



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
 OF THE CONDITION AND AFFAIRS OF THE

WellCare of Maine, Inc.

(Name)

NAIC Group Code 01295 , 01295 NAIC Company Code 16344 Employer's ID Number 82-3114517
(Current Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 10/16/2017 Commenced Business 01/01/2019

Statutory Home Office 110 Main Street, 5th Floor , Saco, ME, US 04072
(Street and Number) (City or Town, State, Country and Zip Code)

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

Mail Address P.O. Box 31391 , Tampa, FL, US 33631-3391
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.centene.com

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

OFFICERS

| Name | Title | Name | Title |
|----------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <u>Judi Ellen Nevuex #</u> | <u>President</u> | <u>James Edward Snyder III #</u> | <u>Treasurer and Vice President</u> |
| <u>Janet Robey Alonzo</u> | <u>Secretary and Vice President</u> | <u>Tricia Lynn Dinkelman</u> | <u>Vice President of Tax</u> |

OTHER OFFICERS

| | | | |
|------------------------------|----------------------------|-------|-------|
| <u>Benjamin Mark Craig #</u> | <u>Assistant Secretary</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |

DIRECTORS OR TRUSTEES

| | | | |
|--------------------------------------|--------------------------|----------------------------|-------|
| <u>Richard St. Patrick Parnell #</u> | <u>Judi Ellen Nevuex</u> | <u>Benjamin Mark Craig</u> | _____ |
|--------------------------------------|--------------------------|----------------------------|-------|

State of _____

ss

County of _____

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

Judi Ellen Nevuex
President

James Edward Snyder III
Treasurer and Vice President

Janet Robey Alonzo
Secretary and Vice President

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 27,937,804 | | 27,937,804 | 25,430,235 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | 0 | | 0 | 0 |
| 2.2 Common stocks | 0 | | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances)..... | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$4,410,255 , Schedule E-Part 1), cash equivalents (\$6,421,259 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA)..... | 10,831,514 | | 10,831,514 | 4,634,490 |
| 6. Contract loans (including \$ premium notes)..... | | | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 38,769,318 | 0 | 38,769,318 | 30,064,725 |
| 13. Title plants less \$ charged off (for Title insurers only)..... | | | 0 | 0 |
| 14. Investment income due and accrued | 175,082 | | 175,082 | 152,870 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 2,758,637 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)..... | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$2,947,808) and contracts subject to redetermination (\$) | 2,947,808 | | 2,947,808 | 102,359 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 617,159 | | 617,159 | 129,689 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 178,748 | | 178,748 | 370,912 |
| 18.2 Net deferred tax asset..... | 250,168 | | 250,168 | 88,013 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 79,615 | | 79,615 | 0 |
| 24. Health care (\$2,892,864) and other amounts receivable..... | 5,800,892 | 687,317 | 5,113,575 | 3,719,884 |
| 25. Aggregate write-ins for other-than-invested assets | 11,497 | 11,497 | 0 | 205,171 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 48,830,287 | 698,814 | 48,131,473 | 37,592,260 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 48,830,287 | 698,814 | 48,131,473 | 37,592,260 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Other non-admitted assets (prepaids)..... | 11,497 | 11,497 | 0 | 0 |
| 2502. State and other tax recoverable..... | | | 0 | 205,171 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 11,497 | 11,497 | 0 | 205,171 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|---|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 12,022,422 | | 12,022,422 | 10,142,997 |
| 2. Accrued medical incentive pool and bonus amounts | 752,440 | | 752,440 | 2,438,724 |
| 3. Unpaid claims adjustment expenses | 123,293 | | 123,293 | 61,516 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | 4,250,525 | | 4,250,525 | 2,705,135 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 304 | | 304 | 1,011 |
| 9. General expenses due or accrued | 69,286 | | 69,286 | 177,374 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 1,468,905 | | 1,468,905 | 365,072 |
| 16. Derivatives | | 0 | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 5,599,231 | | 5,599,231 | 4,396,650 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 33,821 | 0 | 33,821 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 24,320,227 | 0 | 24,320,227 | 20,288,479 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000 | 1,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 14,612,150 | 14,612,150 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 9,198,096 | 2,690,631 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 23,811,246 | 17,303,781 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 48,131,473 | 37,592,260 |
| DETAILS OF WRITE-INS | | | | |
| 2301. State income tax payable | 33,821 | | 33,821 | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 33,821 | 0 | 33,821 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | 0 |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|--|----------------|------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX | 74,771 | 57,663 |
| 2. Net premium income (including \$0 non-health premium income)..... | XXX | 88,636,148 | 68,601,787 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | (225,764) | (1,875,543) |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 |
| 5. Risk revenue | XXX | | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 88,410,384 | 66,726,244 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | 54,119,836 | 43,246,337 |
| 10. Other professional services | | 3,799,356 | 524,455 |
| 11. Outside referrals | | | 0 |
| 12. Emergency room and out-of-area | | 6,510,976 | 4,533,747 |
| 13. Prescription drugs | | 2,653,001 | 2,874,922 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 771,101 | 2,398,160 |
| 16. Subtotal (Lines 9 to 15) | 0 | 67,854,270 | 53,577,621 |
| Less: | | | |
| 17. Net reinsurance recoveries | | | 423 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 67,854,270 | 53,577,198 |
| 19. Non-health claims (net)..... | | | 0 |
| 20. Claims adjustment expenses, including \$49,290 cost containment expenses..... | | 821,495 | 739,129 |
| 21. General administrative expenses..... | | 11,483,051 | 8,620,504 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 80,158,816 | 62,936,831 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 8,251,568 | 3,789,413 |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | | 311,620 | 53,812 |
| 26. Net realized capital gains (losses) less capital gains tax of \$(4,721) | | (17,759) | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 293,861 | 53,812 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$108,986)] | | (108,986) | (41,602) |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX | 8,436,443 | 3,801,623 |
| 31. Federal and foreign income taxes incurred | XXX | 1,901,603 | 830,263 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 6,534,840 | 2,971,360 |
| DETAILS OF WRITE-INS | | | |
| 0601. | XXX | | |
| 0602. | XXX | | |
| 0603. | XXX | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 |
| 0701. | XXX | | |
| 0702. | XXX | | |
| 0703. | XXX | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 |
| 2901. | | | |
| 2902. | | | |
| 2903. | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CAPITAL & SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year | 17,303,781 | 7,257,291 |
| 34. Net income or (loss) from Line 32 | 6,534,840 | 2,971,360 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | 0 |
| 38. Change in net deferred income tax | 162,154 | (4,080) |
| 39. Change in nonadmitted assets | (189,529) | (420,790) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | | 0 |
| 44. Capital Changes: | | |
| 44.1 Paid in | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | | 0 |
| 44.3 Transferred to surplus | | 0 |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 0 | 7,500,000 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 |
| 45.3 Transferred from capital | | 0 |
| 46. Dividends to stockholders | | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 6,507,465 | 10,046,490 |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) | 23,811,246 | 17,303,781 |
| DETAILS OF WRITE-INS | | |
| 4701. | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 |

