511	NM	16351
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
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	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	16256
Oklahoma Complete Health Inc.	81-3121527	OK	16904
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	16310
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
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 Company. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
7676 Management, LLC	85-1711857	MO	
7676 Forsyth, LLC	85-1724287	MO	
TRMEB, LLC		MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	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	
Superior Health Management Advisors, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Envolve, Inc.	37-1788565	DE	
Envolve PeopleCare, Inc.	06-1476380	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Vision of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision IPA of New York, Inc.	83-2460878	NY	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Optical, Inc.	82-2908582	DE	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY	
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
MeridianRx, LLC	27-1339224	MI	
MeridianRx IPA, LLC		MI	
MeridianRx of Indiana, LLC	83-3612209	MI	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	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	
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 Maryland, LLC	81-4938030	MD	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	

Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Idaho, LLC	85-4020081	ID	58860
Centurion of Indiana, LLC		IN	
Centurion of Maine, LLC	85-4143511	ME	
Centurion Health of Indiana, LLC	85-4243085	IN	
Centurion Health of Kentucky, LLC	86-3331688	KY	
Centurion of Alabama, LLC	82-2268901	AL	
MHM Correctional Services, LLC (formerly a corporation)	54-1856340	DE	
MHM Services of California, LLC (formerly a corporation)	51-0620904	CA	
MHM Solutions, LLC (formerly a corporation)	60-0002002	DE	
Forensic Health Services, LLC. (formerly a corporation)	26-1877007	DE	
MHM Health Professionals, LLC (formerly a corporation)	46-1734817	DE	
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	
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	
Foundation Care, LLC (80%)	20-0873587	MO	
AcariaHealth Pharmacy #26, Inc.	20-8420512	DE	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
Health Net, LLC	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CJ	
Managed Health Network, LLC	95-4117722	DE	

Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
Health Net Federal Services, LLC	68-0214809	DE	
MHN Government Services LLC	42-1680916	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Network Providers, LLC (90%)	88-0357895	DE	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
Centene International Ventures, LLC	83-1047281	DE	
PRIMEROSALUD, S.L.U.	Foreign	ESP	
Torrejon Salud, S.A. (89.47%)	Foreign	ESP	
Ribera Salud, S.A. (90.1%)	Foreign	ESP	
Torrevieja Salud UTE (65%)	Foreign	ESP	
Ribera Salud II (96~%)	Foreign	ESP	
ERESCANNER (15%)	Foreign	ESP	
BR Salud UTE (45%)	Foreign	ESP	
Marina Salud, S.A.	Foreign	ESP	
Villa Maria del Triuinfo Salud S.A. C. (5%)	Foreign	PER	
Callao Salud S.A.C. (5%)	Foreign	PER	
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP	
Elche-Crevillente Salud (100%)	Foreign	ESP	
B2B Salud, S.L.U.	Foreign	ESP	
B2B Gestion integral, S.L.	Foreign	ESP	
Ribera Lab, S.L.U.	Foreign	ESP	
Torrevieja Diagnóstics, S.L.U.	Foreign	ESP	
Centro Inmunológico De La Comunidad Valenciana, S.L.	Foreign	ESP	
Hospinet, S.L. (51%)	Foreign	ESP	
Servicios De Mantenimiento Prevencor, S.L.U. (80%)	Foreign	ESP	
Winning Security, S.L. (51%)	Foreign	ESP	
Ribera Salud proyectos S.L.	Foreign	ESP	
Ribera-Quilpro UTE	Foreign	ESP	
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP	
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK	

