

QUARTERLY STATEMENT

AS OF JUNE 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

Centene Venture Company Michigan

| |)1295 , | 01295 (Prior Period) | NAIC Company Co | ode16613 | Employer's ID N | umber | 83-2446307 | |
|--|---|----------------------------|-----------------|--|---|---|---------------------|--|
| Organized under the Laws | , | (Prior Period) Michigan | | State of Domicil | e or Port of Entry | M | lichigan | |
| 0 | | | | | | | longan | |
| Country of Domicile | | | | United States | | | | |
| Licensed as business type: | Life, Accident & | k Health [] | Property/Casua | ulty[] | Hospital, Medical & De | ntal Servi | ce or Indemnity [] | |
| | Dental Service | Corporation [] | Vision Service | Corporation [] | Health Maintenance Or | rganizatio | n [X] | |
| | | | | | Is HMO Federally Qual | ified? Yes | s[]No[X] | |
| Incorporated/Organized | 11/07 | 7/2018 | Commence | d Business | 0 | 1/01/2021 | | |
| Statutory Home Office | | 777 Woodward | | , | Detroit, MI, | | | |
| | | (Street and Nun | | (City or Town, State, C | | | | |
| Main Administrative Office | Forsyth Boulevard | d | | MO, US 63105 | | 314-725-4477 ode) (Telephone Number) | | |
| Martin A. L. Lawrence | (Street and Number) (City or Town, State, Country and Zip Co Address 7700 Forsyth Boulevard . St. Louis. | | | | | | | |
| Mail Address | (Street and N | | | St. Louis, MO, US (City or Town, State, Country | | dol | | |
| Primary Location of Books a | | 7700 Forsyl | h Boulevard | Stio | uis, MO, US 63105 | | 314-725-4477 | |
| s finally recalled of books a | | | d Number) | | (City or Town, State, Country and Zip Code) (Area Code) (Telephone Nu | | | |
| Internet Web Site Address | | | | www.centene.com | | | | |
| Statutory Statement Contact | | Michael Was | sik | 813-206-2725 | | | | |
| - | | (Name) | | (Area Code) (Telephone Number) (Extension) | | | | |
| michae | el.wasik@centene (E-Mail Address) | e.com | | | 813-675-2899 (FAX Number) | | | |
| | (E-Mail Address) | | OFFICE | | (FAX Number) | | | |
| | | | OFFICE | | | | | |
| Name | | Title | | Nam | e | | Title | |
| Thomas Robert Lindqu | | President | | James Edward | | | Treasurer | |
| Kendra Louise Archer Secretary Tricia Lynn Dinke | | | | | inkelman, | Vice Pre | esident of Tax | |
| | | (| OTHER OFF | ICERS | | | | |

DIRECTORS OR TRUSTEES

Christopher Mitchell Priest #

Nicholas John Rotondo #

ss

State of Florida County of H11500rough

| Land | | | | | | |
|---|--------------------------------------|--|---------------|--|--|--|
| Thomas Robert Lindquist President | James Edward Snyder III Treasurer | Kendra Louise Archer Secretary | | | | |
| | | a. Is this an original filing? | Yes [X]No [] | | | |
| Subscribed and sworn to before me this day of | 14 M- | b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached | | | | |
| Notary Public State of Florida Milagros Roman My Commission HH 220087 Exp. 3/5/2026 | | | | | | |



QUARTERLY STATEMENT

AS OF JUNE 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

Centene Venture Company Michigan

| NAIC Group Code | 01295 (Current Period) | , | NAIC Company | Code | 16613 | Employer's ID Nu | umber | 83-2446307 | |
|-----------------------|------------------------------|-------------------------------|---------------|--|-------------------------|-------------------------------|-----------------------------------|-----------------------|--|
| Organized under the | Laws of | Michigan | | , State | of Domicile | or Port of Entry | | Michigan | |
| Country of Domicile | | | | United | d States | | | | |
| Licensed as business | type: Life, Ac | cident & Health [] | Property/Cas | ualty [] | | Hospital, Medical & De | ntal Serv | /ice or Indemnity [] | |
| | Dental | Service Corporation [] | Vision Servic | e Corpor | ation [] | Health Maintenance Or | ganizati | on [X] | |
| | Other [|] | | | | Is HMO Federally Qual | - ified? Υε | es[]No[X] | |
| Incorporated/Organize | ed | 11/07/2018 | Commen | ced Busi | ness | | 1/01/202 | | |
| Statutory Home Office |) | 777 Woodward | Avenue | | , | Detroit, MI, | US 4822 | 26 | |
| (Street and Number) | | | | | | (City or Town, State, C | | | |
| Main Administrative O | ffice | 7700 Forsyth Boulevar | rd | | | | | 314-725-4477 | |
| | | (Street and Number) | | (City | or Town, State | , Country and Zip Code) | de) (Area Code) (Telephone Number | | |
| Mail Address | | 700 Forsyth Boulevard | | · | | St. Louis, MO, US | | | |
| | (S | treet and Number or P.O. Box) | | | | (City or Town, State, Country | and Zip C | ode) | |
| Primary Location of B | ooks and Record | | th Boulevard | | | uis, MO, US 63105 | | 314-725-4477 | |
| | | (Street a | nd Number) | , | | | | | |
| Internet Web Site Add | | | | www. | centene.cor | n | | | |
| Statutory Statement C | ontact | Michael Wa | sik | 813-206-2725 | | | | | |
| | | (Name) | | (Area Code) (Telephone Number) (Extension) | | | | | |
| · | michael.wasik@ (E-Mail Ad | | | | | EAX Number) | | | |
| | (L-Wall Au | alessy | OFFIC | FRS | | | | | |
| Name | | Title | | | Name | • | | Title | |
| Thomas Robert | Lindquist | President | | Jam | James Edward Snyder III | | | Freasurer | |
| Kendra Louise | Archer | Secretary | | Tri | cia Lynn Di | nkelman | Vice P | resident of Tax | |
| | | | OTHER OF | FICE | RS | | | | |
| | | | | | | | | | |

DIRECTORS OR TRUSTEES

Christopher Mitchell Priest #

Nicholas John Rotondo #

SS

State of Flondo H 5 \mathcal{OL} 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 Inits statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement or all the assets and liabilities and of the condition and affairs of the sel dreporting entity as of the reporting period stated above, and of this income and deductions therein contained, annexed or reterred to, is a full and true statement or all the assets and liabilities and of the condition and affairs of the sel dreporting entity as of the reporting period stated above, and of this income and deductions therein conditions therein conditing the text accounting predictes and procedures, according to t

Thomas Robert Lindquist President

s Edward Snyder TĨ

Treasurer

Subscribed and sworn to before me th 10a4 day of δ \sim Notary Public State of Flor Milagros Roman My Commission HH 220087 Exp. 3/5/2026 majjijuuu

Kendra Louise Archer

a. Is this an original filing?

b. If no:

- 1. State the amendment number
- 2. Date filed
- 3. Number of pages attached

Secretary

Yes [X] No []



QUARTERLY STATEMENT

AS OF JUNE 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

THE CONDITION AND AFFAIRS OF THE

Centene Venture Company Michigan

| | 1295 , 01295 nt Period) , (Prior Period) | NAIC Company | Code 16613 | Employer's ID Num | ber 83-2446307 | | | |
|------------------------------|---|--------------|---|----------------------------------|--------------------------|--|--|--|
| Organized under the Laws o | f Michigan | | , State of Domicil | e or Port of Entry | Michigan | | | |
| Country of Domicile | | | United States | | | | | |
| Licensed as business type: | Life, Accident & Health [] | Property/Ca | sualty [] | Hospital, Medical & Denta | Service or Indemnity [] | | | |
| | Dental Service Corporation [] | Vision Servi | ce Corporation [] | Health Maintenance Orga | nization [X] | | | |
| | Other [] | | | Is HMO Federally Qualifie | d?Yes[]No[X] | | | |
| Incorporated/Organized | 11/07/2018 | Commer | ced Business | | 1/2021 | | | |
| Statutory Home Office | 777 Woodward | | | Detroit, MI, US | 5 48226 | | | |
| | (Street and Nu | mber) | | (City or Town, State, Coun | try and Zip Code) | | | |
| Main Administrative Office | 7700 Forsyth Bouleva | d | St. Loouis | 314-725-4477 | | | | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) (Area Code) (Telephone | | | | | |
| Mail Address | 7700 Forsyth Boulevard | | , | St. Louis, MO, US 6 | | | | |
| | (Street and Number or P.O. Box) | | | (City or Town, State, Country an | id Zip Code) | | | |
| Primary Location of Books an | | th Boulevard | | uis, MO, US 63105 | 314-725-4477 | | | |
| | (Street a | nd Number) | (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number | | | | | |
| Internet Web Site Address | | | www.centene.com | | | | | |
| Statutory Statement Contact | Michael Wa | sik | 813-206-2725 | | | | | |
| michael | (Name) .wasik@centene.com | | (Area Code) (Telephone Number) (Extension) 813-675-2899 | | | | | |
| | (E-Mail Address) | | | (FAX Number) | | | | |
| | | OFFIC | ERS | | | | | |
| Name | Title | | Nam | e | Title | | | |
| Thomas Robert Lindqui | st, President | | James Edward | Snyder III | Treasurer | | | |
| Kendra Louise Archer | ,Secretary | | Tricia Lynn D |)inkelman , V | /ice President of Tax | | | |
| | | OTHER OF | FICERS | | | | | |
| | | | Na Adam - 1 | | | | | |

DIRECTORS OR TRUSTEES Nicholas John Rotondo

SS

Christopher Mitchell Priest #

State of Florida County of Husborough C

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 therein condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therein condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therein condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therein of 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, 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

A Λ < Kendra Louise Archer Secretary

a. Is this an original filing?

n onginar ning i

Yes [X] No []

b. If no:
 1. State the amendment number

- 2 Date filed
- 3. Number of pages attached

Subscribed and sworn to day of Notary Public State of Florida Milagros Roman My Commission HH 220087 Exp. 3/5/2026 Dominiou

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

| | AC | SEIS | | | |
|-------|---|---------------|---------------------------------------|---------------------------------------|-------------------------------|
| | | | Current Statement Date | e | 4 |
| | | 1 | 2 | 3 | |
| | | | | Net Admitted Assets | December 31 Prior Year Net |
| | | Assets | Nonadmitted Assets | | Admitted Assets |
| 1. | Bonds | | | | |
| | Stocks: | | | | |
| | 2.1 Preferred stocks | | | 0 | 0 |
| | 2.2 Common stocks | | | | 0 |
| 2 | | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | L | 0 |
| | 3.2 Other than first liens | | | 0 | 0 |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less | | | | |
| | \$ encumbrances) | | | 0 | 0 |
| | 4.2 Properties held for the production of income | | | | |
| | (less \$ | | | 0 | 0 |
| | | | | L | |
| | 4.3 Properties held for sale (less | | | | |
| | \$ encumbrances) | | | 0 | 0 |
| 5. | Cash (\$1,771,518), | | | | |
| | cash equivalents (\$ | | | | |
| | and short-term investments (\$0) | 34,432,207 | | 34,432,207 | 21.473 784 |
| 6 | Contract loans (including \$ premium notes) | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | Derivatives | | | | |
| | Other invested assets | | | | C |
| 9. | Receivables for securities | | | 0 | |
| 10. | Securities lending reinvested collateral assets | | | 0 | 0 |
| | Aggregate write-ins for invested assets | | | | |
| | Subtotals, cash and invested assets (Lines 1 to 11) | | | | |
| | Title plants less \$ | | | | |
| 13. | | | | | |
| | only) | | | | |
| 14. | Investment income due and accrued | | | | |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of | | | | |
| | collection | 86.731 | | | 41,270 |
| | 15.2 Deferred premiums, agents' balances and installments booked but | | | | , . |
| | | | | | |
| | deferred and not yet due (including \$earned | | | | 0 |
| | · , | | | 0 | C |
| | 15.3 Accrued retrospective premiums (\$3,173,436) and | | | | |
| | contracts subject to redetermination (\$) | 3 , 173 , 436 | | | 2,812,484 |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | | | 0 | (|
| | 16.2 Funds held by or deposited with reinsured companies | | | i i | |
| | 16.3 Other amounts receivable under reinsurance contracts | | | | |
| | | | | | |
| | Amounts receivable relating to uninsured plans | | | | |
| 18. | 1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | |
| 18. | 2 Net deferred tax asset | | | 0 | |
| 19. | Guaranty funds receivable or on deposit | | | 0 | |
| 20. | | | | | (|
| | Furniture and equipment, including health care delivery assets | | | | |
| ۷١. | | | | | (|
| | (\$ | | | | (|
| | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| | Receivables from parent, subsidiaries and affiliates | | | · · · · | |
| | Health care (\$1,651,909) and other amounts receivable | | | | |
| 25. | Aggregate write-ins for other-than-invested assets | | | 0 | |
| | Total assets excluding Separate Accounts, Segregated Accounts and | | | | |
| | Protected Cell Accounts (Lines 12 to 25) | 41,464,266 | 129,128 | 41,335,139 | 28,536,247 |
| 77 | · · · · · | .1,107,200 | 120,120 | .1,000,100 | 20,000,247 |
| 21. | From Separate Accounts, Segregated Accounts and Protected | | | | |
| | Cell Accounts. | | | l0 | |
| 28. | Total (Lines 26 and 27) | 41,464,266 | 129,128 | 41,335,139 | 28,536,247 |
| | DETAILS OF WRITE-INS | | | | |
| 1101. | | | ļ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Summary of remaining write-ins for Line 11 from overflow page | | | 0 | (|
| | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | , , , , , , , , , , , , , , , , , , , | 0 | (|
| 2501. | Other Assets Non-admitted (prepaids) | | | 0 | |
| 2502. | | | | 0 | |
| 2503. | | | i i | 0 | (|
| | Summary of remaining write-ins for Line 25 from overflow page | | | 0 | |
| | | | | | (|
| | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 103,409 | 103,409 | 0 | (|