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 89,868,255 | 67,549,546 |
| 2. Net investment income | 700,453 | (85,563) |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 90,568,708 | 67,463,983 |
| 5. Benefit and loss related payments | 69,518,190 | 48,506,425 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 11,635,744 | 5,174,704 |
| 8. Dividends paid to policyholders | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 1,704,718 | 832,148 |
| 10. Total (Lines 5 through 9) | 82,858,652 | 54,513,277 |
| 11. Net cash from operations (Line 4 minus Line 10) | 7,710,056 | 12,950,706 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 1,712,756 | 110,000 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,712,756 | 110,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 4,653,851 | 25,442,037 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 4,653,851 | 25,442,037 |
| 14. Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (2,941,095) | (25,332,037) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 7,500,000 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | 1,428,064 | 636,926 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 1,428,064 | 8,136,926 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 6,197,025 | (4,244,405) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 4,634,490 | 8,878,895 |
| 19.2 End of year (Line 18 plus Line 19.1) | 10,831,514 | 4,634,490 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------|---|------------------------|----------------|----------------|--|----------------------------|--------------------------|--------------|---------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Net premium income | 88,636,148 | 0 | 0 | 0 | 0 | 0 | 88,636,148 | 0 | 0 | 0 |
| 2. Change in unearned premium reserves and reserve for rate credit | (225,764) | | | | | | (225,764) | | | |
| 3. Fee-for-service (net of \$ medical expenses) | 0 | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 7. Total revenues (Lines 1 to 6) | 88,410,384 | 0 | 0 | 0 | 0 | 0 | 88,410,384 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | 54,119,836 | | | | | | 54,119,836 | | | XXX |
| 9. Other professional services | 3,799,356 | | | | | | 3,799,356 | | | XXX |
| 10. Outside referrals | 0 | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | 6,510,976 | | | | | | 6,510,976 | | | XXX |
| 12. Prescription drugs | 2,653,001 | | | | | | 2,653,001 | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts | 771,101 | | | | | | 771,101 | | | XXX |
| 15. Subtotal (Lines 8 to 14) | 67,854,270 | 0 | 0 | 0 | 0 | 0 | 67,854,270 | 0 | 0 | XXX |
| 16. Net reinsurance recoveries | 0 | | | | | | | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | 67,854,270 | 0 | 0 | 0 | 0 | 0 | 67,854,270 | 0 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 19. Claims adjustment expenses including \$ 49,290 cost containment expenses | 821,495 | | | | | | 821,495 | | | |
| 20. General administrative expenses | 11,483,051 | | | | | | 11,483,051 | | | |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 80,158,816 | 0 | 0 | 0 | 0 | 0 | 80,158,816 | 0 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 8,251,568 | 0 | 0 | 0 | 0 | 0 | 8,251,568 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1+2-3) |
|---|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) | | | | .0 |
| 2. Medicare Supplement | | | | .0 |
| 3. Dental only..... | | | | .0 |
| 4. Vision only..... | | | | .0 |
| 5. Federal Employees Health Benefits Plan | | | | .0 |
| 6. Title XVIII - Medicare | 88,659,602 | | 23,454 | 88,636,148 |
| 7. Title XIX - Medicaid..... | | | | .0 |
| 8. Other health..... | | | | .0 |
| 9. Health subtotal (Lines 1 through 8) | 88,659,602 | 0 | 23,454 | 88,636,148 |
| 10. Life | | | | .0 |
| 11. Property/casualty..... | | | | .0 |
| 12. Totals (Lines 9 to 11) | 88,659,602 | 0 | 23,454 | 88,636,148 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|--------------|----------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non- Health |
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 66,256,423 | | | | | | 66,256,423 | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | |
| 1.4 Net | 66,256,423 | 0 | 0 | 0 | 0 | 0 | 66,256,423 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 2,457,386 | | | | | | 2,457,386 | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 12,022,422 | 0 | 0 | 0 | 0 | 0 | 12,022,422 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 12,022,422 | 0 | 0 | 0 | 0 | 0 | 12,022,422 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 752,440 | | | | | | 752,440 | | | |
| 6. Net healthcare receivables (a)..... | 1,052,675 | | | | | | 1,052,675 | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 10,142,997 | 0 | 0 | 0 | 0 | 0 | 10,142,997 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 10,142,997 | 0 | 0 | 0 | 0 | 0 | 10,142,997 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 2,438,724 | 0 | 0 | 0 | 0 | 0 | 2,438,724 | 0 | 0 | 0 |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Incurred benefits: | | | | | | | | | | |
| 12.1 Direct | 67,083,173 | 0 | 0 | 0 | 0 | 0 | 67,083,173 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | 67,083,173 | 0 | 0 | 0 | 0 | 0 | 67,083,173 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | 771,102 | 0 | 0 | 0 | 0 | 0 | 771,102 | 0 | 0 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1. Direct | 2,697,358 | | | | | | 2,697,358 | | | |
| 1.2. Reinsurance assumed | .0 | | | | | | | | | |
| 1.3. Reinsurance ceded | .0 | | | | | | | | | |
| 1.4. Net | 2,697,358 | .0 | .0 | .0 | .0 | .0 | 2,697,358 | .0 | .0 | .0 |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1. Direct | 9,325,064 | | | | | | 9,325,064 | | | |
| 2.2. Reinsurance assumed | .0 | | | | | | | | | |
| 2.3. Reinsurance ceded | .0 | | | | | | | | | |
| 2.4. Net | 9,325,064 | .0 | .0 | .0 | .0 | .0 | 9,325,064 | .0 | .0 | .0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1. Direct | .0 | | | | | | | | | |
| 3.2. Reinsurance assumed | .0 | | | | | | | | | |
| 3.3. Reinsurance ceded | .0 | | | | | | | | | |
| 3.4. Net | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. TOTALS: | | | | | | | | | | |
| 4.1. Direct | 12,022,422 | .0 | .0 | .0 | .0 | .0 | 12,022,422 | .0 | .0 | .0 |
| 4.2. Reinsurance assumed | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4.3. Reinsurance ceded | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4.4. Net | 12,022,422 | 0 | 0 | 0 | 0 | 0 | 12,022,422 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|--|---|---|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | | .0 | .0 |
| 2. Medicare Supplement | | | | | .0 | .0 |
| 3. Dental Only..... | | | | | .0 | .0 |
| 4. Vision Only..... | | | | | .0 | .0 |
| 5. Federal Employees Health Benefits Plan | | | | | .0 | .0 |
| 6. Title XVIII - Medicare | 7,300,709 | 61,483,220 | 1,076,820 | 10,945,602 | 8,377,529 | 10,142,997 |
| 7. Title XIX - Medicaid..... | | | | | .0 | .0 |
| 8. Other health | | | | | .0 | .0 |
| 9. Health subtotal (Lines 1 to 8)..... | 7,300,709 | 61,483,220 | 1,076,820 | 10,945,602 | 8,377,529 | 10,142,997 |
| 10. Healthcare receivables (a)..... | | 3,580,181 | | | .0 | .0 |
| 11. Other non-health..... | | | | | .0 | .0 |
| 12. Medical incentive pools and bonus amounts | 1,130,670 | 1,326,716 | 8,958 | 743,482 | 1,139,628 | 2,438,724 |
| 13. Totals (Lines 9-10+11+12) | 8,431,379 | 59,229,755 | 1,085,778 | 11,689,084 | 9,517,157 | 12,581,721 |