Pro RTG (80%)	Foreign	SVK
DR Magnet	Foreign	SVK
Pro Magnet	Foreign	SVK
Medicina NZ	Foreign	SVK
MR Poprad	Foreign	SVK
CT Poprad	Foreign	SVK
MR Zilina	Foreign	SVK
Pro Magnet CZ	Foreign	CZE
Progress Medical a.s.	Foreign	CZE
OB Klinika, a.s.	Foreign	CZE
OB Care, s.r.o	Foreign	CZE
Discare CZ, a.s. (50%)	Foreign	CZE
CT Presov s.r.o	Foreign	SVK
MR Centrum Melnik, s.r.o	Foreign	CZE
Hospital Povisa, S.A. (93.36%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torrevieja Salud S.L.U.	Foreign	ESP
Torrevieja Salud UTE (35%)	Foreign	ESP
Ribera Management, S.L.U.	Foreign	ESP
Ribera Healthcare,S.L.U.	Foreign	ESP
Ribera Diagnóstics, S.L.U.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (87.63%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
Terapias Medicas Domiciliaris, S.L.	Foreign	ESP
Centene Technology Europe, S.L.U	Foreign	ESP
Centene Technology UK Ltd	Foreign	GBR
MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
AT Medics Holdings LLP (1%)	Foreign	GBR
Operose Health Limited	Foreign	GBR
AT Medics Holdings LLP (99%)	Foreign	GBR
AT Technology (Private) Limited (80%)	Foreign	PAK
At Medics Limited	Foreign	GBR
Primary Care Partners Limited	Foreign	GBR
AT Learning Limited	Foreign	GBR
AT Technology Services Limited	Foreign	GBR

AT Technology (Private) Limited (20%)	Foreign	PAK
Operose Health (Group) Limited	Foreign	GBR
The Practice Properties Limited	Foreign	GBR
Operose Health (Group) UK Limited	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited	Foreign	GBR
Circle Health 1 Limited	Foreign	GBR
Circle Health 2 Limited	Foreign	GBR
Circle Holdings Limited	Foreign	JEY
Circle International PLC	Foreign	GBR
Circle Health Limited	Foreign	GBR
Nations Healthcare Limited	Foreign	GBR
Circle Nottingham Limited	Foreign	GBR
Circle Rehabilitation Services (90%)	Foreign	GBR
Circle Hospital (Reading) Limited	Foreign	GBR
Circle Clinical Services Limited	Foreign	GBR
Circle Birmingham Limited	Foreign	GBR
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN
Circle Health 3 Limited	Foreign	GBR
Circle Health 4 Limited	Foreign	GBR
GHG Healthcare Holdings Limited	Foreign	GBR
General Healthcare Group Limited	Foreign	GBR
General Healthcare Holdings 2 Limited	Foreign	GBR
General Healthcare Holdings 3 Limited	Foreign	GBR
North West Cancer Clinic Limited (90%)	Foreign	GBR
GHG (DB) Pension Trustees	Foreign	GBR
GHG Mount Alvernia Hospital Limited	Foreign	GBR
Generale de Sante International Limited	Foreign	GBR
BMI Southend Private Hospital Limited (50%)	Foreign	GBR
BMI Imaging Clinic Limited (50%)	Foreign	GBR
Mount Alvernia PET CT Limited (73.5%)	Foreign	GBR
Meriden Hospital Advanced Imaging Centre Ltd. (50%)	Foreign	GBR
BMI Syon Clinic Limited (50%)	Foreign	GBR
GHG Intermediate Holdings Limited	Foreign	GBR
TKH Holding Ltd.	Foreign	GBR