ASSETS

LIABILITIES, CAPITAL AND SURPLUS

| | | | Current Period | | Prior Year |
|--------------|--|-----------|----------------|------------|-------------|
| | - | 1 | 2 | 3 | 4 |
| | | Covered | Uncovered | Total | Total |
| 1 | laims unpaid (less \$ | | | | 6,635,087 |
| | Accrued medical incentive pool and bonus amounts | | | | |
| | Inpaid claims adjustment expenses | | | | 74,861 |
| 1 | ggregate health policy reserves including the liability of | | | | |
| 1 | for medical loss ratio rebate per the Public Health | 0.005.070 | | 0.005.070 | 4 007 000 |
| | Service Act | | | | |
| 1 | Aggregate life policy reserves | | | | |
| | Property/casualty unearned premium reserve | | | | 0 |
| | vggregate health claim reserves | | | | |
| | Premiums received in advance | | | | |
| | General expenses due or accrued | | | | |
| | Current federal and foreign income tax payable and interest thereon (including | 40,000 | | 42,000 | 50 704 |
| | on realized gains (losses)) Net deferred tax liability | | | | |
| 1 | Net deferred tax liability | | | | |
| | | | | | |
| | Amounts withheld or retained for the account of others | | | | 0 |
| | | | | | 0 |
| | corrowed money (including \$ current) and | | | | |
| | terest thereon \$ (including | | | ^ | ^ |
| | current) | | | | |
| | mounts due to parent, subsidiaries and affiliates | | | | 4,541,113 |
| 1 | Derivatives | | | | |
| | Payable for securities | | | | |
| | Payable for securities lending | | | | 0 |
| | unds held under reinsurance treaties (with \$ | | | | |
| | uthorized reinsurers, \$ unauthorized reinsurers | | | 0 | 0 |
| | nd \$ | | | 0 | 0 |
| 1 | teinsurance in unauthorized and certified (\$) | | | 0 | 0 |
| | ompanies | | | | 0 |
| | let adjustments in assets and liabilities due to foreign exchange rates | | | | |
| | iability for amounts held under uninsured plans | | | 2,130,288 | 3, 140, 398 |
| | ggregate write-ins for other liabilities (including \$ | | 0 | 075 000 | 00.000 |
| | urrent) | | | | |
| | otal liabilities (Lines 1 to 23) | | | | |
| | Aggregate write-ins for special surplus funds | | | | |
| | Common capital stock | | | | |
| | Preferred capital stock | | | | |
| | Gross paid in and contributed surplus | | | | |
| | Surplus notes | | | | |
| | vgregate write-ins for other-than-special surplus funds | | | | |
| | Inassigned funds (surplus) | XXX | XXX | | |
| 1 | ess treasury stock, at cost: | | | | |
| | 2.1 shares common (value included in Line 26 | | | | 0 |
| \$ | | XXX | XXX | | 0 |
| | 2.2 shares preferred (value included in Line 27 | | | | |
| \$ | , | | | | |
| | otal capital and surplus (Lines 25 to 31 minus Line 32) | | | | |
| <u>34.</u> T | otal liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 41,335,139 | 28,536,247 |
| D | ETAILS OF WRITE-INS | | | | |
| 2301. S | tate income tax payable | | | | |
| 2302 | | | | | |
| 2303 | | | | | |
| | | | | | |
| | Summary of remaining write-ins for Line 23 from overflow page | | | | 0 |
| 2399. Т | otals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 275,028 | 0 | 275,028 | 63,288 |
| 2501 | | | xxx | | |
| 2502 | | xxx | | | |
| | | | | | |
| | | | | | |
| | Summary of remaining write-ins for Line 25 from overflow page | | | | 0 |
| 2599. T | otals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001 | | | | | |
| 3002 | | | | | |
| | | | | | |
| | | | | | |
| | Summary of remaining write-ins for Line 30 from overflow page | | | | 0 |
| 3099. Т | otals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Ye | ear To Date | Prior Year To Date | Prior Year Ended December 31 |
|----------------|---|----------------|-------------|---------------------------------------|---------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | | | | |
| 2. | 1 (5, | | | | |
| 3. | Change in unearned premium reserves and reserve for rate credits | | | | 0 |
| 4. | Fee-for-service (net of \$medical expenses) | | | | 0 |
| 5. | Risk revenue | | | | 0 |
| 6. | Aggregate write-ins for other health care related revenues Aggregate write-ins for other non-health revenues | | | | 0 |
| 7. 8. | | | | | |
| Hospit | al and Medical: | | | | |
| 9. | Hospital/medical benefits | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | Emergency room and out-of-area | | | 1 | |
| 13. | Prescription drugs | | | | |
| 14. 15. | Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts | | | | |
| 15. | Subtotal (Lines 9 to 15) | | | | |
| 10. | | 0 | 19,432,007 | | 43, 190, 509 |
| Less: 17. | Net reinsurance recoveries | | | | |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | | 23,931,976 | |
| 19. 20. | Non-health claims (net) Claims adjustment expenses, including \$ | | | 0 | |
| | expenses | | | | |
| 21. | | | 4,261,796 | | |
| 22. | Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | 261 264 | 1 228 225 | 0 |
| 23. | | | | | |
| 23. | | | | 1 | |
| 25. | Net investment income earned | | | | |
| | Net realized capital gains (losses) less capital gains tax of \$ | | | 0 | 0 |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 732,705 | | 1,015,685 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered | | | | |
| | \$ | | (23,148) | (23,398) | (45,743) |
| 29. | Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. | Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | xxx | 5,734,967 | · · · · · · · · · · · · · · · · · · · | |
| 31. | Federal and foreign income taxes incurred | XXX | | (, , , , , | |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 5,563,391 | (561,722) | 3,334,160 |
| 0601 | DETAILS OF WRITE-INS | | | 0 | 0 |
| 0601. | | | | 0 | 0 |
| 0603. | | XXX | | 0 | 0 |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | | 0 | 0 | 0 |
| 0699. | Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | | | | 0 | 0 |
| 0702. | | xxx | | 0 | 0 |
| 0703. | | | | 0 | 0 |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | xxx | 0 | 0 | 0 |
| 0799. | Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | 0 | 0 |
| 1402. | | | | 0 | 0 |
| 1403. | | - | | 0 | 0 |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | 0 | 0 | 0 |
| 1499. 2901. | Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | | 0 |
| 2902. | | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | 0 | | | |
| 2999. | Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|-------|--|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| | | | | |
| | CAPITAL & SURPLUS ACCOUNT | | | |
| 33. | Capital and surplus prior reporting year | 11,728,010 | 6,530,946 | 6,530,946 |
| 34. | Net income or (loss) from Line 32 | 5,563,391 | (561,722) . | |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 | 0 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. | Change in net deferred income tax | | 0 | 1 |
| 39. | Change in nonadmitted assets | | | (137,097) |
| 40. | Change in unauthorized and certified reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| | | | 0 | 0 |
| | 44.1 Falu III. 44.2 Transferred from surplus (Stock Dividend) | | | |
| | | | | |
| | 44.3 Transferred to surplus | | U | 0 |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | | | 2,000,000 |
| | 45.2 Transferred to capital (Stock Dividend) | 0 . | 0 | 0 |
| | 45.3 Transferred from capital | | 0 | 0 |
| 46. | Dividends to stockholders | | 0 | 0 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 6,307,127 | 1, 109, 453 | 5, 197, 064 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 18,035,137 | 7,640,399 | 11,728,010 |
| | DETAILS OF WRITE-INS | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | | 1 Current Year | 2 Prior Year | 3 Prior Year Ended |
|-----|---|-------------------|-----------------|-----------------------|
| | | To Date | To Date | December 31 |
| | Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | | | |
| 2. | Net investment income | | · · · · · | |
| 3. | Miscellaneous income | . 0 | 0 | 0 |
| | Total (Lines 1 to 3) | . 30,831,491 | 32,077,873 | 54,382,815 |
| | Benefit and loss related payments | | 24,050,663 | |
| | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| | Commissions, expenses paid and aggregate write-ins for deductions | | 2,383,518 | 5 , 422 , 255 |
| | Dividends paid to policyholders | | 0 | 0 |
| 9. | Federal and foreign income taxes paid (recovered) net of \$tax on capital | 170 405 | (4) | 100.005 |
| 40 | gains (losses) | | (1) | 188,665 |
| | Total (Lines 5 through 9) | | 26,434,180 | 51,360,302 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 6,286,159 | 5,643,693 | 3,022,513 |
| 40 | Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | 0 | | |
| | | 0 | , , | 1,025,000 |
| | 12.2 Stocks | | 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 | 0 |
| | 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | | 1,025,000 |
| | Cost of investments acquired (long-term only): | | ,, | ,, |
| | 13.1 Bonds | | 1,001,457 | |
| | 13.2 Stocks | | 0 | 0 |
| | 13.3 Mortgage loans | | 0 | 0 |
| | | | 0 | 0 |
| | 13.5 Other invested assets | | 0 | 0 |
| | 13.6 Miscellaneous applications | | 1,025,000 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | | 2,026,457 | 1,001,457 |
| | Net increase/(decrease) in contract loans and premium notes | | 0 | 0 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | . 0 | (1,001,457) | 23,543 |
| | Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | 0 | 0 | 0 |
| | 16.1 Surplus notes, capital notes | | 0 | |
| | 16.2 Capital and paid in surplus, less treasury stock | | 2,000,000 | 2,000,000 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 | 0 0 |
| | 16.5 Dividends to stockholders | | 0 | 0 N |
| | 16.6 Other cash provided (applied) | | (3,362,299) | (731,758) |
| 17 | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 | | (0,002,200) | (101,100) |
| | plus Line 16.6) | 6,672,263 | (1,362,299) | 1,268,242 |
| | 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) | | 3, 279, 937 | 4,314,298 |
| | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | , , | 17 , 159 , 486 | , , |
| | 19.2 End of period (Line 18 plus Line 19.1) | 34,432,207 | 20,439,424 | 21,473,784 |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprel (Hospital 8 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|------------|------------------------|------------|------------------------|----------------|----------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|----------------------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non- Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | | 0 | 0 | 0 | 0 | 0 | 0 | 4,297 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | | 0 | 0 | 0 | 0 | 0 | 0 | 4,274 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | | 0 | 0 | 0 | 0 | 0 | 0 | 4,352 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 25,482 | | | | | | | 25,482 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | 21,629 | | | | | | |
| 8. Non-Physician | 4,694 | | | | | | | 4,694 | | | | | | |
| 9. Total | 26,323 | 0 | 0 | 0 | 0 | 0 | 0 | 26,323 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 7,128 | | | | | | | 7,128 | | | | | | |
| 11. Number of Inpatient Admissions | 763 | | | | | | | 763 | | | | | | |
| 12. Health Premiums Written (a) | | | | | | | | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | 29,278,788 | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | 19 , 097 , 122 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 19,432,087 | | | | | | | 19,432,087 | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 29,630,326

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

| | Aging Analysis of Onpaid | | | | | |
|--|--------------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
| Claims unpaid (Reported) | | | | | | |
| | | | | | | |
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| | | | | | | |
| 0199999 Individually listed claims unpaid | | 0 | 0 | 0 | 0 | 0 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | |
| 0399999 Aggregate accounts not individually listed-covered | 250,087 | | | | 122,116 | 372,203 |
| 0499999 Subtotals | 250,087 | 0 | 0 | 0 | 122,116 | 372,203 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 6,216,094 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 6,588,297 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | 1,020,971 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| | Cla Paid Yea | | Liat End of Curr | | 5 | 6 |
|--|---|---|--|---|--|---|
| Line of Business | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 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 Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual | | | | | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | | | | | 0 | 0 |
| 3. Medicare Supplement | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Dental only | | | | | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | | | | 5 , 663 , 969 | 5,728,912 | 6 , 635 , 086 |
| 8. Title XIX - Medicaid | | | | | 0 | 0 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability income | | | | | 0 | 0 |
| 11. Long-term care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | | 15,672,133 | | 5 , 663 , 969 | 5,728,912 | 6,635,086 |
| 14. Health care receivables (a) | | 1 ,677 ,628 | | | 0 | 0 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | | | | 445,882 | | |
| 17. Totals (Lines 13-14+15+16) | 5,069,441 | 14,027,681 | 1,499,417 | 6,109,851 | 6,568,858 | 7,274,303 |

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

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Centene Venture Company Michigan (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 and Financial Services (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 and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

| | | | F/S | F/S | | |
|---|--|--------|------|--------|---------------------|------------|
| | | SSAP # | Page | Line # | 2024 | 2023 |
| | NET INCOME | | | | | |
| 1 | Company state basis (Page 4, Line 32, Columns 2 & 4) | xxx | xxx | XXX | \$ 5,563,391 \$ | 3,334,160 |
| 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 | \$ 5,563,391 \$ | 3,334,160 |
| | SURPLUS | | | | | |
| 5 | Company state basis (Page 3, Line 33, Columns 3 & 4) | xxx | XXX | XXX | \$ 18,035,137 \$ | 11,728,010 |
| 6 | State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None | | | | | |
| 7 | State Permitted Practices that are an increase/(decrease) from NAIC SAP: None | | _ | | _ | |
| 8 | NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 18,035,137 \$ | 11,728,010 |

B. Uses of Estimates in the Preparation of the Financial Statements - No significant change.

C. Accounting Policy - No significant change.

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

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No significant change.
- B. Debt Restructuring No significant change.
- C. Reverse Mortgages No significant change.
- D. Loan-Backed Securities None

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the period June 30, 2024.

F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan NOTES TO FINANCIAL STATEMENT

- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate No significant change.
- K. Low-Income Housing Tax Credits ("LIHTC") No significant change.
- L. Restricted Assets (including Pledged) No significant change.
- M. Working Capital Finance Investments None.
- N. Offsetting and Netting of Assets and Liabilities None
- O. 5* GI Securities No significant change.
- P. Short Sales No significant change.
- Q. Prepayment Penalty and Acceleration Fees No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type None

6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

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

A. and B. Relationship/Transactions and Amounts

Effective January 1, 2024, the Company entered a new management services agreement with Centene Management Company, LLC ("CMC"). CMC assumes responsibility for program planning and development, management information systems, financial systems and services, facilities arrangement, claims administration, provider and enrollee services and records, case management, care coordination, utilization and peer review, and quality assurance/quality improvement. The Company pays CMC for its actual costs incurred. Effective December 31, 2023, the Company terminated its prior management services agreements with CMC and Next Door Neighbors, ("NDN").

C-D. – No significant change.

E. Guarantees on Undertakings for the Benefit of an Affiliate – No significant change. F-O. – No significant change.

11. Debt

A. Debt - No significant change.B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments No significant change.
- B. Assessments No significant change.
- C. Gain Contingencies No significant change.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits No significant change.
- E. Joint and Several Liabilities No significant change.
- F. All Other Contingencies No significant change.

15. Leases

No significant change.

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

No significant change.

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

- A. Transfers of Receivables Reported as Sales No significant change.
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans No significant change.

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

No significant change.

20. Fair Value Measurements

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

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

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

| | | | Ne | t Asset Value | |
|---|---------------------|---------|---------|---------------|------------|
| Description of each class of asset or liability | Level 1 | Level 2 | Level 3 | (NAV) | Total |
| a. Assets at fair value | | | | | |
| Cash, cash equivalents and short-term investments | \$ 34,432,207 \$ | — \$ | — \$ | — \$ | 34,432,207 |
| Bonds | — \$ | — \$ | — \$ | | |
| Total Bonds | \$ — \$ | — \$ | — \$ | — \$ | — |
| Common stock | | | | | |
| Parent, subsidiaries and affiliates | _ | _ | _ | | |
| Total Common stock | \$ — \$ | — \$ | — \$ | — \$ | _ |
| Derivatives assets | _ | _ | | _ | _ |
| Total Derivatives assets | \$ — \$ | — \$ | — \$ | — \$ | _ |
| Separate account assets | \$ — \$ | — \$ | — \$ | — \$ | |
| Total assets at fair value | \$ 34,432,207 \$ | — \$ | — \$ | — \$ | 34,432,207 |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | \$ — \$ | — \$ | — \$ | — \$ | _ |

B. Fair Value Disclosures Under Other Pronouncements - None

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan NOTES TO FINANCIAL STATEMENT

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at June 30, 2024, for all financial instruments:

| Type of Financial | Aggregate | Admitted | | | | Net Asset | Not Practicable (Carrying |
|---------------------------|---------------|------------------|---------------|---------|---------|-------------|---------------------------------|
| Instrument | Fair Value | Assets | Level 1 | Level 2 | Level 3 | Value (NAV) | Value) |
| Cash and cash equivalents | \$ 34,432,207 | \$ 34,432,207 \$ | 34,432,207 \$ | — \$ | — \$ | | \$ |
| Bonds | 1,022,918 | 1,023,228 | 1,022,918 | | | | |
| Total Investments | \$ 35,455,125 | \$ 35,455,435 \$ | 35,455,125 \$ | — \$ | — \$ | — | <u> </u> |

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

21. Other Items

- A. Extraordinary Items No significant change.
- B. Troubled Debt Restructuring No significant change.
- C. Other Disclosures and Unusual Items No significant change.
- D. Business Interruption Insurance Recoveries No significant change.
- E. State Transferable and Non-Transferable Tax Credits No significant change.
- F. Subprime Mortgage Related Risk Exposure No significant change.
- G. Retained Assets No significant change.
- H. Insurance-Linked Securities (ILS) Contracts No significant change.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No significant change.