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | | | | | |
| 2. 2017 | .0 | .0 | .0 | .0 | |
| 3. 2018 | XXX | .0 | .0 | (1) | (1) |
| 4. 2019 | XXX | XXX | 22,091 | 26,881 | 26,864 |
| 5. 2020 | XXX | XXX | XXX | 42,719 | 51,168 |
| 6. 2021 | XXX | XXX | XXX | XXX | 59,230 |

Section B - Incurred Health Claims - Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | | | | | |
| 2. 2017 | .0 | .0 | .0 | .0 | |
| 3. 2018 | XXX | .0 | .0 | (1) | (1) |
| 4. 2019 | XXX | XXX | 28,604 | 27,857 | 26,864 |
| 5. 2020 | XXX | XXX | XXX | 54,325 | 52,253 |
| 6. 2021 | XXX | XXX | XXX | XXX | 70,919 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2017 | .0 | .0 | | 0.0 | .0 | 0.0 | | | .0 | 0.0 |
| 2. 2018 | .0 | (1) | | 0.0 | (1) | 0.0 | | | (1) | 0.0 |
| 3. 2019 | 33,525 | 26,864 | | 0.0 | 26,864 | 80.1 | | | 26,864 | 80.1 |
| 4. 2020 | 68,602 | 51,168 | | 0.0 | 51,168 | 74.6 | 1,086 | | 52,254 | 76.2 |
| 5. 2021 | 88,636 | 59,230 | 760 | 1.3 | 59,990 | 67.7 | 11,689 | 123 | 71,802 | 81.0 |

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2017 | .0 | .0 | .0 | .0 | .0 |
| 3. 2018 | XXX | .0 | .0 | (1) | (1) |
| 4. 2019 | XXX | XXX | 22,091 | 26,881 | 26,864 |
| 5. 2020 | XXX | XXX | XXX | 42,719 | 51,168 |
| 6. 2021 | XXX | XXX | XXX | XXX | 59,230 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2017 | .0 | .0 | .0 | .0 | .0 |
| 3. 2018 | XXX | .0 | .0 | (1) | (1) |
| 4. 2019 | XXX | XXX | 28,604 | 27,857 | 26,864 |
| 5. 2020 | XXX | XXX | XXX | 54,325 | 52,253 |
| 6. 2021 | XXX | XXX | XXX | XXX | 70,919 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2017 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 2. 2018 | .0 | (1) | .0 | .0 | (1) | .0 | .0 | .0 | (1) | .0 |
| 3. 2019 | 33,525 | 26,864 | .0 | .0 | 26,864 | .80.1 | .0 | .0 | 26,864 | .80.1 |
| 4. 2020 | 68,602 | 51,168 | .0 | .0 | 51,168 | .74.6 | 1,086 | .0 | 52,254 | .76.2 |
| 5. 2021 | 88,636 | 59,230 | 760 | 1.3 | 59,990 | 67.7 | 11,689 | 123 | 71,802 | 81.0 |