BMI Healthcare Limited	Foreign	GBR	
BMI Hospital Decontamination Limited	Foreign	GBR	
Three Shires Hospital LP (50%)	Foreign	GBR	
The Pavilion Clinic Ltd (51%)	Foreign	GBR	
GHG Leasing Limited	Foreign	GBR	
Bishopswood SPV Limited	Foreign	GBR	
Runnymeade SPV Limited	Foreign	GBR	
CEF Holding Company Limited	Foreign	MLT	
Centene Europe Finance Company Limited	Foreign	MLT	
Centene International Financing Company Limited	Foreign	MLT	
Centene Health Plan Holdings, Inc.	82-1172163	DE	
Ambetter of North Carolina, Inc.	82-5032556	NC	16395
Carolina Complete Health Holding Company Partnership (80%)	82-2699483	DE	
Carolina Complete Health, Inc.	82-2699332	NC	16526
New York Quality Healthcare Corporation	82-3380290	NY	16352
Salus Administrative Services, Inc.	55-0878053	NY	
Salus IPA, LLC	82-0802846	NY	
Community Medical Holdings Corp	47-4179393	DE	
Access Medical Acquisition, LLC	46-3485489	DE	
Access Medical Group of North Miami Beach, LLC	45-3191569	FL	
Access Medical Group of Miami, LLC	45-3191719	FL	
Access Medical Group of Hialeah, LLC	45-3192283	FL	
Access Medical Group of Westchester, LLC	45-3199819	FL	
Access Medical Group of Opa-Locka, LLC	45-3505196	FL	
Access Medical Group of Perrine, LLC	45-3192955	FL	
Access Medical Group of Florida City, LLC	45-3192366	FL	
Access Medical Group of Tampa, LLC	82-1737078	FL	
Access Medical Group of Tampa II, LLC	82-1750978	FL	
Access Medical Group of Tampa III, LLC	82-1773315	FL	
Access Medical Group of Lakeland, LLC	84-2750188	FL	
Interpreta Holdings, Inc. (80.1%)	82-4883921	DE	
Interpreta, Inc.	46-5517858	DE	
Patriots Holding Co	82-4581788	DE	
Next Door Neighbors, LLC (60%)	32-2434596	DE	
Next Door Neighbors, Inc.	83-2381790	DE	
Centene Venture Company Alabama Health Plan, Inc.	84-3707689	AL	16771
Centene Venture Company Illinois	83-2425735	IL	16505
Centene Venture Company Kansas	83-2409040	KS	16528

Centene Venture Company Florida	83-2434596	FL	16499
Centene Venture Company Indiana, Inc.	84-3679376	IN	16773
Centene Venture Company Tennessee	84-3724374	TN	16770
Centene Venture Insurance Company Texas	86-1543217	TX	16990
Centene Venture Company Michigan	83-2446307	MI	16613
Arch Personalized Medicine Initiative, LLC (50%)	83-4144116	MO	
Social Health Bridge, LLC	83-4205348	DE	
Social Health Bridge Trust	84-6403386	DE	
WellCare Health Plans, Inc.	83-4405939	DE	
WCG Health Management, Inc.	04-3669698	DE	
The WellCare Management Group, Inc.	14-1647239	NY	
WellCare of New York, Inc.	14-1676443	NY	95534
WellCare of Connecticut, Inc.	06-1405640	CT	95310
WellCare of Mississippi, Inc.	81-5442932	MS	16329
WellCare of Virginia, Inc.	82-0664467	VA	16763
WellCare of Oklahoma, Inc.	81-3299281	OK	16117
WellCare Health Insurance Company of Nevada, Inc.	84-3721013	NV	
WellCare Health Insurance of Southwest, Inc.	84-3739752	AZ	16692
WellCare of Georgia, Inc.	20-2103320	GA	10760
WellCare of Texas, Inc.	20-8058761	TX	12964
WellCare of Ohio, Inc,	20-3562146	OH	12749
WellCare of South Carolina, Inc.	32-0062883	SC	11775
WellCare Health Plans of New Jersey, Inc.	20-8017319	NJ	13020
WellCare of Pennsylvania, Inc.	81-1631920	PA	
WellCare Health Plans of Massachusetts, Inc	84-3547689	MA	16970
WellCare Health Insurance Company of Oklahoma, Inc.	84-4449030	OK	16752
WellCare Health Plans of Missouri, Inc.	84-3907795	MO	16753
WellCare Prescription Insurance, Inc.	20-2383134	AZ	10155
WellCare Health Insurance of Hawaii, Inc.	84-4664883	HI	17002
WellCare Health Plans of Rhode Island, Inc.	84-4627844	RI	16766
WellCare of Illinois, Inc.	84-4649985	IL	16765
WellCare of Arkansas, Inc.	83-2797833	AR	16531
Rhythm Health of Tennessee, Inc.	45-5154364	TN	16533
Comprehensive Health Management, Inc.	59-3547616	FL	
WellCare Health Insurance of New York, Inc	11-3197523	NY	10884
Ohana Health Plan, Inc.	27-0386122	HI	
WellCare of Indiana, Inc.	83-2840051	IN	
America's 1st Choice California Holdings, LLC	45-3236788	FL	

