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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2022

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 83-2446307

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 [ ] No [X]

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

Statutory Home Office 777 Woodward Avenue (Street and Number), Detroit, MI, US 48226 (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), 314-725-4477 (Area Code) (Telephone Number) (Extension)
michael.wasik@centene.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

Charlie Willie Fields Jr.	Assistant Secretary		

DIRECTORS OR TRUSTEES

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

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 President	James Edward Snyder III Treasurer	Janet Robey Alonzo 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)	1,018,959		1,018,959	112,007
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0		0	0
	2.2 Common stocks	0		0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
	4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
	4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5.	Cash ($ 11,096,937 , Schedule E-Part 1), cash equivalents ($ 6,062,550 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA)	17,159,487		17,159,487	10,936,449
6.	Contract loans (including $ ..... premium notes)			0	0
7.	Derivatives (Schedule DB)	0		0	0
8.	Other invested assets (Schedule BA)	0		0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	18,178,446	0	18,178,446	11,048,456
13.	Title plants less $ ..... charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	7,085		7,085	760
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	52,537		52,537	20,476
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($ 1,297,702) and contracts subject to redetermination ($ .....)	1,297,702		1,297,702	99,916
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	241,438		241,438	35,369
18.1	Current federal and foreign income tax recoverable and interest thereon	6,445		6,445	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets ($ .....)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates			0	0
24.	Health care ($ 845,306) and other amounts receivable	1,459,478	614,171	845,307	137,580
25.	Aggregate write-ins for other-than-invested assets	224,008	121,595	102,413	101,619
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	21,467,139	735,766	20,731,373	11,444,177
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	21,467,139	735,766	20,731,373	11,444,177
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	102,413		102,413	101,619
2502.	Other Assets Non-admitted	121,595	121,595	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)	224,008	121,595	102,413	101,619

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 148,412 reinsurance ceded)	6,903,090		6,903,090	1,099,806
2. Accrued medical incentive pool and bonus amounts	226,006		226,006	16,412
3. Unpaid claims adjustment expenses	68,500		68,500	8,827
4. Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act	237,282		237,282	5,270,893
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,128		1,128	171
9. General expenses due or accrued	350,378		350,378	47,393
10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))			0	3,252
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	5,773		5,773	749
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,489,774		4,489,774	1,148,975
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ authorized reinsurers, $ unauthorized reinsurers and $ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,918,496		1,918,496	329,473
23. Aggregate write-ins for other liabilities (including $ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	14,200,427	0	14,200,427	7,925,951
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	15,285,380	12,085,380
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	(8,755,434)	(8,568,154)
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	6,530,946	3,518,226
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	20,731,373	11,444,177
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	45,484	5,980
2. Net premium income (including $ 0 non-health premium income)	XXX	40,185,287	4,781,863
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	40,185,287	4,781,863
Hospital and Medical:			
9. Hospital/medical benefits		31,699,245	4,263,420
10. Other professional services		1,568,645	323,203
11. Outside referrals			0
12. Emergency room and out-of-area		1,145,271	141,870
13. Prescription drugs		2,103,629	248,097
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		209,743	16,412
16. Subtotal (Lines 9 to 15)	0	36,726,533	4,993,002
Less:			
17. Net reinsurance recoveries		148,412	0
18. Total hospital and medical (Lines 16 minus 17)	0	36,578,121	4,993,002
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 28,697 cost containment expenses		478,285	62,629
21. General administrative expenses		8,100,810	3,012,061
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		(5,161,330)	5,161,330
23. Total underwriting deductions (Lines 18 through 22)	0	39,995,886	13,229,022
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	189,401	(8,447,159)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	292,314	5,284
26. Net realized capital gains (losses) less capital gains tax of $			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	292,314	5,284
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 35,002)]	0	(35,002)	(1,702)
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	446,713	(8,443,577)
31. Federal and foreign income taxes incurred	XXX	(9,698)	9,534
32. Net income (loss) (Lines 30 minus 31)	XXX	456,411	(8,453,111)
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	3,518,226	1,488,273
34.	Net income or (loss) from Line 32	456,411	(8,453,111)
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
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax		139
39.	Change in nonadmitted assets	(643,691)	(92,075)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	1,000
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	3,200,000	10,574,000
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	3,012,720	2,029,953
49.	Capital and surplus end of reporting year (Line 33 plus 48)	6,530,946	3,518,226
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	39,089,140	4,771,954
2. Net investment income	280,348	5,762
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	39,369,488	4,777,716
5. Benefit and loss related payments	31,810,508	4,090,998
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	6,833,483	2,724,366
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)		0
10. Total (Lines 5 through 9)	38,643,991	6,815,363
11. Net cash from operations (Line 4 minus Line 10)	725,498	(2,037,647)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	110,000
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)	0	110,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	901,311	112,802
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)	901,311	112,802
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)	(901,311)	(2,802)
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	3,200,000	10,574,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	3,198,851	1,016,235
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	6,398,851	11,590,235
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	6,223,038	9,549,786
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	10,936,449	1,386,663
19.2 End of year (Line 18 plus Line 19.1)	17,159,487	10,936,449