12-GT

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|-----------|--|------------------------|-------------|-------------|--|-------------------------|-----------------------|-------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 1. Unearned premium reserves..... | .0 | | | | | | | | |
| 2. Additional policy reserves (a)..... | .0 | | | | | | | | |
| 3. Reserve for future contingent benefits..... | .0 | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income)..... | 4,250,525 | | | | | | 4,250,525 | | |
| 5. Aggregate write-ins for other policy reserves | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 6. Totals (gross) | 4,250,525 | .0 | .0 | .0 | .0 | .0 | 4,250,525 | .0 | .0 |
| 7. Reinsurance ceded | .0 | | | | | | | | |
| 8. Totals (Net) (Page 3, Line 4) | 4,250,525 | 0 | 0 | 0 | 0 | 0 | 4,250,525 | 0 | 0 |
| 9. Present value of amounts not yet due on claims | .0 | | | | | | | | |
| 10. Reserve for future contingent benefits | .0 | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 12. Totals (gross) | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 13. Reinsurance ceded | .0 | | | | | | | | |
| 14. Totals (Net) (Page 3, Line 7) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. | | | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|---|--------------------------------------|--|--|-----------------------------|----------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$for occupancy of own building) | | | 177,290 | | 177,290 |
| 2. Salaries, wages and other benefits | | | 4,824,363 | | 4,824,363 |
| 3. Commissions (less \$ceded plus \$assumed) | | | 3,129,437 | | 3,129,437 |
| 4. Legal fees and expenses | | | 30,675 | | 30,675 |
| 5. Certifications and accreditation fees | | | 5,403 | | 5,403 |
| 6. Auditing, actuarial and other consulting services | | | 436,794 | | 436,794 |
| 7. Traveling expenses | | | 7,560 | | 7,560 |
| 8. Marketing and advertising | | | 453,055 | | 453,055 |
| 9. Postage, express and telephone | | | 253,401 | | 253,401 |
| 10. Printing and office supplies | | | 304,437 | | 304,437 |
| 11. Occupancy, depreciation and amortization | | | 316,807 | | 316,807 |
| 12. Equipment | | | 3,390 | | 3,390 |
| 13. Cost or depreciation of EDP equipment and software | | | 431,226 | | 431,226 |
| 14. Outsourced services including EDP, claims, and other services | 49,290 | 772,205 | 491,187 | | 1,312,682 |
| 15. Boards, bureaus and association fees | | | | | 0 |
| 16. Insurance, except on real estate | | | 2,032 | | 2,032 |
| 17. Collection and bank service charges | | | 56,174 | | 56,174 |
| 18. Group service and administration fees | | | | | 0 |
| 19. Reimbursements by uninsured plans | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | | | 15,290 | | 15,290 |
| 22. Real estate taxes | | | 15,114 | | 15,114 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | 225,370 | | 225,370 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | | | 51,795 | | 51,795 |
| 23.4 Payroll taxes | | | 251,892 | | 251,892 |
| 23.5 Other (excluding federal income and real estate taxes) | | | 359 | | 359 |
| 24. Investment expenses not included elsewhere | | | | 17,801 | 17,801 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 0 | 0 | 0 |
| 26. Total expenses incurred (Lines 1 to 25) | 49,290 | 772,205 | 11,483,051 | 17,801 | (a) 12,322,347 |
| 27. Less expenses unpaid December 31, current year | | 123,293 | 69,286 | | 192,579 |
| 28. Add expenses unpaid December 31, prior year | 0 | 61,516 | 177,374 | 0 | 238,890 |
| 29. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 49,290 | 710,428 | 11,591,139 | 17,801 | 12,368,658 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 | 0 | 0 |

(a) Includes management fees of \$8,731,291 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|-------------------------------|----------------------------|
| 1. U.S. Government bonds | (a).....(335) |87 |
| 1.1 Bonds exempt from U.S. tax | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated) | (a).....300,305 |322,731 |
| 1.3 Bonds of affiliates | (a).....0 | ..... |
| 2.1 Preferred stocks (unaffiliated) | (b).....0 | ..... |
| 2.11 Preferred stocks of affiliates | (b).....0 | ..... |
| 2.2 Common stocks (unaffiliated) |0 | ..... |
| 2.21 Common stocks of affiliates |0 | ..... |
| 3. Mortgage loans | (c)..... | ..... |
| 4. Real estate | (d)..... | ..... |
| 5. Contract loans | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments | (e).....400,483 |6,603 |
| 7. Derivative instruments | (f)..... | ..... |
| 8. Other invested assets | ..... | ..... |
| 9. Aggregate write-ins for investment income |0 |0 |
| 10. Total gross investment income | 700,453 | 329,421 |
| 11. Investment expenses | | (g).....17,801 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g)..... |
| 13. Interest expense | | (h)..... |
| 14. Depreciation on real estate and other invested assets | | (i)..... |
| 15. Aggregate write-ins for deductions from investment income | |0 |
| 16. Total deductions (Lines 11 through 15) | |17,801 |
| 17. Net investment income (Line 10 minus Line 16) | | 311,620 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page |0 |0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | |0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | 0 |

- (a) Includes \$62 accrual of discount less \$411,108 amortization of premium and less \$15,376 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$0 accrual of discount less \$709 amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) On Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|--|---|---------------------------------------|---|---|---|
| 1. U.S. Government bonds | | |0 | | |
| 1.1 Bonds exempt from U.S. tax | | |0 | | |
| 1.2 Other bonds (unaffiliated) |(22,480) | |(22,480) | | |
| 1.3 Bonds of affiliates |0 |0 |0 |0 |0 |
| 2.1 Preferred stocks (unaffiliated) |0 |0 |0 |0 |0 |
| 2.11 Preferred stocks of affiliates |0 |0 |0 |0 |0 |
| 2.2 Common stocks (unaffiliated) |0 |0 |0 |0 |0 |
| 2.21 Common stocks of affiliates |0 |0 |0 |0 |0 |
| 3. Mortgage loans |0 |0 |0 |0 |0 |
| 4. Real estate |0 |0 |0 |0 |0 |
| 5. Contract loans |0 |0 |0 |0 |0 |
| 6. Cash, cash equivalents and short-term investments |0 |0 |0 |0 |0 |
| 7. Derivative instruments |0 |0 |0 |0 |0 |
| 8. Other invested assets |0 |0 |0 |0 |0 |
| 9. Aggregate write-ins for capital gains (losses) |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses) | (22,480) | 0 | (22,480) | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page |0 |0 |0 |0 |0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 | 0 | 0 | 0 |