22. Events Subsequent

There were no events occurring subsequent to June 30, 2024, requiring disclosure. Subsequent events have been considered through August 7, 2024, for the Statutory statement issued on August 7, 2024.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. B. C. D. - No significant change.E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2023 were \$7,274,303. As of June 30, 2024, \$5,069,441 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,499,417 as a result of re-estimation of unpaid claims. Therefore, there has been \$705,445 favorable prior-year development since December 31, 2023. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan NOTES TO FINANCIAL STATEMENT

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves as of June 30, 2024:

| 1. Liability carried for premium deficiency reserves - | \$ 361,264 |
|---|---------------|
| 2. Date of most recent evaluation of this liability - | July 31, 2024 |
| 3. Was anticipated investment income utilized in the calculation? | No |

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity experience any material tra Domicile, as required by the Model Act? | ansactions requiring the filing of Disclosure | of Material Transactior | is with the State of | Yes | [] | No [X] |
|------|--|--|--|--------------------------|------------|------|--------|
| 1.2 | If yes, has the report been filed with the domiciliar | | | | | [] | No [] |
| 2.1 | Has any change been made during the year of this reporting entity? | | | | Yes | [X] | No [] |
| 2.2 | If yes, date of change: | | | | | 04/3 | 0/2024 |
| 3.1 | Is the reporting entity a member of an Insurance H which is an insurer? | | | | | [X] | No [] |
| | If yes, complete Schedule Y, Parts 1 and 1A. | | | | Y | | N 573 |
| 3.2 | Have there been any substantial changes in the o | | end? | | Yes | [] | No [X] |
| 3.3 | If the response to 3.2 is yes, provide a brief descri | | | | | | |
| 3.4 | Is the reporting entity publicly traded or a member | of a publicly traded group? | | | Yes | [X] | No [] |
| 3.5 | If the response to 3.4 is yes, provide the CIK (Cen | tral Index Key) code issued by the SEC fo | the entity/group | | | 0001 | 071739 |
| 4.1 | Has the reporting entity been a party to a merger of | or consolidation during the period covered | by this statement? | | Yes | [] | No [X] |
| 4.2 | If yes, provide the name of entity, NAIC Company ceased to exist as a result of the merger or consol | idation. | , | | | | |
| | | 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile | | | |
| | | | |] | | | |
| 5. | If the reporting entity is subject to a management a fact, or similar agreement, have there been any si If yes, attach an explanation. | | | | Yes [X] No | [] | NA [] |
| 6.1 | State as of what date the latest financial examinat | ion of the reporting entity was made or is b | eing made | | | 12/3 | 1/2022 |
| 6.2 | State the as of date that the latest financial examined the the date of the examined balance of the ex | | | | | 12/3 | 1/2022 |
| 6.3 | State as of what date the latest financial examinat or the reporting entity. This is the release date or of sheet date). | completion date of the examination report | and not the date of the e | examination (balance | | 06/2 | 6/2024 |
| 6.4 | By what department or departments? | | | | | | |
| 6.5 | Michigan Department of Insurance and Financia Have all financial statement adjustments within the statement filed with Departments? | e latest financial examination report been a | accounted for in a subse | equent financial | Yes [] No | [] | NA [X] |
| 6.6 | Have all of the recommendations within the latest | financial examination report been complied | l with? | | | [] | NA [] |
| 7.1 | Has this reporting entity had any Certificates of Au suspended or revoked by any governmental entity If yes, give full information: | | | | Yes | [] | No [X] |
| 1.2 | | | | | | | |
| 8.1 | Is the company a subsidiary of a bank holding con | | oard? | | Yes | [] | No [X] |
| 8.2 | If response to 8.1 is yes, please identify the name | | | | | | |
| 8.3 | Is the company affiliated with one or more banks, | | | | Yes | [] | No [X] |
| 8.4 | If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Federa Deposit Insurance Corporation (FDIC) and the Ser regulator.] | I Reserve Board (FRB), the Office of the 0 | Comptroller of the Curre | ncy (OCC), the Federal | | | |
| | 1 | 2 Location | 3 | 4 5 | 6 | | |
| | Affiliate Name | (City, State) | FRB | OCC FDIC | SEC | | |
| 9.1 | Are the senior officers (principal executive officer, similar functions) of the reporting entity subject to | | | | Yes | [X] | No [] |
| | (a) Honest and ethical conduct, including the ethic (b) Full, fair, accurate, timely and understandable (c) Compliance with applicable governmental law. (d) The prompt internal reporting of violations to a (e) Accountability for adherence to the code. | cal handling of actual or apparent conflicts disclosure in the periodic reports required s, rules and regulations; | of interest between per to be filed by the report | sonal and professional r | | [~] | |
| 9.11 | If the response to 9.1 is No, please explain: | | | | | | |
| 9.2 | Has the code of ethics for senior managers been a | amended? | | | Yes | [] | No [X] |
| 9.21 | If the response to 9.2 is Yes, provide information r | elated to amendment(s). | | | | | |
| 9.3 | Have any provisions of the code of ethics been wa | | | | Yes | [] | No [X] |
| 9.31 | If the response to 9.3 is Yes, provide the nature of | | | | | | |
| 10.1 | | FINANCIA | | | V | [] | No (V) |
| | Does the reporting entity report any amounts due | | | | | . , | No [X] |
| 10.2 | If yes, indicate any amounts receivable from parer | nt included in the Page 2 amount: | | \$. | | | 0 |

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

GENERAL INTERROGATORIES

INVESTMENT

| 11.1 | | s, bonds, or other assets son? (Exclude securities | | | | | | | | | Yes [] | No [X |
|-------|--|---|--|---|--|--|---|--|---|---------------------|--------------------------------|-------|
| 11.2 | | mplete information relatir | • | | | | | | | | | |
| 12. | Amount of real estate | and mortgages held in o | ther invested assets i | in Schedule | BA: | | | | \$ | | | 0 |
| 13. | Amount of real estate | and mortgages held in s | nort-term investments | s: | | | | | \$ | | | 0 |
| 14.1 | Does the reporting er | ntity have any investmen | ts in parent, subsidia | ries and affili | iates? | | | | | | Yes [] | No [) |
| 14.2 | If yes, please comple | te the following: | | | | | | | | | | |
| | | ds | | | | | ar-End djusted g Value 0 | | 2 Current C Book/Adj Carrying | usted Value 0 | | |
| | 14.23 Com | erred Stock Imon Stock | | | \$ | | 0 | \$ | | 0 | | |
| | | rt-Term Investments gage Loans on Real Est | | | | | 0 0 | | | | | |
| | 14.26 All C | other I Investment in Parent. S | | | \$ | | 0 | \$ | | 0 | | |
| | (Sub | ototal Lines 14.21 to 14.2 I Investment in Parent in | 6) | | \$ | | 0 | \$ | | 0 | | |
| | | /e | | | \$ | | 0 | \$ | | 0 | | |
| 15.1 | Has the reporting entit | y entered into any hedgi | ng transactions repor | ted on Sche | dule DB? | | | | | | Yes [] | No [X |
| 15.2 | If ves, has a comprehe | ensive description of the | hedging program bee | en made ava | ilable to the | domicilia | v state? | | | Yes [| 1 No [] | NA [X |
| 10.2 | | ion with this statement. | neuging program bee | en made ava | | Jonnonia | y state : | | | 100 [|] No [] | in Li |
| 16. | 16.1 Total fair value 16.2 Total book/adj | y's security lending progr of reinvested collateral usted carrying value of re for securities lending rep | assets reported on S einvested collateral a | chedule DL, ssets reporte | Parts 1 and | 2 | | e: | \$. | | | 0 |
| 17. | entity's offices, vaults pursuant to a custodia Considerations, F. Ou | nedule E – Part 3 – Spec or safety deposit boxes, I agreement with a qualif tsourcing of Critical Func | were all stocks, bond ied bank or trust com tions, Custodial or Sa | s and other pany in acco afekeeping A | securities, ov ordance with Agreements o | vned thro Section ⁻ of the NA | ughout the cu 1, III – Genera IC <i>Financial C</i> | Irrent year h al Examinat Condition Ex | reporting neld ion <i>caminers</i> | | Yes [] | |
| 17.1 | For all agreements that | at comply with the require | ements of the NAIC F | inancial Cor | ndition Exami | ners Han | dbook, compl | ete the follo | owing: | | | |
| | | Nama | 1 of Custodian(s) | | | 0 | 2 ustodian Add | rooo | |] | | |
| | | | or Custodian(s) | | | | ustouian Auu | 1622 | | | | |
| 17.2 | For all agreements tha location and a comple | at do not comply with the te explanation: | requirements of the I | NAIC Financ | cial Condition | Examine | ers Handbook | , provide th | e name, | | | |
| | | 1 Name(s) | | 2 Location(s |) | | Complete E | 3 xplanation(| s) | | | |
| 17.3 | Have there been any o | changes, including name | changes, in the cust | odian(s) ider | ntified in 17.1 | during tl | ne current qua | arter? | | | Yes [] | No [X |
| 17 4 | If yes, give full and cor | mplete information relatir | na thereto: | | | | | | | | | |
| | | 1 | 2 | | 3 | | | 4 | | 7 | | |
| | | Old Custodian | New Custod | lian | Date of Cha | inge | | Reason | | - | | |
| 17.5 | authority to make inve | ent – Identify all investme stment decisions on beh is such. ["…that have ac | alf of the reporting er | ntity. For ass | ets that are n | nanaged ecurities" | internally by e | | | | | |
| | Na | 1 ame of Firm or Individual | | | | 2 Affiliatio | on | | | | | |
| 7.509 | | duals listed in the table fo a "U") manage more thar | | | | | th the reportir | ng entity | | | Yes [] | No [X |
| 7.509 | 8 For firms/individuals u does the total assets | inaffiliated with the repor under management aggr | ting entity (i.e., desig egate to more than 5 | nated with a 0% of the re | "U") listed in porting entity | the table 's invest | for Question ed assets? | 17.5, | | | Yes [] | No [X |
| 17.6 | | viduals listed in the table | | ation code o | | d) or "U" | (unaffiliated), | • | informatio | n for the table | | |
| | 1 Central Registr Depository Nu | | 2 ne of Firm or Individual | | 3 _egal Entity entifier (LEI) | | Reg | 4 istered With | ı | | 5 t Managem nt (IMA) Fil | |
| | Have all the filing requ | uirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? | | | | | | | | | Yes [X |] No |
| 19. | a. Documentation PL security is in b. Issuer or oblig c. The insurer has | SI securities, the reporting n necessary to permit a f not available. or is current on all contra is an actual expectation of y self-designated 5GI se | ull credit analysis of f acted interest and prir of ultimate payment o | the security on the security of the security of the security of all contract | does not exis ents. ted interest a | t or an N nd princij | AIC CRP cree | dit rating for | an FE or | | Yes [] | No [} |
| 20. | | .GI securities, the reporti | | | | | | | | | | |
| 20. | a. The security w b. The reporting c. The NAIC Des | ras purchased prior to Ja entity is holding capital c signation was derived fro | nuary 1, 2018. ommensurate with th m the credit rating as | e NAIC Desi ssigned by a | ignation repo an NAIC CRF | rted for th o in its lea | ne security. gal capacity a | s a NRSRO |) which is | | | |
| | d. The reporting | irrent private letter rating entity is not permitted to | share this credit ratin | g of the PL s | security with | the SVO. | | 0 | | | | |
| | Has the reporting entit | y self-designated PLGI s | ecurities? | | | | | | | | Yes [] | No [X |

GENERAL INTERROGATORIES

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

 - a. The shares were purchased prior to January 1, 2019.b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to

 - January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

GI Q5: CVCMI entered into a new management agreement with CMC. The agreement was approved by the Michigan DIFS on December 13,2023, and it took effect on January 1, 2024

GENERAL INTERROGATORIES PART 2 - HEALTH

Operating Percentages: 1. 1.1 A&H loss percent.... 67.7 % 0.0 % 1.2 A&H cost containment percent ... 1.3 A&H expense percent excluding cost containment expenses..... 15.2 % 2.1 Do you act as a custodian for health savings accounts?.... Yes [] No [X] 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$____ ...<u>Yes [] No [X]</u> 2.3 Do you act as an administrator for health savings accounts?..... 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ Yes [] No [X] 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of Yes [] No [X] the reporting entity?...