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	40,185,287	0	0	0	0	0	40,185,287	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)	40,185,287	0	0	0	0	0	40,185,287	0	0	0
8. Hospital/medical benefits	31,699,245						31,699,245			XXX
9. Other professional services	1,568,645						1,568,645			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	1,145,271						1,145,271			XXX
12. Prescription drugs	2,103,629						2,103,629			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	209,743						209,743			XXX
15. Subtotal (Lines 8 to 14)	36,726,533	0	0	0	0	0	36,726,533	0	0	XXX
16. Net reinsurance recoveries	148,412						148,412			XXX
17. Total hospital and medical (Lines 15 minus 16)	36,578,121	0	0	0	0	0	36,578,121	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ .....28,697 cost containment expenses	478,285						478,285			
20. General administrative expenses	8,100,810						8,100,810			
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)	39,995,886	0	0	0	0	0	39,995,886	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	189,401	0	0	0	0	0	189,401	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) individual				0
2. Comprehensive (hospital and medical) group				0
3. Medicare Supplement				0
4. Dental only				0
5. Vision only				0
6. Federal Employees Health Benefits Plan				0
7. Title XVIII - Medicare	40,249,421		64,134	40,185,287
8. Title XIX – Medicaid				0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	40,249,421	0	64,134	40,185,287
14. Life				0
15. Property/casualty				0
16. Totals (Lines 13 to 15)	40,249,421	0	64,134	40,185,287

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	32,024,566							32,024,566						
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	32,024,566	0	0	0	0	0	0	32,024,566	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	150							150						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	7,051,502	0	0	0	0	0	0	7,051,502	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	148,412	0	0	0	0	0	0	148,412	0	0	0	0	0	0
3.4 Net	6,903,090	0	0	0	0	0	0	6,903,090	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	226,006							226,006						
6. Net healthcare receivables (a)	1,459,477							1,459,477						
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	1,099,806			0	0	0	0	1,099,806	0				0	0
8.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
8.3 Reinsurance ceded	0			0	0	0	0	0	0				0	0
8.4 Net	1,099,806	0	0	0	0	0	0	1,099,806	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
9.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
9.3 Reinsurance ceded	0			0	0	0	0	0	0				0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	16,412			0	0	0	0	16,412	0				0	0
11. Amounts recoverable from reinsurers December 31, prior year	0			0	0	0	0	0	0				0	0
12. Incurred benefits:														
12.1 Direct	36,516,785	0	0	0	0	0	0	36,516,785	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	148,412	0	0	0	0	0	0	148,412	0	0	0	0	0	0
12.4 Net	36,368,373	0	0	0	0	0	0	36,368,373	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	209,744	0	0	0	0	0	0	209,744	0	0	0	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	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1. Direct	1,790,678							1,790,678						
1.2. Reinsurance assumed	0													
1.3. Reinsurance ceded	0													
1.4. Net	1,790,678	0	0	0	0	0	0	1,790,678	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct	5,260,824							5,260,824						
2.2. Reinsurance assumed	0													
2.3. Reinsurance ceded	148,412							148,412						
2.4. Net	5,112,412	0	0	0	0	0	0	5,112,412	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct	0													
3.2. Reinsurance assumed	0													
3.3. Reinsurance ceded	0													
3.4. Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1. Direct	7,051,502	0	0	0	0	0	0	7,051,502	0	0	0	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	148,412	0	0	0	0	0	0	148,412	0	0	0	0	0	0
4.4. Net	6,903,090	0	0	0	0	0	0	6,903,090	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 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) individual					0	
2. Comprehensive (hospital and medical) group					0	
3. Medicare Supplement					0	0
4. Dental Only					0	0
5. Vision Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	676,769	31,347,803	871	6,902,219	677,640	1,099,806
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	
10. Disability Income					0	
11. Long-Term Care - Medicaid					0	
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	676,769	31,347,803	871	6,902,219	677,640	1,099,806
14. Healthcare receivables (a)		1,459,477			0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts		150	34,642	191,364	34,642	16,412
17. Totals (Lines 13-14+15+16)	676,769	29,888,476	35,513	7,093,583	712,282	1,116,218