EXHIBIT OF NONADMITTED ASSETS

| | 1 | 2 | 3 |
|--|--|--|--|
| | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
| 1. Bonds (Schedule D)..... | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | 0 | 0 | 0 |
| 3.2 Other than first liens | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | 0 | 0 | 0 |
| 4.2 Properties held for the production of income..... | 0 | 0 | 0 |
| 4.3 Properties held for sale | 0 | 0 | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | 0 | 0 | 0 |
| 6. Contract loans | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only)..... | 0 | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | 0 | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset..... | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software..... | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable..... | 687,317 | 223,951 | (463,366) |
| 25. Aggregate write-ins for other-than-invested assets | 11,497 | 285,334 | 273,837 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 698,814 | 509,285 | (189,529) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 698,814 | 509,285 | (189,529) |
| DETAILS OF WRITE-INS | | | |
| 1101. | | 0 | 0 |
| 1102. | | 0 | 0 |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 |
| 2501. Other non-admitted assets (prepaids)..... | 11,497 | 285,334 | 273,837 |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 11,497 | 285,334 | 273,837 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations..... | 5,345 | 5,946 | 6,236 | 6,463 | 6,522 | 74,771 |
| 2. Provider Service Organizations..... | .0 | | | | | |
| 3. Preferred Provider Organizations..... | .0 | | | | | |
| 4. Point of Service..... | .0 | | | | | |
| 5. Indemnity Only..... | .0 | | | | | |
| 6. Aggregate write-ins for other lines of business..... | .0 | .0 | .0 | .0 | .0 | .0 |
| 7. Total | 5,345 | 5,946 | 6,236 | 6,463 | 6,522 | 74,771 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | .0 | .0 | .0 | .0 | .0 | .0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS**

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare of Maine, Inc. (the “Company”), domiciled in the State of Maine, are presented on the basis of accounting practices prescribed or permitted by the Maine Bureau of Insurance (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Maine for determining and reporting the financial condition, results of operations, and cash flow of an insurance company for determining its solvency under Maine 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 Maine.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Maine is shown below:

| | SSAP # | F/S Page | F/S Line # | 2021 | 2020 |
|-------------------|-----------|-------------|---------------|----------------------|----------------------|
| NET INCOME | | | | | |
| 1 | xxx | xxx | xxx | \$ 6,534,840 | \$ 2,971,360 |
| 2 | — | — | — | — | — |
| 3 | — | — | — | — | — |
| 4 | xxx | xxx | xxx | <u>\$ 6,534,840</u> | <u>\$ 2,971,360</u> |
| SURPLUS | | | | | |
| 5 | xxx | xxx | xxx | \$ 23,811,246 | \$ 17,303,781 |
| 6 | — | — | — | — | — |
| 7 | — | — | — | — | — |
| 8 | xxx | xxx | xxx | <u>\$ 23,811,246</u> | <u>\$ 17,303,781</u> |

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

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

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investment in subsidiaries, controlled or affiliated companies.
8. The Company has no interest in joint ventures.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has no premium deficiency reserve at December 31, 2021.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS

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

12. The Company has not modified its capitalization policy from the prior period.

13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

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

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

A. The Company has no statutory purchases.

B. The Company has no statutory mergers.

C. The Company has no assumption reinsurance.

D. The Company has no impairment losses.

E. The Company has no subcomponents and calculation of adjusted surplus and total admitted goodwill.

4. Discontinued Operations

The Company has no discontinued operations.

5. Investments

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

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. Loan-backed securities

1. Prepayment assumptions for loan-backed securities were obtained from Reuters.

2. The Company has no other-than-temporary ("OTTI") to recognize.

3. The Company has not recognized OTTI based on cash flow analysis.

4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

| | | |
|------------------------|----|---------|
| 1. Less than 12 Months | \$ | 137,824 |
| 2. 12 Months or Longer | \$ | 16,192 |

b. The aggregate related fair value of securities with unrealized losses:

| | | |
|------------------------|----|-----------|
| 1. Less than 12 Months | \$ | 6,075,217 |
| 2. 12 Months or Longer | \$ | 429,455 |

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is OTTI and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flow.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

D. The Company has no loan-backed securities.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2021.

F-I. The Company did not have any repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS**

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

K. The Company did not engage in any low income housing tax credits.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

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

| Restricted Asset Category | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|---|---|--------------------------------------|---|---|--|--|
| | Total Gross (Admitted & Nonadmitted) Restricted from Current Year | Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | Increase/ Decrease (1 minus 2) | Total Current Year Admitted Nonadmitted Restricted | Total Current Year Admitted Restricted (1 minus 4) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | Admitted Restricted to Total Admitted Assets (b) |
| a. Subject to contractual obligation for which liability is not shown | \$ — | \$ — | \$ — | \$ — | — | — % | — % |
| b. Collateral held under security lending agreements | — | — | — | — | — | — | — |
| c. Subject to repurchase agreements | — | — | — | — | — | — | — |
| d. Subject to reverse repurchase agreements | — | — | — | — | — | — | — |
| e. Subject to dollar repurchase agreements | — | — | — | — | — | — | — |
| f. Subject to dollar reverse repurchase agreements | — | — | — | — | — | — | — |
| g. Placed under option contracts | — | — | — | — | — | — | — |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | — | — | — | — | — | — | — |
| i. FHLB capital stock | — | — | — | — | — | — | — |
| j. On deposit with states | 111,900 | 112,016 | (116) | — | 111,900 | 0.2 % | 0.2 % |
| k. On deposit with other regulatory bodies | — | — | — | — | — | — | — |
| l. Pledged as collateral to FHLB | — | — | — | — | — | — | — |
| m. Pledged as collateral not captured in other categories | — | — | — | — | — | — | — |
| n. Other restricted assets | — | — | — | — | — | — | — |
| o. Total restricted assets | \$ 111,900 | \$ 112,016 | \$ (116) | \$ — | \$ 111,900 | 0.2 % | 0.2 % |

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

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

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

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

4. The Company has no collateral received and reflected as assets.

M. The Company has no working capital financed investments.

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

O. The Company has no 5*GI securities.

P. The Company has no short sales.

Q. The Company did not have any prepayment penalty and acceleration fees.

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

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

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

B. There was no nonadmitted accrued interest income.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS

8. Derivative Instruments

The Company had no investment derivative instruments.