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 2 3 4 6 7 NAIC Company Code ID Number Effective Date Name of Reinsurer Domiciliary Jurisdiction Type of Business Ceded Type of Business Ceded Type of Business Ceded Type of Business | 8 9 Certified Reinsurer Ratir (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|--|--|--|
| NAIC Company Code ID Number Effective Date Effective Date Name of Reinsurer Domiciliary Jurisdiction Type of Reinsurance Ceded Type of Business Ceded Type of Business Ceded Type of Business Image: Company Code Image: Code </th <th>of Reinsurer (1 through 6)</th> <th>Effective Date of Certified Reinsurer Rating</th> | of Reinsurer (1 through 6) | Effective Date of Certified Reinsurer Rating |
| NAIC Company Code ID Number Effective Date Name of Reinsurer Domiciliary Jurisdiction Type of Business Ceded Type of Business Ceded Type Image: Company Code Image: Code | of Reinsurer (1 through 6) | ng of Certified Reinsurer Rating |
| NAIC Company Code Effective ID Number Effective Date Name of Reinsurer Domiciliary Jurisdiction Reinsurance Ceded Type of Business Ceded Type Image: Company Code ID Number Date Name of Reinsurer Jurisdiction Ceded Type | of Reinsurer (1 through 6) | ng of Certified Reinsurer Rating |
| Company Code ID Number Date Name of Reinsurer Jurisdiction Ceded Type | of Reinsurer (1 through 6) | Reinsurer Rating |
| Company code ID Number Date Name of Reinstref Duitsdiction Ceded Ceded Type | | |
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STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | | 1 | | | | | irect Business O | nlv | | | |
|---------|---|---------|----------------------|--------------------|-------------------------|-----------------------|----------------|--|-------------------------|----------------------|------------------------|---------------------------|
| | | | | 2 Accident & | 3 | 4 | 5 | 6 Federal Employees Health Benefits | 7 Life & Annuity | 8 Property/ | 9 Total | 10 |
| | States, Etc. | | Active Status (a) | Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Program | Other Considerations | Casualty Premiums | Columns 2 Through 8 | Deposit-Type Contracts |
| 1. | Alabama | AL | N | | | | | | | | 0 | |
| 2. | Alaska | | N | | | | | | | | 0 | |
| 3. | Arizona | AZ | N | | | | | | | | 0 | |
| | | | N | | | | | | | | 0 | |
| | California | CA | N | | | | | | | | 0 | |
| | Colorado | | N | | | | | | | | 0 | |
| 7. | Connecticut | | N | | | | | | | | 0 | |
| | Delaware | DE | N | | | | | | | | 0 | |
| 9. | Dist. Columbia | DC | N | | | | | | | | 0 | |
| 10. | Florida | FL | N | | | | | | | | 0 | |
| 11. | Georgia | GA | N | | | | | | | | 0 | |
| 12. | Hawaii | HI | N | | | | | | | | 0 | |
| 13. | Idaho | ID | N | | | | | | | | 0 | |
| 14. | Illinois | IL | N | | | | | | | | 0 | |
| 15. | Indiana | IN | N | | | | | | | | 0 | |
| 16. | lowa | IA | N | | | | | | | | 0 | |
| 17. | Kansas | KS | N | | | | | | | | 0 | |
| 18. | Kentucky | KY | N | | | | | | | | 0 | |
| | Louisiana | | N | | | | | | | | 0 | |
| | Maine | | N | | | | | | | | 0 |] |
| | Maryland | | N | | | | | | | | 0 | |
| | Massachusetts | | N | | | | | | | | 0 | |
| | Michigan | | L | | | | | | | | | |
| | Minnesota | | N | | | | | | | | .0 | |
| | Mississippi | | N. | | | | 1 | | | | n | |
| | | MO | N | | | | | | | | 0 | |
| | Montana | | N. | | | | 1 | | | | 0 | |
| | Nebraska | | N | | | | | | | | 0 | |
| | Nevada | | N. | | | | | | | | 0 | |
| | New Hampshire | | NNNNNN | | | | | | | | 0 | |
| | | | NNNNN | | | | | | | | 0 | |
| | New Jersey | | | | | | + | | | | 0 | |
| | New Mexico | | N | | | | | | | | 0 | |
| | New York | | N | | | | | | | | 0 | |
| | North Carolina | | N | | | | | | | | 0 | |
| | North Dakota | | N | | | | + | | | | 0 | |
| | Ohio | | N | | | | + | | | | 0 | |
| | Oklahoma | | N | | | | | | | | 0 | |
| | 0 | OR | N | | | | | | | | 0 | |
| | Pennsylvania | | N | | | | | | | | 0 | |
| | Rhode Island | | N | | | | | | | | 0 | |
| | South Carolina | | N | | | | | | | | 0 | |
| 42. | South Dakota | SD | N | | | | | | | | 0 | |
| 43. | Tennessee | TN | N | | | | | | | | 0 | |
| 44. | Texas | TX | N | | | | | | | | 0 | |
| 45. | Utah | UT | N | | | | | | | | 0 | |
| 46. | Vermont | VT | N | | | | | | | | 0 | |
| 47. | Virginia | VA | N | | | | | | | | 0 | |
| 48. | Washington | WA | N | | | | | | | | 0 | |
| 49. | West Virginia | WV | N | | | | | | | | 0 | |
| 50. | Wisconsin | WI | N | | | | | | | | 0 | |
| 51. | Wyoming | WY | N | | | | | | | | 0 | |
| 52. | American Samoa | AS | N | | | | | | | | 0 | |
| 53. | Guam | GU | N | | | | | | | | 0 | |
| 54. | Puerto Rico | PR | N | | | | ļ | | | | 0 | |
| 55. | U.S. Virgin Islands | VI | N | | | | | | | | 0 | |
| 56. | Northern Mariana Islands | MP | N | | | | | | | | 0 | |
| 57. | Canada | CAN | N | | | | | | | | 0 | |
| | Aggregate other alien | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Subtotal | | ххх | 0 | 29,630,326 | 0 | 0 | 0 | 0 | 0 | 29,630,326 | 0 |
| | Reporting entity contributions Employee Benefit Plans | s for | ххх | | | | | | | | 0 | |
| 61. | Total (Direct Business) | | ХХХ | 0 | 29,630,326 | 0 | 0 | 0 | 0 | 0 | 29,630,326 | 0 |
| | DETAILS OF WRITE-INS | | | | , , , , , , | | | | | | , | |
| 58001. | | | | | | | | | | | | |
| | | | ХХХ | | | | | | | | | |
| | | | ХХХ | | | | 1 | | | | | |
| | Summary of remaining write- | ins for | | ^ | | ^ | | _ | _ | _ | _ | |
| 58999. | Line 58 from overflow page Totals (Lines 58001 through | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (a) Act | plus 58998) (Line 58 above) ive Status Counts | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG
 R – Registered – Non-domiciled RRGs
 B – Eligible – Reporting entities eligible or approved to write surplus lines in the state
 0

| Centene Corporation | 42-1406317 | DE | |
|---|------------|--------|-------|
| Bankers Reserve Life Insurance Company of Wisconsin | 39-0993433 | WI | 71013 |
| Health Plan Real Estate Holding, Inc (17%) | 46-2860967 | MO | |
| Peach State Health Plan, Inc | 20-3174593 | GA | 12315 |
| Health Plan Real Estate Holding, Inc (21%) | 46-2860967 | MO | |
| Iowa Total Care, Inc | 46-4829006 | IA | 15713 |
| Buckeye Community Health Plan, Inc | 32-0045282 | OH | 11834 |
| Health Plan Real Estate Holding, Inc (18%) | 46-2860967 | MO | |
| Absolute Total Care, Inc | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1%) | 46-2860967 | MO | |
| Coordinated Care Corporation | 39-1821211 | IN | 95831 |
| Health Plan Real Estate Holding, Inc (15%) | 46-2860967 | MO | |
| Healthy Washington Holdings, Inc | 46-5523218 | DE | |
| Coordinated Care of Washington, Inc | 46-2578279 | W A | 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 | 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 | |

| | | | 1 4 | | | | |
|-----------------|-------------------------------|---------------------|------------------|--|------------|----|-------|
| Western Sky C | Community Care, Inc. | | | | 45-5583511 | NM | 16351 |
| Tennessee To | tal Care, Inc. | | | | 26-1849394 | TN | |
| SilverSummit H | Healthplan, Inc. | | | | 20-4761189 | NV | 1614 |
| University Hea | Ith Plans, Inc. | | | | 22-3292245 | NJ | |
| Agate Resource | es, Inc. | | | | 20-0483299 | OR | |
| Т | rillium Community Health F | Plan, Inc. | | | 42-1694349 | OR | 1255 |
| Nebraska Tota | l Care, Inc. | | | | 47-5123293 | NE | 1590 |
| Pennsylvania I | Health & Wellness, Inc. | | | | 47-5340613 | PA | 1604 |
| Sunshine Heal | th Community Solutions, Ir | າດ. | | | 47-5667095 | VA | 1592 |
| Buckeye Healt | h Plan Community Solutior | ns, Inc. | | | 47-5664342 | OH | 1611 |
| Arkansas Heal | th & Wellness Health Plan | , Inc. | | | 81-1282251 | AR | 1613 |
| A | rkansas Total Care Holding | g Company, LLC | (49%) | | 38-4042368 | DE | |
| | Arkansas 1 | Total Care, Inc. | | | 82-2649097 | AR | 1625 |
| Bridgeway Hea | alth Solutions, LLC | | | | 20-4980875 | DE | |
| B | ridgeway Health Solutions | of Arizona Inc. | | | 20-4980818 | AZ | 163′ |
| Celtic Group, I | nc | | | | 36-2979209 | DE | |
| C | eltic Insurance Company | | | | 06-0641618 | IL | 8079 |
| | Ambetter o | of Magnolia Inc | | | 35-2525384 | MS | 1576 |
| | Ambetter c | of Peach State Inc | <u>.</u> | | 36-4802632 | GA | 1572 |
| A | mbetter Health of Louisian | a, Inc | | | 92-3523808 | LA | 1751 |
| N | ovasys Health, Inc | | | | 27-2221367 | DE | |
| Centene Mana | gement Company LLC | | | | 39-1864073 | WI | |
| | linois Health Practice Alliar | nce, LLC (50%) | | | 82-2761995 | DE | |
| Lifeshare Mana | agement Group, LLC | | | | 46-2798132 | NH | |
| Envolve Holdin | ngs, LLC | | | | 22-3889471 | DE | |
| | enpatico Behavioral Health | n, LLC | | | 68-0461584 | CA | |
| E | nvolve, Inc. | | | | 37-1788565 | DE | |
| E | nvolve Benefits Options, Ir | າດ. | | | 61-1846191 | DE | |
| | • | sion Benefits, Inc. | | | 20-4730341 | DE | |
| | | | n of Texas, Inc. | | 75-2592153 | TX | 9530 |
| | | Envolve Visio | | | 20-4773088 | DE | |

| | | | • | | | | |
|-----------------------|------------------------|---------------------|------------------|------|------------|----|-------|
| | | Envolve Vision of | of Florida, Inc | | 65-0094759 | FL | |
| | | Envolve Total Vi | ision, Inc. | | 20-4861241 | DE | |
| | Envolve Der | ntal, Inc. | | | 46-2783884 | DE | |
| | | Envolve Dental of | of Florida, Inc. | | 81-2969330 | FL | |
| | | Envolve Dental of | 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, L | _P (99.99%) | | | 73-1698808 | TX | |
| Specialty | Therapeutic Care, C | GP, LLC | | | 73-1698807 | TX | |
| | Specialty Th | nerapeutic Care, LF | P (0.01%) | | 73-1698808 | TX | |
| Presonyx | , Inc. | | | | 80-0856383 | DE | |
| AcariaHea | alth, Inc. | | | | 45-2780334 | DE | |
| | AcariaHealth | h Pharmacy #14, Ir | าด | | 27-1599047 | CA | |
| | AcariaHealth | h Pharmacy #11, Ir | nc | | 20-8192615 | TX | |
| | AcariaHealth | h Pharmacy #12, Ir | าด | | 27-2765424 | NY | |
| | AcariaHealth | h Pharmacy #13, Ir | nc | | 26-0226900 | CA | |
| | AcariaHealth | h Pharmacy, Inc | | | 13-4262384 | CA | |
| | HomeScripts | s.com, LLC | | | 27-3707698 | MI | |
| | Foundation | Care LLC (80%) | | | 20-0873587 | MO | |
| | AcariaHealth | h Pharmacy #26, Ir | пс. | | 20-8420512 | DE | |
| Health Net, LLC | | | | | 47-5208076 | DE | |
| Health Ne | et of California, Inc. | - | | | 95-4402957 | CA | |
| | Health Net L | ife Insurance Com | ipany | | 73-0654885 | CA | 66141 |
| | Health Net L | ife Reinsurance C | ompany | | 98-0409907 | CJ | |
| | MEB Ventur | res II, LLC | | | 83-1570018 | DE | |
| | | BLR Properties, | LLC (80%) | | 83-1576137 | DE | |
| Managed | l Health Network, LL | | | | 95-4117722 | DE | |
| | | ealth Network | | | 95-3817988 | CA | |
| | MHN Service | | | | 95-4146179 | CA | |
| Hoolth Nr | et Federal Services, | | | | 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 Heal | Ith Plan of Oregon, Inc. | 93-1004034 OR 9 |
| Health Net Corr | nmunity Solutions, Inc. | 54-2174068 CA |
| Health Net of A | rizona, Inc. | 36-3097810 AZ 9 |
| Health Net Corr | nmunity Solutions of Arizona, Inc. | 81-1348826 AZ 1 |
| Health Net Acce | ess, Inc. | 46-2616037 AZ |
| Centene Health Plan Holding | js, Inc. | 82-1172163 DE |
| Ambetter of Nor | rth Carolina, Inc. | 82-5032556 NC 1 |
| Carolina Compl | lete Health Holding Company Partnership (80%) | 82-2699483 DE |
| | Carolina Complete Health, Inc. | 82-2699332 NC 1 |
| New York Quality Healthcare | Corporation | 82-3380290 NY 1 |
| WellCare of Co | nnecticut, Inc. | 06-1405640 CT 9 |
| Community Medical Holdings | s Corp | 47-4179393 DE |
| Access Medical | I 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 |

| 1 | | | FART I - ORGANI | | | _ |
|------------|-----------------------------|--|---------------------|------------|----|---|
| | | Nedical Group of Lauderdale Lakes, LLC | | 92-0261029 | FL | |
| Interpreta | a Holdings, Inc. (80.1%) | | | 82-4883921 | DE | Γ |
| | Interpreta, Inc. | | | 46-5517858 | DE | |
| Next Door | r Neighbors, LLC | | | 32-2434596 | DE | Γ |
| | Next Door Neighbors, Inc. | | | 83-2381790 | DE | Γ |
| | Centene | Venture Company Alabama Health Plan, I | nc. | 84-3707689 | AL | Γ |
| | Centene | Venture Company Illinois | | 83-2425735 | IL | T |
| | Centene | Venture Company Kansas | | 83-2409040 | KS | Γ |
| | Centene | Venture Company Florida | | 83-2434596 | FL | T |
| | Centene | Venture Company Indiana, Inc. | | 84-3679376 | IN | Γ |
| | Centene | Venture Company Tennessee | | 84-3724374 | TN | T |
| | Centene | Venture Insurance Company Texas | | 86-1543217 | ΤX | Γ |
| | Centene | Venture Company Michigan | | 83-2446307 | MI | T |
| Comprehe | ensive Health Management, L | LC | | 59-3547616 | FL | Γ |
| WellCare | Health Plans, Inc. | | | 83-4405939 | DE | t |
| | WCG Health Managemen | t, Inc. | | 04-3669698 | DE | Γ |
| | The Well | Care Management Group, Inc. | | 14-1647239 | NY | t |
| | | WellCare of Mississippi, Inc. | | 81-5442932 | MS | Ē |
| | | WellCare of Virginia, Inc. | | 82-0664467 | VA | t |
| | | WellCare of Oklahoma, Inc. | | 81-3299281 | OK | Ē |
| | | WellCare Health Insurance Company | y of Nevada, Inc. | 84-3731013 | NV | t |
| | | WellCare Health Insurance of the Sc | outhwest, Inc. | 84-3739752 | AZ | Ē |
| | | WellCare of Georgia, Inc. | | 20-2103320 | GA | t |
| | | WellCare of Texas, Inc. | | 20-8058761 | TX | f |
| | | WellCare of South Carolina, Inc. | | 32-0062883 | SC | t |
| | | WellCare Health Plans of New Jerse | y, Inc. | 20-8017319 | NJ | f |
| | | WellCare of Pennsylvania, Inc. | | 81-1631920 | PA | t |
| | | WellCare Health Plans of Massachu | setts, Inc | 84-3547689 | MA | f |
| | | WellCare Health Insurance Compan | y of Oklahoma, Inc. | 84-4449030 | ОК | t |
| | | WellCare Health Plans of Missouri, I | nc. | 84-3907795 | MO | f |
| | | WellCare Prescription Insurance, Inc | 2 | 20-2383134 | AZ | t |

| FART 1 - ORGANIZATIONAL CHA | | |
|---|-------------------|-------|
| 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 W A | 16571 |
| WellCare Health Plans of Kentucky, Inc. | 47-0971481 KY | 15510 |
| WellCare of Alabama, Inc. | 82-1301128 AL | 16239 |
| WellCare of Maine, Inc. | 82-3114517 ME | 16344 |
| Harmony Health Systems Inc. | 22-3391045 NJ | |
| Harmony Health Plan, Inc. | 36-4050495 IL | 11229 |
| WellCare Health Insurance Company of Kentucky, Inc. | 36-6069295 KY | 64467 |
| WellCare Health Insurance of Arizona, Inc. | 86-0269558 AZ | 83445 |
| WellCare Health Insurance of North Carolina, Inc. | 83-3493160 NC | 16548 |
| WellCare Health Insurance Company of Louisiana, Inc. | 83-3333918 LA | 16788 |
| WellCare of Missouri Health Insurance Company, Inc. | 83-3525830 MO | 16512 |
| Care 1st Health Plan of Arizona, Inc. | 57-1165217 AZ | |
| Care1st Health Plan Administrative Services, Inc. | 46-2680154 AZ | |
| One Care by Care1st Health Plans of Arizona, Inc. | 06-1742685 AZ | |
| WellCare Health Insurance Company of Washington, Inc. | 83-3166908 W A | 16570 |
| WellCare of North Carolina, Inc. | 82-5488080 NC | 16547 |
| WellCare Health Insurance Company of America | 82-4247084 AR | 16343 |