(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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	0	0	0	0	
2. 2018	0	0	0	0	
3. 2019	XXX	0	0	0	
4. 2020	XXX	XXX	0	0	
5. 2021	XXX	XXX	XXX	3,877	4,554
6. 2022	XXX	XXX	XXX	XXX	29,888

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	0	0	0	0	
2. 2018	0	0	0	0	
3. 2019	XXX	0	0	0	
4. 2020	XXX	XXX	0	0	
5. 2021	XXX	XXX	XXX	5,038	4,634
6. 2022	XXX	XXX	XXX	XXX	36,982

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. 2018	0	0		0.0	0	0.0			0	0.0
2. 2019	0	0		0.0	0	0.0			0	0.0
3. 2020	0	0		0.0	0	0.0			0	0.0
4. 2021	4,782	4,554	54	1.2	4,608	96.4	35		4,643	97.1
5. 2022	40,185	29,888	419	1.4	30,307	75.4	7,094	68	37,469	93.2

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	0	0	0	0	0
2. 2018	0	0	0	0	0
3. 2019	XXX	0	0	0	0
4. 2020	XXX	XXX	0	0	0
5. 2021	XXX	XXX	XXX	3,877	4,554
6. 2022	XXX	XXX	XXX	XXX	29,888

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	0	0	0	0	0
2. 2018	0	0	0	0	0
3. 2019	XXX	0	0	0	0
4. 2020	XXX	XXX	0	0	0
5. 2021	XXX	XXX	XXX	5,038	4,634
6. 2022	XXX	XXX	XXX	XXX	36,982

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. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2019	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2021	4,782	4,554	54	1.2	4,608	96.4	35	0	4,643	97.1
5. 2022	40,185	29,888	419	1.4	30,307	75.4	7,094	68	37,469	93.2

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	0												
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income)	237,282							237,282					
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	237,282	0	0	0	0	0	0	237,282	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net) (Page 3, Line 4)	237,282	0	0	0	0	0	0	237,282	0	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes $ ..... 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)			11,453		11,453
2. Salaries, wages and other benefits			472,992		472,992
3. Commissions (less $ ..... ceded plus $ ..... assumed)			2,730,227		2,730,227
4. Legal fees and expenses			6,056		6,056
5. Certifications and accreditation fees			87,575		87,575
6. Auditing, actuarial and other consulting services			3,160,827		3,160,827
7. Traveling expenses			3,480		3,480
8. Marketing and advertising			27,481		27,481
9. Postage, express and telephone			222,353		222,353
10. Printing and office supplies			458,911		458,911
11. Occupancy, depreciation and amortization			41,413		41,413
12. Equipment			830		830
13. Cost or depreciation of EDP equipment and software			39,382		39,382
14. Outsourced services including EDP, claims, and other services	28,697	449,588	887,783		1,366,068
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			1,747		1,747
17. Collection and bank service charges			24,306		24,306
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			2,259		2,259
22. Real estate taxes			1,359		1,359
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(123,042)		(123,042)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			19,377		19,377
23.4 Payroll taxes			22,520		22,520
23.5 Other (excluding federal income and real estate taxes)			1,521		1,521
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)	28,697	449,588	8,100,810	0	(a) 8,579,095
27. Less expenses unpaid December 31, current year		68,500	350,377		418,877
28. Add expenses unpaid December 31, prior year	0	8,827	47,393	0	56,220
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)	28,697	389,915	7,797,826	0	8,216,438
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 $ 3,984,381 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) 7,432	13,757
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) 272,916	278,557
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	280,348	292,314
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)		292,314
	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 $ 6,981 accrual of discount less $ 1,340 amortization of premium and less $ 6,013 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