9. Income Taxes

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

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

| (1) | 2021 | | | 2020 | | |
|---|------------|---------|------------|-----------|---------|-----------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total |
| (a) Gross Deferred Tax Assets | \$ 250,168 | \$ — | \$ 250,168 | \$ 92,891 | \$ — | \$ 92,891 |
| (b) Statutory Valuation Allowance Adjustments | — | — | — | — | — | — |
| (c) Adjusted Gross Deferred Tax Assets | 250,168 | — | 250,168 | 92,891 | — | 92,891 |
| (d) Deferred Tax Assets Nonadmitted | — | — | — | — | — | — |
| (e) Subtotal Net Admitted Deferred Tax Asset | 250,168 | — | 250,168 | 92,891 | — | 92,891 |
| (f) Deferred Tax Liabilities ("DTL") | — | — | — | 4,878 | — | 4,878 |
| (g) Net Admitted Deferred Tax Asset/Liability | \$ 250,168 | \$ — | \$ 250,168 | \$ 88,013 | \$ — | \$ 88,013 |

(2)

Admission Calculation Components SSAP 101:

| | | | | | | |
|--|------------|------|------------|-----------|------|-----------|
| (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks | \$ 250,168 | \$ — | \$ 250,168 | \$ 92,891 | \$ — | \$ 92,891 |
| (b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation | — | — | — | — | — | — |
| 1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date | — | — | — | — | — | — |
| 2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold | XXX | XXX | 3,534,162 | XXX | XXX | 2,582,365 |
| (c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities | — | — | — | — | — | — |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No 101 | \$ 250,168 | \$ — | \$ 250,168 | \$ 92,891 | \$ — | \$ 92,891 |

Change

| (1) | Ordinary | Capital | Total |
|---|------------|---------|------------|
| (a) Gross Deferred Tax Assets | \$ 157,277 | \$ — | \$ 157,277 |
| (b) Statutory Valuation Allowance Adjustments | — | — | — |
| (c) Adjusted Gross Deferred Tax Assets | 157,277 | — | 157,277 |
| (d) Deferred Tax Assets Nonadmitted | — | — | — |
| (e) Subtotal Net Admitted Deferred Tax Asset | 157,277 | — | 157,277 |
| (f) Deferred Tax Liabilities | (4,878) | — | (4,878) |
| (g) Net Admitted Deferred Tax Asset/Liability | \$ 162,155 | \$ — | \$ 162,155 |

(2)

Admission Calculation Components SSAP 101:

| | | | |
|--|------------|------|------------|
| (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks | \$ 157,277 | \$ — | \$ 157,277 |
| (b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation | — | — | — |
| 1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date | — | — | — |
| 2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold | XXX | XXX | 951,797 |
| (c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities | — | — | — |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No 101 | \$ 157,277 | \$ — | \$ 157,277 |

Information used in expected to be realized calculation.

| (3) | 2021 | 2020 |
|--|---------------|---------------|
| (a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above | 916 % | 553 % |
| (b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above | \$ 23,811,246 | \$ 17,215,768 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS

| (4) | 2021 | | 2020 | | Change | |
|--|------------|---------|-----------|---------|------------------------------|--|
| | Ordinary | Capital | Ordinary | Capital | Ordinary | Capital |
| Impact of Tax-Planning Strategies | | | | | | |
| (a) Adjusted gross DTAs - Amount | \$ 250,168 | \$ — | \$ 92,891 | \$ — | \$ 157,277 | \$ — |
| Adjusted gross DTAs - Percentage | 16.4 % | — % | — % | — % | 16.4 % | — % |
| (b) Net admitted DTAs - Amount | \$ 250,168 | \$ — | \$ 92,891 | \$ — | \$ 157,277 | \$ — |
| Net admitted DTAs - Percentage | 16.4 % | — % | — % | — % | 16.4 % | — % |
| (c) Does the Company's tax-planning strategies include the use of reinsurance? | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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

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

| (1) Current Income Tax | 2021 | 2020 | Change |
|--|--------------|------------|--------------|
| (a) Federal | \$ 1,897,201 | \$ 834,637 | \$ 1,062,564 |
| (b) Foreign | — | — | — |
| (c) Subtotal | \$ 1,897,201 | \$ 834,637 | \$ 1,062,564 |
| (d) Federal income tax on net capital gains | (4,721) | — | (4,721) |
| (e) Utilization of capital loss carry-forwards | — | — | — |
| (f) Other | 4,402 | (4,374) | 8,776 |
| (g) Federal and foreign income taxes incurred | \$ 1,896,882 | \$ 830,263 | \$ 1,066,619 |

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

| (2) Deferred Tax Assets | 2021 | 2020 | Change |
|---|------------|-----------|------------|
| (a) Ordinary | | | |
| Discounting of unpaid losses and LAE | \$ 37,923 | \$ 40,397 | (2,474) |
| Unearned premiums | 13 | 42 | (29) |
| Policyholder reserves | — | — | — |
| Investments | — | — | — |
| Deferred acquisition costs | — | — | — |
| Policyholder dividends accrued | — | — | — |
| Fixed assets | — | — | — |
| Accrued Expenses | 67,625 | 5,152 | 62,473 |
| Pension accruals | — | — | — |
| Nonadmitted assets | 144,337 | 47,030 | 97,307 |
| Net operating loss carryforward | — | — | — |
| Tax credit carryforward | — | — | — |
| Goodwill & Intangible Amortization | — | — | — |
| Premium deficiency reserve | — | — | — |
| Other (separately disclose items >5%) | 270 | 270 | — |
| Gross ordinary DTAs | \$ 250,168 | \$ 92,891 | \$ 157,277 |
| (b) Statutory valuation adjustment adjustment - ordinary | — | — | — |
| (c) Nonadmitted ordinary DTAs (-) | — | — | — |
| (d) Admitted ordinary DTAs | \$ 250,168 | \$ 92,891 | \$ 157,277 |
| (e) Capital | | | |
| Investments | — | — | — |
| Net capital loss carryforward | — | — | — |
| Real estate | — | — | — |
| Other (separately disclose items >5%) | — | — | — |
| Unrealized capital losses | — | — | — |
| Gross capital DTAs | \$ — | \$ — | \$ — |
| (f) Statutory valuation adjustment adjustment - capital (-) | — | — | — |
| (g) Nonadmitted capital DTAs (-) | — | — | — |
| (h) Admitted capital DTAs | \$ — | \$ — | \$ — |
| (i) Admitted DTAs | \$ 250,168 | \$ 92,891 | \$ 157,277 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.
NOTES TO STATEMENTS