| | | | WellCare Nat | ional Health In | surance Comp | any | | | | | 82-5127096 | TX | 16342 |
|-----------------|-----------------|------------------|------------------|-----------------|--------------------|----------------|---------------|--------------|-----------------|------|------------|----|-------|
| | | | WellCare Hea | Ith Insurance (| Company of N | ew Hampshire | , Inc. | | | | 83-3091673 | NH | 16516 |
| | | | Wellcare Hea | Ith Insurance C | Company of Ne | w Jersey, Inc. | | | | | 84-4709471 | NJ | 16789 |
| | | | WellCare of M | 1ichigan Holdin | ig Company | | | | | | 26-4004578 | MI | |
| | | | | Meridian Hea | alth Plan of Mi | chigan, Inc. | | | | | 38-3253977 | MI | 52563 |
| | | | | Meridian Hea | alth Plan of Illir | nois, Inc. | | | | | 20-3209671 | IL | 13189 |
| | | | Sunshine Stat | te Health Plan, | Inc (50%) | | | | | | 20-8937577 | FL | 13148 |
| | | | Universal Am | erican Corp. | | | | | | | 27-4683816 | DE | |
| | | | | Universal An | nerican Holding | gs, LLC | | | | | 45-1352914 | DE | |
| | | | | | American Pr | ogressive Life | and Health I | nsurance Co | ompany of New | York | 13-1851754 | NY | 80624 |
| | | | | | Heritage Hea | alth Systems, | Inc. | | | | 62-1517194 | TX | |
| | | | | | | SelectCare | of Texas, In | c. | | | 62-1819658 | TX | 10096 |
| | | | | | | Heritage H | ealth System | s of Texas, | Inc. | | 76-0459857 | TX | |
| | | | | | | | Golden T | riangle Phys | sician Alliance | | 62-1694548 | TX | |
| | | | | | | Heritage Pl | hysician Netv | vorks | | | 76-0560730 | TX | |
| QCA Healthpla | n, Inc. | | | | | | | | | | 71-0794605 | AR | 95448 |
| Qualchoice Life | e and Health In | surance Comp | bany | | | | | | | | 71-0386640 | AR | 70998 |
| District Commu | inity Care Inc. | | | | | | | | | | 84-4119570 | DC | 16814 |
| Oklahoma Com | nplete Health F | Iolding Compa | ny, LLC | | | | | | | | 86-2318658 | OK | |
| 0 | klahoma Com | plete Health Ind | C. | | | | | | | | 81-3121527 | OK | 16904 |
| RI Health & We | ellness, Inc. | | | | | | | | | | 86-2694770 | RI | |
| Delaware First | Health, Inc. | | | | | | | | | | 88-3410060 | DE | |
| Delaware First | Health Comple | ete, Inc. | | | | | | | | | 88-4145615 | DE | |
| Magellan Healt | h, Inc | | | | | | | | | | 58-1076937 | DE | |
| M | agellan Pharm | acy Services, | Inc. | | | | | | | | 47-5588795 | DE | |
| | | Magellan Beh | avioral Health | of New Jersey | , LLC | | | | | | 52-2310906 | NJ | 12632 |
| | | Magellan Hea | alth Services of | California, Inc | Employer S | ervices | | | | | 95-2868243 | CA | |
| M | agellan Health | icare, Inc. | | | | | | | | | 52-2135463 | DE | |
| | | Human Affairs | s International | of California | | | | | | | 93-0999350 | CA | |
| | | Magellan Con | nplete Care of | Louisiana, Inc. | | | | | | | 46-4188169 | LA | 15550 |
| | | Magellan Beh | avioral 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 1592 | 4 |
| | Magellan Life Insurance Company | | 57-0724249 | DE 9729 | 2 |
| | Merit Behavioral Care Corporation | | 22-3236927 | DE | |
| | Magellan Providers of Texas, Inc. | | 76-0513383 | ТХ | |
| | Magellan Behavioral Health of Pennsylvani | a, Inc. | 23-2759528 | PA 4701 | 9 |
| | Magellan Behavioral of Michigan, Inc. | | 52-1946167 | MI | |
| | Magellan of Maryland, LLC | | 92-0642038 | MD | |
| Magnolia Joint Venture Hold | ng Company, Inc. | | 92-0679069 | DE | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of | 8 | 9 | 10 | 11 | 12 Type of Control | 13 | 14 | 15 | 16 |
|---------------|-----------------------|-----------------|-----------------------|-----------------|------------|---------------------------------------|---|-------------------------|---------------------|---|--|----------------------------|---|-----------------------|----|
| | | NAIC | | | | Securities Exchange if Publicly | Names of | | Relationship | | (Ownership, Board, Management, | If Control is Ownership | | Is an SCA Filing | |
| Group Code | Group Name | Company Code | / ID Number | Federal RSSD | СІК | Traded (U.S. or International) | Parent, Subsidiaries or Affiliates | Domiciliary Location | Reporting Entity | Directly Controlled by (Name of Entity/Person) | Attorney-in-Fact, Influence, Other) | Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Required? (Yes/No) | * |
| | • | | | | | New York Stock | | | 1 1 | Shareholders/Board of | Shareholders/Boa | | Centene | (, | |
| 01295 | Centene Corporation | 00000 | 42 - 1406317 | | 0001071739 | Exchange | Centene Corporation | DE | | Directors | rd of Directors | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 71013 | 39-0993433 | | | | Company of Wisconsin | WI | IA | Centene Corporation | Ownership | 100.0 | Corporation | NO | 0 |
| | | | | | | |] | | | Bankers Reserve Life | | | | | |
| 01295 | Centene Corporation | | 46-2860967 | | | | Health Plan Real Estate | MO | NIA | Insurance Company of Wisconsin | Ownership | | Centene Corporation | YES | 0 |
| 01295 | | | . 40-2000907 | | | | .Holding, Inc | JVIU | NTA | | ownersnip | 17.0 | Corporation | | |
| 01295 | Centene Corporation | | 20-3174593 | | | | Peach State Health Plan, Inc | GA | IA | Centene Corporation | Ownership | | Corporation | N0 | 0 |
| 04005 | Out the Output in the | 00000 | 40,000007 | | | | Health Plan Real Estate | МО | NUA | Dearth Otate Used the Direction | Owner web in | 04.0 | Centene | YES | 0 |
| 01295 | Centene Corporation | 00000 | . 46 - 2860967 | | | | Holding, Inc | | NIA | Peach State Health Plan, Inc | Ownership | | Corporation Centene | YES | |
| 01295 | Centene Corporation | 15713 | 46-4829006 | | | | . Iowa Total Care, Inc | I A | | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 0.4005 | | 44004 | 00.0045000 | | | | Buckeye Community Health Plan, | 011 | | | | 400.0 | Centene | | |
| 01295 | Centene Corporation | 11834 | . 32 - 0045282 | | | | lnc Health Plan Real Estate | OH | I A | Centene Corporation Buckeye Community Health | Ownership | | Corporation | NU | 0 |
| 01295 | Centene Corporation | | 46-2860967 | | | | Holding, Inc | MO | NIA | Plan, Inc | Ownership | | Corporation | YES | 0 |
| | | | | | | | | | | | | | Centene | | |
| 01295 | .Centene Corporation | 12959 | . 20 - 5693998 | | | | . Absolute Total Care, Inc Health Plan Real Estate | SC | I A | Centene Corporation | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | | 46-2860967 | | | | Holding, Inc. | MO | NIA | Absolute Total Care, Inc | Ownership. | | Corporation | YES | 0 |
| | | | | | | | Coordinated Care Corporation | | | | | | Centene | | |
| 01295 | .Centene Corporation | 95831 | . 39 - 1821211 | | | | .d/b/a Managed Health Services Health Plan Real Estate | IN | IA | Centene Corporation Coordinated Care Corporation | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | | 46-2860967 | | | | Holding, Inc | MO | NIA | d/b/a Managed Health Services | Ownership | 15.0 | Corporation | YES | 0 |
| | | | | | | | Healthy Washington Holdings, | | | Ŭ | | | Centene | | |
| 01295 | Centene Corporation | 00000 | . 46 - 5523218 | | | | .Inc Coordinated Care of Washington, | DE | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | | 46-2578279 | | | | linc | WA | IA | Healthy Washington Holdings, | Ownership | | Centene Corporation | NO | 0 |
| | | | | | | | Managed Health Services | | | | | | Centene | | |
| 01295 | Centene Corporation | 96822 | . 39-1678579 | | | | Insurance Corp. | | I A | Centene Corporation | Ownership | 100.0 | Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Managed Health Services | Ownership | 2.0 | Centene Corporation | YES | 0 |
| | | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | 60078 | . 86 - 0819817 | | | | .Hallmark Life Insurance Co | AZ | I A | Centene Corporation | Ownership | 100.0 | Corporation | NO | 0 |
| 01295 | Centene Corporation | | . 74-2770542 | | | | Superior HealthPlan, Inc | ТХ | I A | Centene Corporation | Ownership | 100 0 | Centene Corporation | NO | 0 |
| 01200 | | | | | | | Health Plan Real Estate | | | | owner annp | | Centene | | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Holding, Inc | MO | NIA | Superior HealthPlan, Inc | Ownership | | | YES | 0 |
| 01295 | Centene Corporation | | 27-0916294 | | | | Healthy Louisiana Holdings LLC | DE | NIA | Centene Corporation | Ownership | 100 0 | Centene Corporation | NO | 0 |
| 01200 | | | | | | | Louisiana Healthcare | . <i>U</i> L | | Healthy Louisiana Holdings | 011101011110 | | Centene | | |
| 01295 | . Centene Corporation | 13970 | . 27 - 1287287 | | | | Connections, Inc | LA | IA | LLC | Ownership | 100.0 | | NO | 0 |
| 01295 | Centene Corporation | 13923 | 20-8570212 | | | | Magnolia Health Plan Inc | MS | IA | Centene Corporation | Ownership | 100 0 | Centene Corporation | NO | 0 |
| 01200 | | | | | | | | J¥IO | | | ownersnip | | Centene | | |
| 01295 | Centene Corporation | | 26-0557093 | | | | Sunshine Health Holding LLC | FL | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-------|---------------------|-----------------|---------------------|---------|-----|---|--|-------------|---------------------------------|--|--|---------------------------------------|-----------------------------------|----------------------------------|----|
| Group | | NAIC Company | ID | Federal | | Name of Securities Exchange if Publicly Traded (U.S. or | Names of Parent. Subsidiaries | Domiciliary | Relationship to Reporting | Directly Controlled by | Type of Control (Ownership, Board, Management, Attorney-in-Fact, | If Control is Ownership Provide | | Is an SCA Filing Required? | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | or Affiliates | Location | Entity | (Name of Entity/Person) | | | Entity(ies)/Person(s) | | * |
| 01295 | Centene Corporation | 13148 | 20-8937577 | | | | Sunshine State Health Plan, Inc | FL | IA | Sunshine Health Holding LLC | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 00000 | 45 - 5070230 | | | | Healthy Missouri Holding, Inc | MO | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 14218 | 45 - 2798041 | | | | Home State Health Plan, Inc Health Plan Real Estate | MO | I A | Healthy Missouri Holding, Inc. | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 00000 | 46 - 2860967 | | | | Holding, Inc | МО | NIA | Home State Health Plan, Inc | Ownership | | Corporation | YES | 0 |
| 01295 | Centene Corporation | 14345 | 45 - 3276702 | | | | Sunflower State Health Plan, Inc | KS | IA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 14226 | 45 - 4792498 | | | | Granite State Health Plan, Inc California Health and Wellness | NH | I A | Centene Corporation | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 00000 | 46 - 0907261 | | | | Plan Western Sky Community Care, | CA | NIA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16351 | 45 - 5583511 | | | | Inc | NM | IA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 26 - 1849394 | | | | Tennessee Total Care, Inc | TN | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 16143 | 20 - 4761189 | | | | SilverSummit Healthplan, Inc | NV | I A | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 22 - 3292245 | | | | University Health Plans, Inc | NJ | NIA | Centene Corporation | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 00000 | 20 - 0483299 | | | | Agate Resources, Inc Trillium Community Health Plan, | OR | NIA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 12559 | 42 - 1694349 | | | | Inc | OR | I A | Agate Resources, Inc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 15902 | 47 - 5123293 | | | | Nebraska Total Care, Inc | NE | I A | Centene Corporation | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | 16041 | 47 - 5340613 | | | | Pennsylvania Health & Wellness, Inc | PA | I A | Centene Corporation | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | 15927 | 47 - 5667095 | | | | Sunshine Health Community Solutions, Inc | VA | IA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16112 | 47 - 5664342 | | | | Buckeye Health Plan Community Solutions, Inc | OH | | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16130 | 81 - 1282251 | | | | Arkansas Health & Wellness Health Plan, Inc | AR | I A | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 38 - 4042368 | | | | Arkansas Total Care Holding Company, LLC | DE | NIA | Arkansas Health & Wellness Health Plan, Inc | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16256 | 82 - 2649097 | | | | Arkansas Total Care, Inc | AR | IA | Arkansas Total Care Holding Company, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 20 - 4980875 | | | | Bridgeway Health Solutions, LLC. | DE | NIA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16310 | 20 - 4980818 | | | | Bridgeway Health Solutions of Arizona Inc | AZ | I A | Bridgeway Health Solutions, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 36 - 2979209 | | | | Celtic Group, Inc | DE | NIA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 80799 | 06 - 0641618 | | | | Celtic Insurance Company | IL | I A | Celtic Group, Inc | Ownership | | Centene Corporation | NO | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---------------|---------------------|-------------------------|-----------------------|-----------------|-----|---|--|-------------------------|---|--|---|---|-----------------------------------|------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | СІК | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | | | * |
| 01295 | Centene Corporation | . 15762 | 35-2525384 | | | | Ambetter of Magnolia Inc | MS | IA | Celtic Insurance Company | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 15729 | 36-4802632 | | | | Ambetter of Peach State Inc | GA | I A | Celtic Insurance Company | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 17514 | 92-3523808 | | | | Ambetter Health of Louisiana, Inc | LA | I A | Celtic Group, Inc | Ownership | | | NO . | 0 |
| 01295 | Centene Corporation | . 00000 | 27 - 2221367 | | | | Novasys Health, Inc | DE | NIA | Celtic Group, Inc | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 39-1864073 | | | | Centene Management Company LLC | WI | NIA | Centene Corporation | Ownership | | Centene Corporation | N0 | 0 |
| 01295 | Centene Corporation | . 00000 | 82-2761995 | | | | Illinois Health Practice | DE | NIA | Centene Management Company | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | 46-2798132 | | | | Lifeshare Management Group, LLC. | NH | NIA | Centene Corporation | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 22-3889471 | | | | Envolve Holdings, LLC | DF | | Centene Corporation | Ownership | | Centene | NO | 0 |
| 01295 | | | 68-0461584 | | | | Cenpatico Behavioral Health, | CA | | Envolve Holdings, LLC | | 100.0 | Centene | NO | 0 |
| | Centene Corporation | | | | | | | | | 0.7 | Ownership | | Centene | | 0 |
| 01295 | Centene Corporation | . 00000 | . 37 - 1788565 | | | | Envolve, Inc | DE | | Envolve Holdings, LLC | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 61 - 1846191 | | | | Envolve Benefits Options, Inc | DE | NIA | Envolve Holdings, LLC Envolve Benefits Options, | Ownership | | Corporation | NO . | 0 |
| 01295 | Centene Corporation | . 00000 | 20-4730341 | | | | Envolve Vision Benefits, Inc | DE | NIA | Inc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 95302 | . 75 - 2592153 | | | | Envolve Vision of Texas, Inc | ТХ | I A | Envolve Vision Benefits, Inc | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 20-4773088 | | | | Envolve Vision, Inc | DE | NIA | Envolve Vision Benefits, Inc | Ownership | | Corporation | NO . | 0 |
| 01295 | Centene Corporation | . 00000 | 65-0094759 | | | | Envolve Vision of Florida, Inc | FL | NIA | Envolve Vision Benefits, Inc | Ownership | | | NO . | 0 |
| 01295 | Centene Corporation | . 00000 | 20-4861241 | | | | Envolve Total Vision, Inc | DE | NIA | Envolve Vision Benefits, Inc. | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 46-2783884 | | | | Envolve Dental, Inc | DE | NIA | Envolve Benefits Options, Inc | Ownership | | Centene Corporation | | 0 |
| 01295 | Centene Corporation | . 00000 | 81-2969330 | | | | Envolve Dental of Florida, Inc | FL | NIA | Envolve Dental. Inc | Ownership | | Centene Corporation | NO | 0 |