NONE

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	614,171	76,633	(537,538)
25. Aggregate write-ins for other-than-invested assets	121,595	15,442	(106,153)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	735,766	92,075	(643,691)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	735,766	92,075	(643,691)
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	121,595	15,442	(106,153)
2502.		0	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)	121,595	15,442	(106,153)

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	563	3,576	3,770	3,989	4,094	45,484
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	563	3,576	3,770	3,989	4,094	45,484
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 income (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 #	2022	2021
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	$ 456,411	$ (8,453,111)
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	$ 456,411	$ (8,453,111)
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	$ 6,530,946	$ 3,518,226
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	$ 6,530,946	$ 3,518,226

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. The Company holds no short-term investments.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
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. The Company has no premium deficiency reserve at December 31, 2022.
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, 2022.
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	1,018,959	112,007	906,952	—	1,018,959	4.7 %	4.9 %

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	$ 1,018,959	$ 112,007	$ 906,952	$ —	$ 1,018,959	4.7 %	4.9 %

(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:

	2022			2021		
(1)	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	$ 1,846,495	$ —	$ 1,846,495	$ 1,810,901	$ —	$ 1,810,901
(b) Statutory Valuation Allowance ("SVA") Adjustments	1,833,711	—	1,833,711	1,802,046	—	1,802,046
(c) Adjusted Gross DTAs	12,784	—	12,784	8,855	—	8,855
(d) DTAs Nonadmitted	—	—	—	—	—	—
(e) Subtotal Net Admitted DTAs	12,784	—	12,784	8,855	—	8,855
(f) DTLs	12,784	—	12,784	8,855	—	8,855
(g) Net Admitted DTAs/(DTLs)	$ —	$ —	$ —	$ —	$ —	$ —
(2)						
Admission Calculation Components SSAP No. 101:						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ —	$ —	$ —	$ —	$ —	$ —
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	—	—	—	—	—	—
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	—	—	—	—	—	—
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	979,642	XXX	XXX	556,899
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	12,784	—	12,784	8,856	—	8,856
(d) DTAs Admitted as the result of application of SSAP No. 101	$ 12,784	$ —	$ 12,784	$ 8,856	$ —	$ 8,856

(1)		Change Ordinary	Capital	Total
(a)	Gross DTAs	$ 35,594	$ —	$ 35,594
(b)	Statutory Valuation Allowance ("SVA") Adjustments	31,665	—	31,665
(c)	Adjusted Gross DTAs	3,929	—	3,929
(d)	DTAs Nonadmitted	—	—	—
(e)	Subtotal Net Admitted DTAs	3,929	—	3,929
(f)	DTLs	3,929	—	3,929
(g)	Net Admitted DTAs/DTLs	$ —	$ —	$ —

(2)				
Admission Calculation Components SSAP No. 101:				
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ —	$ —	$ —
(b)	Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	—	—	—
	1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	—	—	—
	2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	422,743
(c)	Adjusted Gross DTAs Offset by Gross DTLs	3,928	—	3,928
(d)	DTAs Admitted as the result of application of SSAP No 101	$ 3,928	$ —	$ 3,928

Information used in expected to be realized calculation.

(3)		2022	2021
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	322.7 %	382.0 %
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	$ 6,530,947	$ 3,518,226

(4)		2022		2021		Change	
	Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	Adjusted Gross DTAs - Amount	$ 12,784	$ —	$ 8,855	$ —	$ 3,929	$ —
	Adjusted Gross DTAs - Percentage	— %	— %	— %	— %	— %	— %
(b)	Net Admitted DTAs - Amount	$ 12,784	$ —	$ 8,855	$ —	$ 3,929	$ —
	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		2022	2021	Change
(a)	Federal	$ —	$ —	$ —
(b)	Foreign	—	—	—
(c)	Subtotal	$ —	$ —	$ —
(d)	Federal income tax on net capital gains	—	—	—
(e)	Utilization of capital loss carry-forwards	—	—	—
(f)	Other	(9,698)	9,536	(19,234)
(g)	Federal and foreign income taxes incurred	$ (9,698)	$ 9,536	$ (19,234)