WellCare of California, Inc.	20-5327501	CA	
Windsor Health Group, Inc.	62-1832645	TN	
WellCare Health Insurance of Tennessee, Inc.	83-2276159	TN	16532
WellCare of New Hampshire, Inc.	83-2914327	NH	16515
WellCare Health Plans of Vermont, Inc.	83-2255514	VT	16514
WellCare Health Insurance of Connecticut, Inc.	83-2126269	CT	16513
WellCare of Washington,Inc.	83-2069308	WA	16571
WellCare Health Plans of Kentucky, Inc.	47-0971481	KY	15510
WellCare of Alabama, Inc.	82-1301128	AL	16239
WellCare of Maine, Inc.	82-3114517	ME	16344
Harmony Health Systems Inc.	22-3391045	NJ	
Harmony Health Management, Inc.	36-4467676	NJ	
Harmony Health Plan, Inc.	36-4050495	IL	11229
Transplant Health Solutions IPA,Inc.	20-3262322	NY	
WellCare Health Insurance Company of Kentucky, Inc.	36-6069295	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-0269558	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-3493160	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-3333918	LA	16788
WellCare of Missouri Health Insurance Company, Inc.	83-3525830	MO	16512
Care 1st Health Plan of Arizona, Inc.	57-1165217	AZ	
Care1st Health Plan Administrative Services, Inc.	46-2680154	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-1742685	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-3166908	WA	16570
WellCare of North Carolina, Inc.	82-5488080	NC	16547
WellCare Health Plans of Arizona, Inc.	82-3169616	AZ	16253
WellCare Health Insurance Company of America	82-4247084	AR	16343
WellCare National Health Insurance Company	82-5127096	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-3091673	NH	16516
Wellcare Health Insurance Company of New Jersey, Inc.	84-4709471	NJ	16789
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-4004494	MI	
Meridian Network Services, LLC		MI	
WellCare of Michigan Holding Company	26-4004578	MI	
Meridian Health Plan of Michigan, Inc.	38-3253977	MI	52563
Meridian Health Plan of Illinois, Inc.	20-3209671	IL	13189
Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148

Universal American Corp.	27-4683816	DE	
Universal American Holdings, LLC	45-1352914	DE	
Universal American Financial Services, Inc.	95-3800329	DE	
Premier Marketing Group, LLC	58-2633295	DE	
Penn Marketing America, LLC	95-3623226	DE	
Worlco Management Services, Inc.	23-1913528	NY	
UAM Agent Services Corp.	42-0989096	IA	
American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624
Quincy Coverage Corporation	13-3491681	NY	
Heritage Health Systems, Inc.	62-1517194	TX	
SelectCare of Texas, Inc.	62-1819658	TX	10096
Heritage Health Systems of Texas, Inc.	76-0459857	TX	
Golden Triangle Physician Alliance	62-1694548	TX	
Heritage Physician Networks	76-0560730	TX	
SelectCare Health Plans, Inc.	74-3141949	TX	10768
HHS Texas Management, LP (99.1%)	76-0500963	TX	
HHS Texas Management, Inc.	76-0500964	TX	
HHS Texas Management, LP. (0.9%)	76-0500963	TX	
Collaborative Health Systems, LLC	90-0779287	NY	
Accountable Care Coalition of Georgia , LLC (51%)	45-5481108	GA	
Accountable Care Coalition of Chesapeake, LLC (51%)	81-2588974	MD	
Accountable Care Coalition of North Texas, LLC (51%)	45-4552802	TX	
Accountable Care Coalition of Northeast Georgia, LLcC(51%)	47-3894436	GA	
Accountable Care Coalition of Northwest Florida, LLC (51%)	46-4106526	FL	
Accountable Care Coalition of Southeast Physician Partners, LLC	47-3913308	SC	
Accountable Care Coalition of Southeast Texas, Inc.	47-3842552	TX	
Accountable Care Coalition of Southeast Wisconsin, LLC (51%)	45-4113610	WI	
Accountable Care Coalition of Texas, Inc.	45-2742298	TX	
AWC of Syracuse, Inc.	47-2346408	NY	
Chrysalis Medical Services, LLC (51%)	30-0803845	NJ	
Collaborative Health Systems of Maryland, LLC (50%)	81-3365375	MD	
Collaborative Health Systems of Virginia, LLC	81-3306594	VA	
Accountable Care Coalition of Maryland, LLC (51%)	45-4119736	MD	
Accountable Care Coalition of Maryland Primary Care, LLC (51%)	45-5449147	MD	
Essential Care Partners, LLC (51%)	45-4561546	TX	
Maryland Collaborative Care, LLC (51%)	90-0855950	MD	