| | Centene Corporation | 16106. | 81-2796896 | | | | Envolve Dental of Texas, Inc | ТХ | | Envolve Dental, Inc | Ownership | | Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 77-0578529 | | | | Centene Pharmacy Services, Inc. | DE | | Envolve Holdings, LLC | Ownership | 100.0 | Centene | NO | |
| | | | | | | | | | | Centene Pharmacy Services, | | | Centene | | v |
| | Centene Corporation | . 00000 | . 27 - 1339224 | | | | MeridianRx, LLC Specialty Therapeutic Care | MI | NIA | Inc | Ownership | | Centene | | 0 |
| 01295 | Centene Corporation | . 00000 | . 27 - 3617766 | | | | .Holdings, LLC | DE | NIA | Centene Corporation Specialty Therapeutic Care | Ownership | | Centene | | 0 |
| 01295 | Centene Corporation | . 00000 | 73-1698808 | | | | .Specialty Therapeutic Care, LP Specialty Therapeutic Care, GP, | ТХ | NIA | Holdings, LLC Specialty Therapeutic Care | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 73-1698807 | | | | LLC. | ТХ | NIA | Holdings, LLC | Ownership | | Corporation | NO . | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of | 8 | 9 | 10 | 11 | 12 Type of Control | 13 | 14 | 15 | 16 |
|---------------|---------------------|-----------------|-----------------------|-----------------|------|-----------------------------------|---|-------------------------|---------------------|---|-----------------------|----------------------------|---|---------------------|----|
| | | | | | | Securities | | | Deletienshin | | (Ownership, | If Control in | | | |
| | | NAIC | | | | Exchange if Publicly | Names of | | Relationship to | | Board, Management, | If Control is Ownership | | Is an SCA Filing | |
| Group Code | Group Name | Company Code | / ID Number | Federal RSSD | СІК | Traded (U.S. or International) | Parent, Subsidiaries or Affiliates | Domiciliary Location | Reporting Entity | Directly Controlled by (Name of Entity/Person) | Attorney-in-Fact, | Provide | Ultimate Controlling Entity(ies)/Person(s) | | * |
| | · · · · | | | TROOD | OIIX | international | | | · · · · | Specialty Therapeutic Care, | | 0 | Centene | (103/100) | |
| 01295 | Centene Corporation | . 00000 | . 73-1698808 | | | | Specialty Therapeutic Care, LP | TX | NIA | GP, LLC Specialty Therapeutic Care | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 80-0856383 | | | | Presonyx, Inc | DE | NIA | Holdings, LLC | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 45-2780334 | | | | AcariaHealth. Inc | DE | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100_0 | Centene Corporation | NO | 0 |
| | | | | | | | | | 1 | 0,1 |] | | Centene | | |
| 01295 | Centene Corporation | . 00000 | . 27 - 1599047 | | | | AcariaHealth Pharmacy #14, Inc | CA | NIA | AcariaHealth, Inc | 0wnership | | Corporation Centene | NU | 0 |
| 01295 | Centene Corporation | . 00000 | . 20-8192615 | | | | AcariaHealth Pharmacy #11, Inc | TX | NIA | AcariaHealth, Inc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 27 - 2765424 | | | | AcariaHealth Pharmacy #12, Inc | NY | NIA | AcariaHealth, Inc | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | . 26-0226900 | | | | AcariaHealth Pharmacy #13, Inc | CA | NIA | AcariaHealth. Inc | Ownership | 100.0 | Centene Corporation | NO | 0 |
| 01295 | | . 00000 | | | | | | UA | NTA | | | | Centene | | 0 |
| 01295 | Centene Corporation | . 00000 | . 13 - 4262384 | | | | AcariaHealth Pharmacy, Inc | CA | NIA | AcariaHealth, Inc | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 27 - 3707698 | | | | HomeScripts.com, LLC | MI | NIA | AcariaHealth, Inc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 20-0873587 | | | | Foundation Care LLC | МО | NIA | AcariaHealth, Inc | Ownership | 80.0 | Centene Corporation | NO | 0 |
| | | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | . 20-8420512 | | | | AcariaHealth Pharmacy #26, Inc | DE | NIA | AcariaHealth, Inc | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 47 - 5208076 | | | | Health Net, LLC | DE | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 95-4402957 | | | | | CA | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | 0 |
| | | | | | | | Health Net Life Insurance | | | Health Net of California, | | | Centene | | |
| 01295 | Centene Corporation | . 66141 | . 73 - 0654885 | | | | .Company Health Net Life Reinsurance | CA | I A | lnc Health Net of California, | .Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 98-0409907 | | | | Company | CYM | NIA | Inc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | 83-1570018 | | | | MEB Ventures II. LLC | DE | NIA | Health Net of California, Inc. | Ownership | 100.0 | Centene Corporation | NO | 0 |
| | 1 | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | . 83-1576137 | | | | BLR Properties, LLC | DE | NIA | MEB Ventures II, LLC | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 95-4117722 | | | | Managed Health Network, LLC | DE | NIA | Health Net, LLC | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | . 95-3817988 | | | | Managed Health Network | CA | NIA | Managed Health Network, LLC | Ownership | | Centene Corporation | NO | 0 |
| | | | | | | | | | | - | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | . 95-4146179 | | | | MHN Services, LLC Health Net Federal Services. | CA | NIA | Managed Health Network, LLC | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 68 - 0214809 | | | | LLC | DE | NIA | Health Net, LLC | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 42-1680916 | | | | MHN Government Services LLC | | NIA | Health Net Federal Services, LLC | .Ownership | | Centene Corporation | NO | 0 |
| | Centene Corporation | 00000 | 88-0357895 | | | | Network Providers. LLC | DF | | MHN Government Services LLC | Ownership | | Centene | NO | |
| 01290 | | .[00000 | . 00-030/090 | | | | INCLAUTE PLOVIDELS, LLU. | | NTA | IMPIN GOVERNMENT SERVICES LLC | .ownersnip | | Corporation | | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---------------|---------------------|-----------------|-----------------------|---------|------|-----------------------------------|---|-------------------------|-----------------|---|----------------------------------|----------------------|-----------------------------------|---------------------|----|
| | | | | | | Name of Securities | | | | | Type of Control (Ownership, | | | | |
| | | | | | | Exchange if | | | Relationship | | Board, | If Control is | | ls an SCA | |
| Crown | | NAIC Company | / ID | Federal | | Publicly | Names of Parent, Subsidiaries | Demisilien | to Reporting | Directly Controlled by | Management, Attorney-in-Fact, | Ownership Provide | Ultimate Controlling | Filing Required? | |
| Group Code | Group Name | Company | Number | RSSD | СІК | Traded (U.S. or International) | or Affiliates | Domiciliary Location | Entity | (Name of Entity/Person) | | | Entity(ies)/Person(s) | (Yes/No) | * |
| 0000 | | 0000 | | TROOD | UIIX | Intornationaly | or y trimatoo | Loodion | Linuty | Health Net Federal Services, | | l'oroontago | Centene | | |
| 01295 | Centene Corporation | | . 88-0357895 | | | | Network Providers, LLC Health Net Health Plan of | DE | NIA | LLC | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 95800 | . 93 - 1004034 | | | | Oregon, Inc Health Net Community Solutions, | OR | l A | Health Net, LLC | Ownership | | | N0 | 0 |
| 01295 | Centene Corporation | 00000 | . 54-2174068 | | | | Inc | CA | NIA | Health Net, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | . 95206 | . 36-3097810 | | | | Health Net of Arizona, Inc Health Net Community Solutions | AZ | l A | Health Net, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 15895 | . 81 - 1348826 | | | | of Arizona, Inc | AZ | l A | Health Net, LLC | Ownership | | | N0 | 0 |
| 01295 | Centene Corporation | 00000 | . 46 - 2616037 | | | | Health Net Access, Inc | AZ | NIA | Health Net, LLC | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | . 82-1172163 | | | | Centene Health Plan Holdings, Inc Ambetter of North Carolina. | DE | NIA | Centene Corporation Centene Health Plan Holdings. | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | | . 82-5032556 | | | | Inc. | NC | IA | Centene Health Plan Holdings, Centene Health Plan Holdings. | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | | 82 - 2699483 | | | | Carolina Complete Health Holding Company Partnership | DE | NIA | Inc | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 82 - 2699332 | | | | Carolina Complete Health, Inc | NC | | Carolina Complete Health Holding Company Partnership | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 82-3380290 | | | | New York Quality Healthcare Corporation | NY | l A | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 06 - 1405640 | | | | WellCare of Connecticut, Inc | CT | l A | New York Quality Healthcare Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | . 47 - 4179393 | | | | Community Medical Holdings Corp. | DE | NIA | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 46 - 3485489 | | | | Access Medical Acquisition, LLC. | DE | NIA | Community Medical Holdings Corp | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | 45-3191569 | | | | Access Medical Group of North Miami Beach, LLC | FL | NIA | Access Medical Acquisition, LLC. | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | 45-3191719 | | | | Access Medical Group of Miami, LLC | | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | 45-3192283 | | | | Access Medical Group of Hialeah, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 45-3199819 | | | | Access Medical Group of Westchester, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | 45-3505196 | | | | Access Medical Group of Opa- Locka, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | 45-3192955 | | | | Access Medical Group of Perrine, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | . 45-3192366 | | | | Access Medical Group of Florida City, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 82-1737078 | | | | Access Medical Group of Tampa, LLC. | FL | NIA | Access Medical Acquisition, LLC Access Medical Acquisition. | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 82-1750978 | | | | Access Medical Group of Tampa | FL | NIA | LLC. | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | | . 82 - 1773315 | | | | Access Medical Group of Tampa | | NIA | Access Medical Acquisition, LLC | Ownership | | Centene Corporation | NO | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 T 12 | 13 | 14 | 15 | 16 |
|--------|---------------------|---------|---------------------|---------|---------|-------------------------|--|-------------|--------------------|---------------------------------------|--------------------------------|----------------------------|------------------------|---------------------|----|
| | | | | | | Name of Securities | | | | | Type of Control (Ownership, | | | | |
| | | NAIC | | | | Exchange if Publicly | Names of | | Relationship to | | Board, Management, | If Control is Ownership | | Is an SCA Filing | |
| Group | | Company | ID | Federal | | Traded (U.S. or | Parent, Subsidiaries | Domiciliary | | Directly Controlled by | Attorney-in-Fact, | Provide | Ultimate Controlling | | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | or Affiliates | Location | Éntity | (Name of Entity/Person) | Influence, Other) | Percentage | Entity(ies)/Person(s) | (Yes/No) | * |
| 01295 | Centene Corporation | 00000 | 84 - 2750188 | | | | Access Medical Group of Lakeland, LLC | FI | NIA | Access Medical Acquisition, LLC | Ownership | | Centene Corporation | NO | 0 |
| 01295 | | | 04-27 30 100 | | | | Access Medical Group of | Γ⊾ | NTA | Access Medical Acquisition, | | 100.0 | Centene | INU | |
| 01295 | Centene Corporation | 00000 | 88-2251274 | | | | Pembroke Pines, LLC | FL | NIA | LLC | Ownership | | Corporation | NO | 0 |
| | | | | | | | Access Medical Group of | | | Access Medical Acquisition, | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | 88 - 2263310 | | | | Margate, LLC Access Medical Group of | FL | NIA | LLC. Access Medical Acquisition, | .Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 88-2284518 | | | | Riverview. LLC | FI | NIA | LLC | Ownership | | Centene Corporation | NO | 0 |
| | | | | | | | Access Medical Group of | | | Access Medical Acquisition, | . • "Потоппр | | Centene | | |
| 01295 | Centene Corporation | . 00000 | 92-0235557 | | | | Kendall, LLC | FL | NIA | LLC | Ownership | 100.0 | Corporation | NO | 0 |
| 01295 | Centene Corporation | 00000 | 92-0261029 | | | | Access Medical Group of Lauderdale Lakes, LLC | FI | NIA | Access Medical Acquisition, | Ownership | | Centene Corporation | NO | 0 |
| 01295 | | . 00000 | 92-0201029 | | | | | Γ⊾ | N I A | LLU | . ownersnip | 100.0 | Centene | INU | |
| 01295 | Centene Corporation | . 00000 | 82-4883921 | | | | Interpreta Holdings, Inc | DE | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 0.4005 | | 00000 | 40 5547050 | | | | | | | | | 400.0 | Centene | | |
| 01295 | Centene Corporation | . 00000 | 46 - 5517858 | | | | Interpreta, Inc | DE | NIA | Interpreta Holdings, Inc | Ownership | | Corporation | NU | 0 |
| 01295 | Centene Corporation | 00000 | 32-2434596 | | | | Next Door Neighbors, LLC | DE | UIP | Centene Corporation | Ownership | | | NO | 0 |
| | · | | | | | | 0 / | | | | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | 83-2381790 | | | | Next Door Neighbors, Inc | DE | UDP | Next Door Neighbors, LLC | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16771 | 84-3707689 | | | | Centene Venture Company Alabama Health Plan, Inc. | AI | IA | Next Door Neighbors, Inc | Ownership | | Centene Corporation | NO | 0 |
| 01295 | | . 10771 | 04-3707009 | | | | Centene Venture Company | | IA | Next Door Nerghbors, Inc | . ownersinp | 100.0 | Centene | INU | 0 |
| 01295 | Centene Corporation | 16505 | 83-2425735 | | | | Illinois | IL | I A | Next Door Neighbors, Inc | Ownership | | Corporation | NO | 0 |
| 0.4005 | | 10500 | 00.0400040 | | | | | 140 | | | | 400.0 | Centene | 10 | |
| 01295 | Centene Corporation | . 16528 | 83 - 2409040 | | | | Centene Venture Company Kansas | KS | I A | Next Door Neighbors, Inc | Ownership | | Corporation | NU | 0 |
| 01295 | Centene Corporation | 16499 | 83-2434596 | | | | Centene Venture Company Florida. | | ΙΑ | Next Door Neighbors, Inc | Ownership | | | NO | 0 |
| | | | | | | | Centene Venture Company | | | C | | | Centene | | |
| 01295 | Centene Corporation | . 16773 | 84-3679376 | | | | Indiana, Inc. | IN | I A | Next Door Neighbors, Inc | Ownership | 100.0 | | NO | 0 |
| 01295 | Centene Corporation | 16770 | 84-3724374 | | | | Centene Venture Company Tennessee | TN | IA | Next Door Neighbors, Inc. | Ownership | 100.0 | Centene Corporation | NO | 0 |
| 01200 | | | | | | | Centene Venture Insurance | | | Noxt boot Norghboro, mo. | 0 #1101 0111 p | | Centene | | |
| 01295 | Centene Corporation | . 16990 | 86-1543217 | | | | Company Texas | TX | I A | Next Door Neighbors, Inc | Ownership | 100.0 | | NO | 0 |
| 01295 | Centene Corporation | 16613 | 83-2446307 | | | | Centene Venture Company | мт | RF | Next Door Neighbors, Inc | Ownership | | Centene | NO | 0 |
| 01295 | centene corporation | . 10013 | 03-2440307 | | | | Michigan. Comprehensive Health | | KE | Next Door Nerghbors, Inc | . ownersnip | 100.0 | Corporation | NU | 0 |
| 01295 | Centene Corporation | 00000 | 59-3547616 | | | | Management, LLC | FL | NIA | Centene Corporation | Ownership | | | NO | 0 |
| | | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | 83 - 4405939 | | | | WellCare Health Plans, Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | | N0 | 0 |
| 01295 | Centene Corporation | 00000 | 04-3669698 | | | | WCG Health Management, Inc | DE | NIA | WellCare Health Plans, Inc | Ownership | | Centene Corporation | NO | 0 |
| | · | | | | | | The WellCare Management Group, | | | | | | Centene | | |
| 01295 | Centene Corporation | . 00000 | 14-1647239 | | | | Inc | NY | NIA | WCG Health Management, Inc | .Ownership | 100.0 | | NO | 0 |
| 01295 | Centene Corporation | 16329 | 81-5442932 | | | | WellCare of Mississippi, Inc | MS | IA | The WellCare Management Group, Inc | Ownership | .100.0 | Centene Corporation | NO | 0 |
| 01200 | | 10523 | 01-0442302 | | | | merioare of mississippi, IIIC | J¥IO | I <i>N</i> | The WellCare Management | ownersnip | 100.0 | Centene | | |
| 01295 | Centene Corporation | 16763 | 82-0664467 | | <u></u> | | WellCare of Virginia, Inc | VA | I A | Group, Inc | Ownership | | Corporat ion | NO | 0 |