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

(2) DTAs Resulting From		2022	2021	Change
(a)	Ordinary			
	Discounting of unpaid losses and LAE	$ 19,912	$ 3,308	$ 16,604
	Unearned premiums	47	7	40
	Policyholder reserves	—	—	—
	Investments	—	—	—
	Deferred acquisition costs	—	—	—
	Policyholder dividends accrued	—	—	—
	Fixed assets	—	—	—
	Accrued Expenses	7,708	357	7,351
	Pension accruals	—	—	—
	Nonadmitted assets	154,511	19,336	135,175
	Net operating loss carryforward	1,664,317	704,014	960,303

Tax credit carryforward	—	—	—
Goodwill and intangible amortization	—	—	—
Premium deficiency reserve	—	1,083,879	(1,083,879)
Other	—	—	—
Gross Ordinary DTAs	$ 1,846,495	$ 1,810,901	$ 35,594
(b) SVA adjustment - Ordinary	1,833,711	1,802,046	31,665
(c) Nonadmitted ordinary DTAs (-)	—	—	—
(d) Admitted ordinary DTAs	$ 12,784	$ 8,855	$ 3,929
(e) Capital			
Investments	—	—	—
Net capital loss carryforward	—	—	—
Real estate	—	—	—
Unrealized capital losses	—	—	—
Other	—	—	—
Gross Capital DTAs	$ —	$ —	$ —
(f) SVA adjustment - Capital (-)	—	—	—
(g) Nonadmitted Capital DTAs (-)	—	—	—
(h) Admitted Capital DTAs	$ —	$ —	$ —
(i) Total Admitted DTAs	$ 12,784	$ 8,855	$ 3,929

DTLs resulting from book/tax differences in:

(3) DTLs Resulting From			
(a) Ordinary			
Investments	$ 1,466	$ —	$ 1,466
Fixed assets	—	—	—
Deferred and uncollected premiums	—	—	—
Policyholder reserves/salvage and subrogation	—	—	—
Other	11,318	8,855	2,463
Ordinary DTLs	$ 12,784	$ 8,855	$ 3,929
(b) Capital			
Investments	—	—	—
Real estate	—	—	—
Unrealized capital gains	—	—	—
Other	—	—	—
Capital DTLs	$ —	$ —	$ —
(c) Total DTLs	$ 12,784	$ 8,855	$ 3,929
Net DTAs/(DTLs)	$ —	$ —	$ —

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

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

	2022
Income Before Taxes	$ 93,812
Statutory Valuation Allowance Adjustment	31,666
Deferred Taxes on Nonadmitted Assets	(135,175)
Other, Including Prior Year True-Up	(1)
Total Statutory Income Taxes	$ (9,698)

	2022
Federal Income Taxes Incurred	$ (9,698)
Tax on Capital Gains/(Losses)	—
Change in Net Deferred Income Tax [Charge/(Benefit)]	—
Total Statutory Income Taxes	(9,698)
Total Statutory Income Taxes	$ (9,698)

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

1. At December 31, 2022, the Company had net operating loss carryforwards expiring beginning with the year 2041 of: $7,925,320

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
2020	N/A	$ —	$ —
2021	$ —	$ —	$ —
2022	$ —	$ —	$ —

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 2022 and 2021, the Company received a capital contributions of $3,200,000 and $10,574,000, from its Parent Company, NDN.

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, 2022 and 2021 are as follows:

Affiliate	Expense 2022	Expense 2021	Amount due (to) from 2022	Amount due (to) from 2021	Services Provided
Centene Management Company	$ 1,487,487	$ 721,259	$ (3,747,820)	$ (268,549)	General management services
Envolve PeopleCare, Inc.	$ —	$ 179	$ —	$ —	Nurse-line triage and life and health management (1)
Envolve Vision, Inc.	$ 134,204	$ 27,235	$ (35,478)	$ (5,495)	Managed vision (1)
Envolve Pharmacy Solutions, Inc.	$ 7,162,289	$ 674,838	$ —	$ (103,328)	Pharmacy benefits management (1)
Envolve Dental, Inc.	$ 803,011	$ 117,729	$ (39,246)	$ (9,263)	Managed dental (1)
National Imaging Association, Inc.	$ 72,523	$ —	$ (33,763)	$ —	Behavioral health services
U.S. Medical Management, LLC	$ —	$ 5,419	$ —	$ —	In-home health services (1)
Next Door Neighbors, LLC	$ 2,496,894	$ 1,739,219	$ (708,191)	$ (880,425)	General management services
Bankers Reserve-Reinsurance	$ (84,278)	$ 7,960	$ (5,773)	$ (749)	Reinsurance (2)