Mid-Atlantic Collaborative Care, LLC (51%)	81-2704355	MD	
Northern Maryland Collaborative Care, LLC (51%)	45-5626871	MD	
Accountable Care Coalition of Elite Providers VII, LLC	82-1246845	AZ	
Accountable Care Coalition of Community Health Centers, LLC (51%)	82-1681146	TX	
Accountable Care Coalition of Community Health Centers II, LLC	82-1669422	TX	
Accountable Care Coalition of Southeast Partners, LLC (51%)	82-1623920	GA	
Accountable Care Coalition of Elite Providers LLC	82-1558080	HI	
Accountable Care Coalition of Florida Partners, LLC	84-2217098	FL	
Maryland Collaborative Care Transformation Organization, Inc.	82-1280079	DE	
Accountable Care Coalition of Quality Health, LLC	82-1604548	OR	
Accountable Care Coalition of Prime Health, LLC	82-1698885	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-0727997	PA	
Accountable Care Coalition of Tennessee, LLC	82-1219279	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-2574901	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-0822080	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-0829473	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-0847691	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-0863292	DE	
DELMARVA Collaborative Care, LLC	85-0907849	DE	
Accountable Care Coalition of Quality Health II, LLC	85-0878405	DE	
Accountable Care Coalition of Quality Health III, LLC	85-0893657	DE	
Collaborative Health Systems IPA, LLC	85-1770215	FL	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
HealthSmart Benefits Management, LLC	27-1300475	TX	
Parker LP, LLC	20-2387587	NV	
HealthSmart Preferred Care II, LP (99%)	75-2508316	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-3394046	TX	
HealthSmart Care Management Solutions, LP (99%)	75-2960859	TX	
HealthSmart Information Systems, Inc.	75-2727437	TX	
HealthSmart Benefit Solutions, Inc.	36-4099199	IL	
HealthSmart Preferred Network II, Inc	06-1621470	DE	
HealthSmart Rx Solutions, Inc.	34-1635597	OH	
Mauli Ola Health and Wellness, Inc.		HI	
District Community Care Inc.	84-4119570	DC	16814
Centene Institute for Advanced Health Education, LLC	84-5160960	DE	
Centene Canada Corporation		CAN	
Prowl Holdings, LLC (96.1562%)	85-3802075	DE	

Panther Pass Co, LLC	83-3240368	PA
Panther Specialty Holding Co, LLC		PA
Pantherx Specialty, LLC	45-3620087	PA
Pantherx Access Services, LLC	37-1778465	PA
Quartet Health, Inc. (11.20%)		De
Apixio, Inc.	80-0508223	DE
HughesLeahyKarlovic, LLC (20%)	43-1106904	MO
Oklahoma Complete Health Holding Company, LLC	86-2318658	OK
RI Health & Wellness, Inc.	86-2694770	RI
HLM Strategic Investment Fund, L.P.		DE