| | | | | | I | | | | 10 | | 11 | | | | | 16 |
|----------|---------------------|---------|---------------------|---------|------|-------------------------|---|-------------|--------------------|----------|-----------------------|-----------------------|----------------------------|------------------------|---------------------|----|
| | | | | | | Name of | | | | | | Type of Control | | | | |
| | | | | | | Securities | | | . | | | (Ownership, | | | | |
| | | NAIC | | | | Exchange if Publicly | Names of | | Relationship to | | | Board, Management, | If Control is Ownership | | ls an SCA Filing | |
| Group | | Company | ID | Federal | | Traded (U.S. or | Parent, Subsidiaries | Domiciliary | | Dir | ectly Controlled by | Attorney-in-Fact, | Provide | Ultimate Controlling | | |
| Code | Group Name | Code | Number | RSSD | СІК | International) | or Affiliates | Location | Entity | | ne of Entity/Person) | | | Entity(ies)/Person(s) | | * |
| 0000 | Croup Hamo | 0000 | Tumbor | TROOD | OIIC | internationaly | | Loodion | Linkty | The Well | Care Management | | rereentage | Centene | | |
| 01295 | Centene Corporation | 16117 | 81-3299281 | | | | WellCare of Oklahoma, Inc | 0K | IA | Group. I | nc. | Ownership | | Corporation | NO | 0 |
| | | | | | | | WellCare Health Insurance | | | | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 84 - 3731013 | | | | Company of Nevada, Inc | NV | NIA | Group, I | | Ownership | | | NO | 0 |
| 01005 | Contana Consenting | 10000 | 04 0700750 | | | | WellCare Health Insurance of | AZ | | | Care Management | Owne sets in | 100.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 16692 | 84-3739752 | | | | the Southwest, Inc | AZ | | Group, I | Care Management | Ownership | | Corporation Centene | NU | 0 |
| 01295 Ce | Centene Corporation | 10760 | 20-2103320 | | | | WellCare of Georgia, Inc | GA | IA | Group. I | | Ownership | 100.0 | | NO | 0 |
| 0.200 | | | 20 2100020 | | | | 0, | | | The Well | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 12964 | 20-8058761 | | | | WellCare of Texas, Inc | TX | I A | Group, I | nc | Ownership | | Corporation | NO | 0 |
| | | | | | | | WellCare of South Carolina, | | | | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 11775 | 32-0062883 | | | | Inc | SC | I A | Group, I | nc | Ownership | | | NO | 0 |
| 01005 | Contana Consenting | 13020 | 20-8017319 | | | | WellCare Health Plans of New | NJ | IA | | Care Management | Owne sets in | 100.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 13020 | 20-001/319 | | | | Jersey, Inc | JNJ | I A | Group, I | Care Management | Ownership | | Corporation | NU | |
| 01295 | Centene Corporation | 00000 | 81-1631920 | | | | WellCare of Pennsylvania, Inc | PA | NIA | Group, I | nc. | Ownership | 100.0 | | NO | 0 |
| 0.1200 | | | 01 1001020 | | | | WellCare Health Plans of | | | The Well | Care Management | o #1101 0111 p | | Centene | | |
| 01295Ce | Centene Corporation | 16970 | 84-3547689 | | | | Massachusetts, Inc | MA | I A | Group, I | nc | Ownership | | Corporation | NO | 0 |
| | | | | | | | WellCare Health Insurance | | | | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 16752 | 84-4449030 | | | | Company of Oklahoma, Inc | 0K | I A | Group, I | nc | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 16753 | 84 - 3907795 | | | | WellCare Health Plans of Missouri, Inc | MO | IA | Group, I | Care Management | Ownership. | 100.0 | Centene Corporation | NO | 0 |
| 01295 | | 107 00 | 04-3907793 | | | | WellCare Prescription | JWIO | I A | The Well | Care Management | | 100.0 | Centene | | |
| 01295 | Centene Corporation | 10155 | 20-2383134 | | | | Insurance. Inc. | AZ | | Group. I | | Ownership | 100.0 | Corporation | NO | 0 |
| | | | | | | | WellCare Health Insurance of | | | | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 17002 | 84-4664883 | | | | Hawaii, Inc | НІ | I A | Group, I | nc | Ownership | | Corporation | NO | 0 |
| | | | | | | | WellCare Health Plans of Rhode | | | The Well | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 16766 | 84 - 4627844 | | | | Island, Inc | R1 | I A | Group, I | nc | Ownership | | Corporation | NO | 0 |
| 01295 | Centene Corporation | 16765 | 84-4649985 | | | | WellCare of Illinois. Inc | П | | Group. I | Care Management | Ownership | 100.0 | Centene Corporation | NO | 0 |
| 01295 | | 107 03 | 04-4049900 | | | | | I L | | The Well | Care Management | | 1 | Centene | | |
| 01295 | Centene Corporation | 16533 | 45-5154364 | | | | Rhythm Health Tennessee, Inc | TN | ΙΑ | Group, I | nc. | Ownership | | | NO | 0 |
| | | | | | | | WellCare Health Insurance of | | | The Well | Care Management | | | Centene | | |
| 01295 | Centene Corporation | 10884 | 11-3197523 | | | | New York, Inc | NY | I A | Group, I | nc | Ownership | | | NO | 0 |
| 0.4005 | | 00000 | 07 0000400 | | | | | | | | Care Management | | 400.0 | Centene | | |
| 01295 | Centene Corporation | 00000 | 27 -0386122 | | | | Ohana Health Plan, Inc | НІ | NIA | Group, I | nc Care Management | Ownership | | Corporation | NU | 0 |
| 01295 Ce | Centene Corporation | 00000 | 83-2840051 | | | | WellCare of Indiana. Inc. | IN | NIA | Group, I | | Ownership | 100.0 | | NO | 0 |
| 01200 | | 00000 | 2040001 | | | | America's 1st Choice California | | | The Well | Care Management | ownor on p | 100.0 | Centene | | |
| 01295Ce | Centene Corporation | 00000 | 45-3236788 | | | | Holdings, LLC | FL | NIA | Group, I | | Ownership | | | NO | 0 |
| | | | | | | | | | | America' | s 1st Choice | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 20-5327501 | | | | WellCare of California, Inc | CA | NIA | Californ | ia Holdings, LLC | Ownership | | | NO | 0 |
| 01205 | Contono Cornoration | 16500 | 02 2276450 | | | | WellCare Health Insurance of | TAL | | | Care Management | Ownershir | 400.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 16532 | 83-2276159 | | | | Tennessee, Inc | TN | I A | Group, I | Care Management | Ownership | | Corporation | | 0 |
| 01295 0 | Centene Corporation | 16515 | 83-2914327 | | | | WellCare of New Hampshire, Inc | NH | IA | Group, I | | Ownership | 100 0 | Corporation | NO | 0 |
| 0.200 | | 10010 | 00 2017021 | | | | WellCare Health Plans of | | | | Care Management | o "no on p | | Centene | | |
| 01295Ce | Centene Corporation | 16514 | 83-2255514 | | | | Vermont, Inc | VT | | Group, I | | Ownership | | Corporation | NO | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if | 8 | 9 | 10 Relationship | 11 | 12 Type of Control (Ownership, Board, | 13 If Control is | 14 | 15 Is an SCA | 16 |
|--------|---------------------|---------|---------------------|---------|-----|---|---|---|--------------------|---|--|---------------------|------------------------|-----------------|----|
| | | NAIC | | | | Publicly | Names of | | to | | Management, | Ownership | | Filing | |
| Group | | Company | | Federal | | Traded (U.S. or | Parent, Subsidiaries | Domiciliary | | Directly Controlled by | Attorney-in-Fact, | Provide | Ultimate Controlling | | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | or Affiliates | Location | Entity | (Name of Entity/Person) | Influence, Other) | Percentage | Entity(ies)/Person(s) | (Yes/No) | * |
| 01005 | Contone Connection | 10510 | 83-2126269 | | | | WellCare Health Insurance of | СТ | IA | The WellCare Management | Owneen eh in | 100.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 16513 | 03-2120209 | | | | Connecticut, Inc | | IA | Group, Inc The WellCare Management | Ownership | | Corporation | | |
| 01295 | Centene Corporation | 16571 | 83-2069308 | | | | WellCare of Washington, Inc | WA | IA | Group, Inc | Ownership | 100.0 | | NO | 0 |
| 01295 | | | 03-2009300 | | | | WellCare Health Plans of | | | The WellCare Management | | | Centene | | 0 |
| 01295 | Centene Corporation | 15510 | 47-0971481 | | | | Kentucky, Inc | KY | IA | Group. Inc. | Ownership | | | NO | 0 |
| 01200 | | 10010 | | | | | Norreally, me. | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16239 | 82-1301128 | | | | WellCare of Alabama. Inc. | AL | IA | Group, Inc | Ownership | 100.0 | | NO | 0 |
| | | | | | | | | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16344 | 82-3114517 | | | | WellCare of Maine, Inc | ME | I A | Group, Inc | Ownership | | Corporation | NO | 0 |
| | | | | | | | | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 22-3391045 | | | | Harmony Health Systems Inc | NJ | NIA | Group, Inc | Ownership | | | NO | 0 |
| | | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | 11229 | 36-4050495 | | | | Harmony Health Plan, Inc | I L | I A | Harmony Health Systems Inc | Ownership | | | NO | 0 |
| 0.4005 | | 04407 | 00.000005 | | | | WellCare Health Insurance | 101 | | The WellCare Management | | 100.0 | Centene | | 0 |
| 01295 | Centene Corporation | 64467 | 36 - 6069295 | | | | Company of Kentucky, Inc | KY | I A | Group, Inc. | Ownership | | | NU | 0 |
| 01005 | Contone Connection | 00445 | 00 0000550 | | | | WellCare Health Insurance of | AZ | | The WellCare Management | Owneen a h i n | 100.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 83445 | 86-0269558 | | | | Arizona, Inc WellCare Health Insurance of | | A | Group, Inc The WellCare Management | Ownership | | Corporation | | 0 |
| 01295 | Centene Corporation | 16548 | 83-3493160 | | | | North Carolina, Inc | NC | IA | Group. Inc. | Ownership | | | NO | 0 |
| 01235 | | | 00-0400100 | | | | WellCare Health Insurance | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16788 | 83-3333918 | | | | Company of Louisiana, Inc | LA | IA | Group, Inc | Ownership | 100.0 | | NO | 0 |
| 01200 | | | 00 00000 10 | | | | WellCare of Missouri Health | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16512 | 83-3525830 | | | | Insurance Company, Inc. | МО | ΙΑ | Group, Inc. | Ownership | | | NO | 0 |
| | | | | | | | Care 1st Health Plan of | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 57-1165217 | | | | Arizona, Inc | AZ | NIA | Group, Inc | Ownership | | | NO | 0 |
| | | | | | | | Care1st Health Plan | | | Care 1st Health Plan of | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 46-2680154 | | | | Administrative Services, Inc | AZ | NIA | Arizona, Inc | Ownership | | | NO | 0 |
| | | | | | | | One Care by Care1st Health | | | The WellCare Management | | 400.0 | Centene | | |
| 01295 | Centene Corporation | 00000 | 06 - 1742685 | | | | Plans of Arizona, Inc | AZ | NIA | Group, Inc. | Ownership | | | NO | 0 |
| 01005 | Contone Connection | 10570 | 83-3166908 | | | | WellCare Health Insurance | WA | IA | The WellCare Management | Owneen eh in | 100.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 16570 | 83-3100908 | | | | Company of Washington, Inc WellCare of North Carolina, | WA | IA | Group, Inc The WellCare Management | Ownership | | Corporation Centene | NU | 0 |
| 01295 | Centene Corporation | 16547 | 82-5488080 | | | | Inc. | NC | IΔ | Group, Inc. | Ownership | 100.0 | | NO | 0 |
| 01235 | | | 02-0400000 | | | | WellCare Health Insurance | | | The WellCare Management | | | Centene | | 0 |
| 01295 | Centene Corporation | 16343 | 82-4247084 | | | | Company of America | AR | IA | Group, Inc. | Ownership | | | NO | 0 |
| 01200 | | 10010 | 02 12 11 00 1 | | | | WellCare National Health | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16342 | 82-5127096 | | | | Insurance Company | ТХ | IA | Group. Inc. | Ownership | | | NO | 0 |
| | | | | | | | WellCare Health Insurance | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | . 16516 | 83-3091673 | | | | Company of New Hampshire, Inc | NH | I A | Group, Inc | Ownership | | Corporation | NO | 0 |
| | | | | | | | Wellcare Health Insurance | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 16789 | 84 - 4709471 | | | | Company of New Jersey, Inc | NJ | I A | Group, Inc | Ownership | | | NO | 0 |
| 0.0005 | | | | | | | WellCare of Michigan Holding | | | The WellCare Management | | | Centene | | |
| 01295 | Centene Corporation | 00000 | 26-4004578 | | | | Company | MI | NIA | Group, Inc. | Ownership | | | NO | 0 |
| 01005 | Contono Cornoration | EDECO | 20 2052077 | | | | Meridian Health Plan of | MI | I A | WellCare of Michigan Holding | Ownersh := | 100.0 | Centene | NO | _ |
| 01295 | Centene Corporation | 52563 | 38-3253977 | | | | Michigan, Inc Meridian Health Plan of | . | IA | Company WellCare of Michigan Holding | .Ownership | | Corporation | NU | 0 |
| 01295 | Centene Corporation | 13189 | 20-3209671 | | | | Illinois, Inc | 1 | 1.4 | Company. | Ownership | 100.0 | Corporation | NO | 0 |
| 01290 | | | 20-320307 1 | | | | 111111018, 110 | · [· · · · · · · · · · · · · · · · · · | | l oonpany | . ownersinp | | 1001 put at 1011 | | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---------------|----------------------|-----------------|---------------------|-----------------|-----|-----------------------------------|---|-------------------------|---------------------|---|--------------------------------|---------------|---|-----------------------|----|
| | | | | | | Name of Securities | | | | | Type of Control (Ownership. | | | | |
| | | | | | | Exchange if | | | Relationship | | Board, | If Control is | | Is an SCA | |
| | | NAIC | | | | Publicly | Names of | | to | | Management, | Ownership | | Filing | |
| Group Code | Group Name | Company Code | ID Number | Federal RSSD | CIK | Traded (U.S. or International) | Parent, Subsidiaries or Affiliates | Domiciliary Location | Reporting Entity | Directly Controlled by (Name of Entity/Person) | Attorney-in-Fact, | Provide | Ultimate Controlling Entity(ies)/Person(s) | Required? (Yes/No) | * |
| Code | Gloup Maine | Coue | Number | RSSD | OIN | international) | Of Anniates | LUCALION | | The WellCare Management | Innuence, Other) | Fercentage | Centene | (165/140) | |
| 01295 | Centene Corporation | 13148 | 20-8937577 | | | | Sunshine State Health Plan, Inc. | FL | IA | Group, Inc. | Ownership | | Corporation | NO | 0 |
| 01295 | Contone Corporation | 00000 | 27-4683816 | | | | Universal American Corp | DF | NIA | The WellCare Management | Ownership | | Centene | NO | 0 |
| 01290 | Centene Corporation | 00000 | 27 -40030 10 | | | | Universal American Holdings, | | NTA | Group, Inc | ownership | | Corporation Centene | INU | 0 |
| 01295 | Centene Corporation | 00000 | 45-1352914 | | | | LLC. | DE | NIA | Universal American Corp | Ownership | | | NO | 0 |
| | | | | | | | American Progressive Life and | | | | | | | | |
| 01295 | Centene Corporation | 80624 | 13-1851754 | | | | Health Insurance Company of New York | NY | IA | Universal American Holdings, | Ownership | 100.0 | Centene Corporation | NO | 0 |
| 01235 | | 00024 | 10-10017.04 | | | | | | | Universal American Holdings, | | 100.0 | Centene | | 0 |
| 01295 | Centene Corporation | 00000 | 62 - 1517194 | | | | Heritage Health Systems, Inc | ТХ | NIA | LLC | Ownership | 100.0 | | NO | 0 |
| 01295 | Contono Corporation | 10096 | 62-1819658 | | | | SelectCare of Texas. Inc | тх | IA | Heritage Health Systems, Inc | Ownership | | Centene Corporation | NO | 0 |
| 01290 | Centene Corporation | 10090 | 02-1019000 | | | | Heritage Health Systems of | I A | I A | heritage nearth systems, inc | ownersnip | | Centene | NU | U |
| 01295 | Centene Corporation | 00000 | 76-0459857 | | | | Texas, Inc. | TX | NIA | Heritage Health Systems, Inc., | Ownership | | | NO | 0 |
| 04005 | 0 | 00000 | 00 4004540 | | | | Golden Triangle Physician | τv | NU A | Heritage Health Systems of | Owner and the | 400.0 | Centene | NO | 0 |
| 01295 | Centene Corporation | 00000 | 62 - 1694548 | | | | Alliance | ТХ | NIA | Texas, Inc | Ownership | 100.0 | Corporation Centene | NU | 0 |
| 01295 | Centene Corporation | 00000 | 76-0560730 | | | | Heritage Physician Networks | ТХ | NIA | Heritage Health Systems, Inc. | Ownership. | | | NO | 0 |
| | · | | | | | | 5 , | | | | | | Centene | | |
| 01295 | Centene Corporation | 95448 | 71 - 0794605 | | | | QCA Healthplan, Inc Qualchoice Life and Health | AR | I A | Centene Corporation | Ownership | | | NO | 0 |
| 01295 | Centene Corporation | 70998 | 71-0386640 | | | | Insurance Company | AR | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | 0 |
| | · | | | | | | | | | | | | Centene | | |
| 01295 | Centene Corporation | 16814 | 84-4119570 | | | | District Community Care Inc | DC | I A | Centene Corporation | Ownership | 100.0 | | NO | 0 |
| 01295 | Centene Corporation | 00000 | 86-2318658 | | | | Oklahoma Complete Health Holding Company, LLC | ОК | NIA | Centene Corporation | Ownership | | Centene Corporation | NO | 0 |
| 01235 | | 00000 | 00-2310030 | | | | norung company, LLC | | | Oklahoma Complete Health | ownersinp | 100.0 | Centene | | |
| 01295 | Centene Corporation | 16904 | 81-3121527 | | | | Oklahoma Complete Health Inc | 0K | | Holding Company, LLC | Ownership | 100.0 | Corporation | NO | 0 |
| 01295 | Contono Corporation | 00000 | 86 - 2694770 | | | | RI Health & Wellness, Inc | RI | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | 0 |
| 01290 | Centene Corporation | 00000 | 00-2094/70 | | | | RI Health & Weilness, Inc | KI | NTA | | ownersnip | 100.0 | Centene | NU | 0 |
| 01295 | Centene Corporation | 00000 | 88-3410060 | | | | Delaware First Health, Inc | DE | NIA | Centene Corporation | Ownership | | Corporation | NO | 0 |
| 01005 | Contone Conservation | 00000 | 00 4445045 | | | | Delaware First Health Complete, | DE | NLLA | Contone Connection | Ownership | 100.0 | Centene | NO | |
| 01295 | Centene Corporation | 00000 | 88-4145615 | | | | Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | Corporation Centene | NU | 0 |
| 01295 | Centene Corporation | 00000 | 58-1076937 | | | | Magellan Health, Inc | DE | NIA | Centene Corporation | Ownership | | | NO | 0 |
| | | | 17 5500705 | | | | Magellan Pharmacy Services, | | | | | 100 - | Centene | | |
| 01295 | Centene Corporation | 00000 | 47 - 5588795 | | | | Inc Magellan Behavioral Health of | DE | NIA | Magellan Health, Inc Magellan Pharmacy Services, | Ownership | 100.0 | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | 12632 | 52-2310906 | | | | New Jersev. LLC | NJ | IA | Inc. | Ownership | | | NO | n |
| | | | | | | | Magellan Health Services of | | | | | | | | |
| 01205 | Contono Corneration | 00000 | 05 0060040 | | | | California, Inc. – Employer | C.4 | | Magellan Pharmacy Services, | Ownorobiz | 400.0 | Centene | NO | _ |
| 01295 | Centene Corporation | 00000 | 95 - 2868243 | | | | Services | CA | NIA | THC | Ownership | | Corporation Centene | NU | 0 |
| 01295 | Centene Corporation | 00000 | 52 - 2135463 | | | | Magellan Healthcare, Inc | DE | NIA | Magellan Health, Inc | Ownership | | | NO | 0 |
| | | | | | | | Human Affairs International of | | | | · · · | | Centene | | _ |
| 01295 | Centene Corporation | 00000 | 93 - 0999350 | | | | California | CA | NIA | Magellan Healthcare, Inc | Ownership | 100.0 | Corporation | NO | 0 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if | 8 | 9 | 10 Relationship | 11 | | 13 If Control is | 14 | 15 Is an SCA | 16 |
|---------------|---------------------|-------------------------|--------------|-----------------|-----|---|--|-------------------------|---------------------------|---|---|------------------------------------|---|-----------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | СІК | Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Management, Attorney-in-Fact, Influence, Other) | Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | | * |
| | Centene Corporation | | 46-4188169 | | | | Magellan Complete Care of Louisiana, Inc. | LA | 1 1 | | Ownership | | Centene Corporation | | 0 |
| 01295 | Centene Corporation | . 00000 | 20-1919978 | | | | Magellan Behavioral Health of Florida, Inc Magellan Health Services of | FL | NIA | Magellan Healthcare, Inc | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 20-1728452 | | | | Magellan Health Services of New | AZ | NIA | Magellan Healthcare, Inc | Ownership | | Corporation Centene | NO | 0 |
| | Centene Corporation | | 85-0420095 | | | | Mexico, Inc | NM | | Magellan Healthcare, Inc | Ownership | | Corporation Centene | NO | 0 |
| | Centene Corporation | | 85-4065417 | | | | Magellan of Idaho, LLC Magellan Complete Care of Pennsylvania, Inc | ID PA | | Magellan Healthcare, Inc Magellan Healthcare, Inc | Ownership | | Corporation Centene Corporation | NO | 0 |
| | Centene Corporation | | 57-0724249 | | | | Magellan Life Insurance Company. | PA DE | | 0 | Ownership | | Centene Corporation | | 0 |
| | Centene Corporation | . 00000 | 22-3236927 | | | | Merit Behavioral Care Corporation | DE | NIA | Magellan Healthcare, Inc | Ownership | | Centene Corporation | NO | 0 |
| 01295 | Centene Corporation | . 00000 | 76-0513383 | | | | Magellan Providers of Texas, Inc Magellan Behavioral Health of | TX | NIA | Merit Behavioral Care Corporation Merit Behavioral Care | Ownership | | Centene Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 47019 | 23-2759528 | | | | Magellan Behavioral nearth of Magellan Behavioral of | PA | | Corporation | Ownership | | Corporation Centene | NO | 0 |
| | Centene Corporation | | 52-1946167 | | | | Michigan, Inc | MI | | Magellan Healthcare, Inc | Ownership | | Corporation Centene | NO | 0 |
| | Centene Corporation | | 92-0642038 | | | | Magellan of Maryland, LLC Magnolia Joint Venture Holding | MD | | Magellan Healthcare, Inc | Ownership | | Corporation Centene | NO | 0 |
| 01295 | Centene Corporation | . 00000 | . 92-0679069 | | | | . Company, Inc | DE | NIA | Centene Corporation | Ownership | | Corporation | | 0 |
| | | | | | | | | | | | | | | | |
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Explanation