(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. At December 31, 2022 and 2021 the Company has a $4,489,774 and $1,148,975, 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 2022 or 2021.
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, 2022 and 2021, consisted of $40,185,287 and $4,781,863 , respectively.
2. At December 31, 2022 and 2021, the Company has recorded receivables of $241,438 and $35,369, respectively, 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 Equivalents and Short-Term Investments	$ 17,159,487	$ —	$ —	$ —	$ 17,159,487
Bonds	$ —	$ —	$ —	$ —	$ —
Total Bonds	$ —	$ —	$ —	$ —	$ —
Common Stock					
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	$ —	$ —	$ —	$ —	$ —
Derivatives Assets	—	—	—	—	—
Total Derivatives	$ —	$ —	$ —	$ —	$ —
Separate account assets	$ —	$ —	$ —	$ —	—
Total assets at fair value	$ 17,159,487	$ —	$ —	$ —	$ 17,159,487
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)
Cash and cash equivalents	$ 17,159,487	$ 17,159,487	$ 17,159,487	$ —	$ —	$ —	$ —
Bonds	1,008,824	1,018,959	1,008,824	—	—	—	—
Total Investments	$ 18,168,311	$ 18,178,446	$ 18,168,311	$ —	$ —	$ —	$ —

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 -
Public health pandemics or widespread outbreaks of contagious diseases, such as COVID-19, could materially adversely impact the Company. The Company's business has been affected by the spread of COVID-19, and the extent to which COVID-19 continues to impact the business will depend on future developments, which are highly uncertain and cannot be predicted with confidence.

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, 2022, requiring disclosure. Subsequent events have been considered through February 25, 2022, for the Statutory statement issued on February 25, 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, 2022, that are subject to retrospective rating features was $40,185,287 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

A. Reserves for unpaid claims as of December 31, 2021 were $1,116,218. As of December 31, 2022, $676,769 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now $35,513 as a result of re-estimation of unpaid claims. Therefore, there has been $403,936 favorable prior-year development since December 31, 2021. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

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, 2022, were $1,456,441, of which $611,134 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

	Estimated	Rebates	Collected Within 90 days	Collected Within 91 to 180 days	Collected More than 180 days

Quarter Ending	Rebates	Invoiced	of Invoicing	of Invoicing	of Invoicing
12/31/2022	$ 845,307	$ 845,307	$ —	$ —	$ —
9/30/2022	816,592	822,600	249,566	—	—
6/30/2022	722,637	728,447	229,450	690,353	—
3/31/2022	617,059	654,131	208,281	400,313	(183,913)
12/31/2021	$ 129,616	$ 149,071	$ 45,309	$ 91,080	$ 12,682
9/30/2021	77,991	95,422	23,799	62,679	8,939
6/30/2021	88,555	96,425	28,398	58,047	9,980
3/31/2021	60,742	66,091	16,203	41,416	8,472

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, 2022:

1. Liability carried for premium deficiency reserves - $ —
2. Date of most recent evaluation of this liability - January 31, 2023
3. Was anticipated investment income utilized in the calculation? No

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. 12/31/2022

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

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

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 depository institution holding company? Yes [ ] No [X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP 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]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Michael J Schooley, Centene Corporation, 8735 Henderson Road, Tampa, FL 33634

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).
On September 28, 2022, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct, which is applicable to the Company.

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

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

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

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

1 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)

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 [ ]

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 $.....

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

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

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

26.25 Placed under option agreements $.....

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

26.27 FHLB Capital Stock $.....

26.28 On deposit with states $ 1,018,959

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

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

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

26.32 Other $.....

26.3 For category (26.26) provide the following:

1 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

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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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	1,018,959	1,008,824	(10,135)
31.2 Preferred Stocks	0	0	0
31.3 Totals	1,018,959	1,008,824	(10,135)

31.4 Describe the sources or methods utilized in determining the fair values:
The Company's pricing vendor is Refinitiv Evaluated Pricing Service, provided through Clearwater. Where Refinitiv is not available, we revert to ICE Data Pricing & Reference Data, provided through our custodians.