DTLs resulting from book/tax differences in:

| (3) Deferred Tax Liabilities: | | | |
|---|-----------|----------|-----------------|
| (a) Ordinary | | | |
| Investments | \$ | — | \$ — |
| Fixed assets | | — | — |
| Deferred and uncollected premiums | | — | — |
| Policyholder reserves/salvage and subrogation | | — | — |
| Other (separately disclose items >5%) | | — | 4,878 |
| Ordinary DTLs | \$ | — | \$ 4,878 |
| <hr/> | | | |
| (b) Capital | | | |
| Investments | | — | — |
| Real estate | | — | — |
| Other (separately disclose items >5%) | | — | — |
| Unrealized capital gains | | — | — |
| Capital DTLs | \$ | — | \$ — |
| <hr/> | | | |
| (c) DTLs | \$ | — | \$ 4,878 |
| <hr/> | | | |
| Net deferred tax assets/liabilities | \$ | 250,168 | \$ 88,013 |
| | | | \$ 162,155 |

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

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

| | |
|--|---------------------|
| | 2021 |
| Income Before Taxes | \$ 1,770,661 |
| Tax-Exempt Interest | (713) |
| Proration | 178 |
| Deferred Taxes on Nonadmitted Assets | (39,801) |
| Other, Including Prior Year True-Up | 4,403 |
| Total Statutory Income Taxes | <u>\$ 1,734,728</u> |
| | |
| | 2021 |
| Federal Income Taxes Incurred [Expense/(Benefit)] | \$ 1,901,603 |
| Tax on Capital Gains/(Losses) | (4,721) |
| Change in Net Deferred Income Tax [Charge/(Benefit)] | (162,154) |
| Total Statutory Income Taxes | <u>\$ 1,734,728</u> |

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

1. At December 31, 2021, the Company has no federal operating loss carryforwards.
2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

| Year | Ordinary | Capital | Total |
|------|--------------|---------|--------------|
| 2019 | N/A | \$ — | \$ — |
| 2020 | \$ 767,621 | \$ — | \$ 767,621 |
| 2021 | \$ 1,897,201 | \$ — | \$ 1,897,201 |

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

F. Consolidated Federal Income Tax Return

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

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

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company does not have any repatriation transition tax.

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

J. The Company does not have any global intangible low taxed income.

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

A. and B. Relationship/Transactions and Amounts

The Company has an affiliated management agreement with Comprehensive Health Management, Inc. ("CHMI") to provide certain management, administrative services and claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software. CHMI has an agreement with an affiliate, Centene Management Company ("CMC"), whereby expenses paid by CMC can be passed through CHMI to the Company.

The Company also directly incurs general expenses, primarily for broker expenses, marketing and advertising.

The Company will also reimburse CHMI for expenses it pays which are directly allocable to the Company. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity.

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

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

| Affiliate | Expense 2021 | Expense 2020 | Amount due (to) from 2021 | Amount due (to) from 2020 | Services Provided |
|--|-----------------|-----------------|---------------------------------|---------------------------------|--|
| CMC | \$ — | \$ — | \$ 79,615 | \$ (91,448) | General management services |
| Comprehensive Health Mgmt | \$ 8,731,291 | \$ 5,288,221 | \$ (1,467,747) | \$ (273,625) | General management services |
| Involve PeopleCare, Inc. (Nurtur Health Inc) | \$ 1,768 | \$ — | \$ (1,159) | \$ — | Nurse-line triage and life and health management |

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

D. At December 31, 2021 and 2020, the Company reported a balance of \$79,615 and \$0, receivable from parent, subsidiaries and affiliates and a \$1,468,905 and \$365,072, payable to parent, subsidiaries and affiliates, respectively.

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

F. Guarantees on Undertakings for the Benefit of an Affiliate - The Company has a Parental Guaranty dated March 12, 2018 by WellCare Health Plans, Inc. delivered to the Maine Bureau of Insurance that guarantees that the Company will maintain capital and surplus at a level no less than the greater of the product of its authorized control level risk-based capital and 4.0 or the minimum requirements for capital and surplus.

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

H. - L. The Company did not have any controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.

M. - O. The Company did not have any SCA investments, investments in insurance and SCA losses.

11. Debt

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

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

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

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

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

14. Liabilities, Contingencies and Assessments

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

15. Leases

The Company did not have any leases.

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

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

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

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

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

- A. - B. The Company has no ASO or ASC plans.
- C. *Medicare or Similarly Structured Cost Based Reimbursement Contract:*
 - 1. Revenue from the Company's Medicare contract for the years ending December 31, 2021 and 2020, consisted of \$88,410,383 and \$66,726,245, respectively.
 - 2. At December 31, 2021 and 2020, the Company has recorded receivables of \$617,159 and \$129,689, respectively, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.
 - 3. There were no recorded allowances or reserves for adjustment of recorded revenues.