Asterisk

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

NO

YES.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. 2.

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

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

SCHEDULE BA – VERIFICATION

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,012,541 | 1,018,958 |
| 2. Cost of bonds and stocks acquired | | 1,001,457 |
| 3. Accrual of discount | 10,000 | |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | | |
| 12. Deduct total nonadmitted amounts | | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,023,228 | 1,012,541 |

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) 2. NAIC 2 (a) | | | | 5,375 | 1,017,853 | | 0 | 1,012,542 |
| NAIC 3 (a) | | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) 6. NAIC 6 (a) | | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 1,017,853 | 0 | 0 | 5,375 | 1,017,853 | 1,023,228 | 0 | 1,012,542 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 1,017,853 | 0 | 0 | 5,375 | 1,017,853 | 1,023,228 | 0 | 1,012,542 |

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

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Schedule DA - Part 1

Schedule DA - Verification

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2 NONE

Schedule DB - Verification

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

| | | 1 Year To Date | 2 Prior Year Ended December 31 |
|-----|---|----------------------|--------------------------------------|
| 1. | Book/adjusted carrying value, December 31 of prior year | | 6,062,550 |
| 2. | Cost of cash equivalents acquired | | |
| 3. | Accrual of discount | | 0 |
| 4. | Unrealized valuation increase/(decrease) | | 0 |
| 5. | Total gain (loss) on disposals | | 0 |
| 6. | Deduct consideration received on disposals | | 24 , 115 , 402 |
| 7. | Deduct amortization of premium | | 0 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. | Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | | |
| 11. | Deduct total nonadmitted amounts | | 0 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 32,660,689 | 19,641,171 |

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

Schedule D - Part 3

Schedule D - Part 4

Schedule DB - Part A - Section 1 NONE

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DB - Part E

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

| Month End Depository Balances | | | | | | | | | | | |
|--|------------|------------------------|---|---|-----------|--------------------------------------|------------------------|-------------------|--|--|--|
| 1 | 2 | 3 | 4 | 5 | | Balance at End c During Current (| | 9 | | | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 Second Month | 8 | * | | | |
| Open Depositories | | | | | | | | | | | |
| Wells Fargo San Francisco, CA 0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories 0199999 Total Open Depositories | XXX XXX | 5.300 XXX XXX | 41,154 | | 1,370,810 | 6,284,244 6,284,244 | 1,771,518 1,771,518 | XXX XXX XXX | | | |
| | | | | 12,000 | 1,010,010 | | | | | | |
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| | ХХХ | XXX | 41,154 | 12,005 | 1,370,810 | 6,284,244 | 1,771,518 | XXX | | | |
| 0499999 Cash in Company's Office | ХХХ | XXX | XXX | XXX | | | | XXX | | | |
| 0599999 Total | ХХХ | XXX | 41,154 | 12,005 | 1,370,810 | 6,284,244 | 1,771,518 | XXX | | | |

STATEMENT AS OF JUNE 30, 2024 OF THE Centene Venture Company Michigan

SCHEDULE E - PART 2 - CASH EQUIVALENTS

| | | She | ow Investments (| Owned End of Current Quarter | | | | |
|----------------------|---|------|------------------|------------------------------|---------------|--------------------|-------------------------|----------------------|
| 1 | 2 | 3 | 4 Date | 5 Rate of | 6 Maturity | 7 Book/Adjusted | 8 Amount of Interest | 9 Amount Received |
| CUSIP | Description | Code | Acquired | Interest | Date | Carrying Value | Due & Accrued | During Year |
| Exempt Money Market | Mutual Funds — as Identified by SVO | | | | | | | |
| 857492-86-2 | SS_INST_INV:TRS+_MM_PRM | | | | XXX | | | |
| | ot Money Market Mutual Funds - as Identified by SVO | | | | | 19,429,335 | 0 | 73,188 |
| All Other Money Mark | et Mutual Funds | | 1 00/00/0004 | 5.050 | | | | 1 100.007 |
| 31607A-70-3 | FIDELITY IMM: GOVT INSTL | | | <u>5.250</u> 5.240 | XXX | | | |
| | ALLSPRING:GOVT MM SEL | | | | XXX | | 0 | 400.007 |
| 030888888 - VII (| Other Money Market Mutual Funds | 1 | 1 | | | 13,231,354 | 0 | 193,267 |
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| 8609999999 Total | I Cash Equivalents | | | | | 32,660,689 | 0 | 266,455 |