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

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

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

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

33.2 If no, list exceptions:

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

35. By self-designating PLGI securities, the reporting entity is certifying 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. Yes [ ] No [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

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

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

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

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

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

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

39.21 Held directly Yes [ ] No [ ]

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

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

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

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

1 Name	2 Amount Paid
.....	$.....
.....	$.....
.....	$.....

41.1 Amount of payments for legal expenses, if any? $ 0

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

1 Name	2 Amount Paid
.....	$.....
.....	$.....
.....	$.....

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

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

1 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? $

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 40,185,287	$ 4,781,863
2.2	Premium Denominator	$ 40,185,287	$ 4,781,863
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$ 7,366,378	$ 6,387,111
2.5	Reserve Denominator	$ 7,366,378	$ 6,387,111
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $ 250,000

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 with Bankers Reserve Life Insurance Company of Wisconsin.

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 7,261

8.2 Number of providers at end of reporting year 8,634

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 $226,006

10.22 Amount actually paid for year bonuses $150

10.23 Maximum amount payable withholds $

10.24 Amount actually paid for year withholds $

11.1 Is the reporting entity organized as:

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

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

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

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

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

11.4 If yes, show the amount required. $4,018,529

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 $1.5M or 200% RBC

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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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 2022	2 2021	3 2020	4 2019	5 2018
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	20,731,373	11,444,177	1,505,991	1,527,215	0
2. Total liabilities (Page 3, Line 24)	14,200,427	7,925,951	17,718	3,753	0
3. Statutory minimum capital and surplus requirement	4,018,529	0	1,400,000	1,400,000	0
4. Total capital and surplus (Page 3, Line 33)	6,530,946	3,518,226	1,488,273	1,523,462	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	40,185,287	4,781,863	0	0	0
6. Total medical and hospital expenses (Line 18)	36,578,121	4,993,002	0	0	0
7. Claims adjustment expenses (Line 20)	478,285	62,629	0	0	0
8. Total administrative expenses (Line 21)	8,100,810	3,012,061	56,400	(9,282)	0
9. Net underwriting gain (loss) (Line 24)	189,401	(8,447,159)	(56,400)	9,282	0
10. Net investment gain (loss) (Line 27)	292,314	5,284	11,814	6,054	0
11. Total other income (Lines 28 plus 29)	(35,002)	(1,702)	0	0	0
12. Net income or (loss) (Line 32)	456,411	(8,453,111)	(35,050)	12,082	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	725,498	(2,037,647)	(40,345)	1,899	0
Risk-Based Capital Analysis					
14. Total adjusted capital	6,530,946	3,518,226	1,488,273	1,523,462	0
15. Authorized control level risk-based capital	2,023,730	919,365	2,711	2,753	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	4,094	563	0	0	0
17. Total members months (Column 6, Line 7)	45,484	5,980	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)	91.0	104.4	0.0	0.0	0.0
20. Cost containment expenses	0.1	0.1	0.0	0.0	0.0
21. Other claims adjustment expenses	1.1	1.2	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	99.5	276.6	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	0.5	(176.6)	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	712,282	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	1,116,218	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		40,249,421						40,249,421	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	40,249,421	0	0	0	0	0	40,249,421	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	40,249,421	0	0	0	0	0	40,249,421	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

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

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

No Allocation

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
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	
Western Sky Community Care, Inc.	45-5583511	NM	16351
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	

			Trillium Community Health Plan, Inc.											42-1694349	OR	12559
		Nebraska Total Care, Inc.												47-5123293	NE	15902
		Pennsylvania Health & Wellness, Inc.												47-5340613	PA	16041
		Sunshine Health Community Solutions, Inc.												47-5667095	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	
			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	
		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 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

		Centene Pharmacy Services, Inc.											77-0578529	DE	
			MeridianRx, LLC										27-1339224	MI	
	Specialty Therapeutic Care Holdings, LLC												27-3617766	DE	
		Specialty Therapeutic Care, LP (99.99%)											73-1698808	TX	
		Specialty Therapeutic Care, GP, LLC											73-1698807	TX	
			Specialty Therapeutic Care, LP (0.01%)										73-1698808	TX	
		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	
	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	
			WellCare of Connecticut, Inc.											06-1405640	CT	95310
		Community Medical Holdings Corp												47-4179393	DE	
			Access Medical Acquisition, LLC											46-3485489	DE	
				Access Medical Group of North Miami Beach, LLC										45-3191569	FL	
				Access Medical Group of Miami, LLC										45-3191719	FL	
				Access Medical Group of Hialeah, LLC										45-3192283	FL	
				Access Medical Group of Westchester, LLC										45-3199819	FL	
				Access Medical Group of Opa-Locka, LLC										45-3505196	FL	
				Access Medical Group of Perrine, LLC										45-3192955	FL	
				Access Medical Group of Florida City, LLC										45-3192366	FL	
				Access Medical Group of Tampa, LLC										82-1737078	FL	
				Access Medical Group of Tampa II, LLC										82-1750978	FL	
				Access Medical Group of Tampa III, LLC										82-1773315	FL	
				Access Medical Group of Lakeland, LLC										84-2750188	FL	
				Access Medical Group of Pembroke Pines, LLC										88-2251274	FL	
				Access Medical Group of Margate, LLC										88-2263310	FL	
				Access Medical Group of Riverview, LLC										88-2284518	FL	
				Access Medical Group of Kendall, LLC										92-0235557	FL	
				Access Medical Group of Lauderdale Lakes, LLC										92-0261029	FL	
		Interpreta Holdings, Inc. (80.1%)												82-4883921	DE	
			Interpreta, Inc.											46-5517858	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
		Comprehensive Health Management, LLC												59-3547616	FL	
		WellCare Health Plans, Inc.												83-4405939	DE	
			WCG Health Management, Inc.											04-3669698	DE	
				The WellCare Management Group, Inc.										14-1647239	NY	
					WellCare of Mississippi, Inc.									81-5442932	MS	16329
					WellCare of Virginia, Inc.									82-0664467	VA	16763
					WellCare of Oklahoma, Inc.									81-3299281	OK	16117

				WellCare Health Insurance Company of Nevada, Inc.								84-3721013	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 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
				Rhythm Health Tennessee, Inc.								45-5154364	TN	16533
				WellCare Health Insurance of New York, Inc								11-3197523	NY	10884
				Ohana Health Plan, Inc.								27-0386122	HI	
				WellCare of Indiana, Inc.								83-2840051	IN	
				America's 1st Choice California Holdings, LLC								45-3236788	FL	
					WellCare of California, Inc.							20-5327501	CA	
				WellCare Health Insurance of Tennessee, Inc.								83-2276159	TN	16532
				WellCare of New Hampshire, Inc.								83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.								83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.								83-2126269	CT	16513
				WellCare of Washington,Inc.								83-2069308	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
				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
				WellCare Health Plans of Wisconsin, Inc.								83-3351254	WI	16569
				Care 1st Health Plan of Arizona, Inc.								57-1165217	AZ	
					Care1st Health Plan Administrative Services, Inc.							46-2680154	AZ	

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			Magellan Behavioral Health of New Jersey, LLC										52-2310906	NJ	12632
			Magellan Health Services of California, Inc. - Employer Services										95-2868243	CA	
		Magellan Healthcare, Inc.											52-2135463	DE	
			Human Affairs International of California										93-0999350	CA	
			Magellan Complete Care of Louisiana, Inc.										46-4188169	LA	15550
			Magellan Behavioral Health of Florida, Inc.										20-1919978	FL	
			Magellan Health Services of Arizona, Inc.										20-1728452	AZ	
			Magellan Health Services of New Mexico, Inc.										85-0420095	NM	
			Magellan of Idaho, LLC										85-4065417	ID	
			Magellan Complete Care of Pennsylvania, Inc.										46-4457706	PA	15924
			National Imaging Associates, Inc.										22-3428367	DE	
				NIA IPA of New York, Inc.									14-1866878	NY	
			Magellan Life Insurance Company										57-0724249	DE	97292
			Magellan of Ohio, Inc.										85-3808038	OH	
			Merit Behavioral Care Corporation										22-3236927	DE	
				Magellan Behavioral Care of Iowa, Inc.									22-3341850	IA	
				Magellan Providers of Texas, Inc.									76-0513383	TX	
				Magellan Behavioral Health of Pennsylvania, Inc.									23-2759528	PA	47019
			Magellan Behavioral of Michigan, Inc.										52-1946167	MI	
			Magellan of Maryland, LLC										92-0642038	MD	
	Magnolia Joint Venture Holding Company, Inc.												92-0679069	DE	