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

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

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

20. Fair Value Measurements

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

1. Fair Value Measurements Reporting Date:

| Description of each class of asset or liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|--|---------------|---------|---------|-----------------------|---------------|
| a. Assets at fair value | | | | | |
| <u>Cash, Cash Equivalent and Short Investments</u> | | | | | |
| Cash and Cash Equivalents | \$ 10,831,514 | \$ — | \$ — | \$ — | \$ 10,831,514 |
| Short-Term Investments | — | — | — | — | — |
| Total Cash and Short-Term Investments | \$ 10,831,514 | \$ — | \$ — | \$ — | \$ 10,831,514 |
| <u>Perpetual Preferred Stock</u> | | | | | |
| Industrial & Misc | \$ — | \$ — | \$ — | \$ — | \$ — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Perpetual Preferred Stocks | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Bonds</u> | | | | | |
| U.S. Government | \$ — | \$ — | \$ — | \$ — | \$ — |
| Industrial & Misc. | — | — | — | — | — |
| Hybrid Securities | — | — | — | — | — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Bonds | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Common Stock</u> | | | | | |
| Industrial & Misc. | — | — | — | \$ — | \$ — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Common Stock | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Derivatives Assets</u> | | | | | |
| Interest rate contracts | \$ — | \$ — | \$ — | \$ — | \$ — |
| Foreign exchange contracts | — | — | — | — | — |
| Credit contracts | — | — | — | — | — |
| Commodity futures contracts | — | — | — | — | — |
| Commodity forward contracts | — | — | — | — | — |
| Total Derivatives | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Separate account assets</u> | | | | | |
| Total assets at fair value/NAV | \$ 10,831,514 | \$ — | \$ — | \$ — | \$ 10,831,514 |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | \$ — | \$ — | \$ — | \$ — | \$ — |

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

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

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

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

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

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NOTES TO STATEMENTS**

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---|----------------------|----------------------|----------------------|----------------------|-------------|-----------------------|----------------------------------|
| Bonds | | | | | | | |
| U.S. Government | \$ 111,341 | \$ 111,900 | \$ 111,341 | \$ — | \$ — | \$ — | — |
| Political subdivision of states, territories & possessions | 1,920,687 | 1,953,270 | — | 1,920,687 | — | — | — |
| U.S. Special revenue & special assessment, non-guaranteed agencies & government | 11,736,577 | 11,982,098 | — | 11,736,577 | — | — | — |
| Industrial & miscellaneous | 13,515,234 | 13,890,536 | — | 13,515,234 | — | — | — |
| Total Bonds | \$ 27,283,839 | \$ 27,937,804 | \$ 111,341 | \$ 27,172,498 | \$ — | \$ — | — |
| Cash and Cash Equivalents | 10,831,514 | 10,831,514 | 10,831,514 | — | — | — | — |
| Total Investments | \$ 38,115,353 | \$ 38,769,318 | \$ 10,942,855 | \$ 27,172,498 | \$ — | \$ — | — |

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

21. Other Items

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

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

C. Other Disclosures and Unusual Items -

The Company is monitoring the current COVID-19 pandemic. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate those impacts, if any, at this time.

D. There were no business interruption insurance recoveries.

E. There were no state transferable and non-transferable tax credits.

F. There were no subprime mortgage related risk exposure.

G. There were no retained assets.

H. There were no insurance-linked securities ILS contracts.

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

22. Events Subsequent

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

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

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

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

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

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

Section 2 - Ceded Reinsurance Report - Part A

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

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

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- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
 - b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0
2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

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

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

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

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by their contract with CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at December 31, 2021, that are subject to retrospective rating features was \$88,636,148 or 100% of the total net premiums written.
- D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.
- E. The Company did not write any accident and health insurance premiums subject to ACA risk-sharing provision.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves for unpaid claims as of December 31, 2020 were \$12,581,721. As of December 31, 2021, \$8,431,379 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,085,778 as a result of re-estimation of unpaid claims. Therefore, there has been \$3,064,564 favorable prior-year development since December 31, 2020. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements.

27. Structured Settlements

The Company has no structured settlement.

28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been

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prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2021, were \$3,179,725, of which \$286,861 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

| Quarter Ending | Estimated Rebates | Rebates Invoiced | Collected Within 90 days of Invoicing | Collected Within 91 to 180 days of Invoicing | Collected More than 180 days of Invoicing |
|----------------|-------------------|------------------|---------------------------------------|--|---|
| 12/31/2021 | \$ 3,813,278 | | \$ 1,130,957 | \$ — | \$ — |
| 9/30/2021 | 3,674,112 | 3,752,238 | 3,371,761 | — | — |
| 6/30/2021 | 3,514,472 | 3,683,006 | 3,317,760 | 75,631 | — |
| 3/31/2021 | 3,097,814 | 3,237,390 | 2,921,258 | — | 92,402 |
| 12/31/2020 | 2,714,286 | 2,833,928 | 2,548,803 | 221,136 | (22,238) |
| 9/30/2020 | 2,560,361 | 2,577,990 | 2,328,481 | — | 166,339 |
| 6/30/2020 | 2,289,343 | 2,348,046 | 2,110,239 | 193,475 | 7,828 |
| 3/31/2020 | 1,941,133 | 1,974,596 | 1,772,718 | 157,575 | 18,471 |
| 12/31/2019 | 1,403,661 | 1,495,637 | 1,437,508 | (1,258) | 15,318 |
| 9/30/2019 | 1,244,803 | 1,401,300 | 1,173,061 | 29 | 166,902 |
| 6/30/2019 | 964,061 | 1,076,185 | 910,265 | 115,214 | (2,503) |
| 3/31/2019 | 666,858 | 715,908 | 705,975 | (87,879) | 68,310 |

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

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

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

| | |
|---|------------------|
| 1. Liability carried for premium deficiency reserves - | \$0 |
| 2. Date of most recent evaluation of this liability - | January 31, 2022 |
| 3. Was anticipated investment income utilized in the calculation? | No |

31. Anticipated Salvage and Subrogation

The Company has no anticipated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Maine.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4 By what department or departments? Maine Bureau of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,0.0 %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |
| | |

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, 10 S. Broadway, Suite 900, St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:

- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Sean Slattery, Milliman USA, 1301 Fifth Avenue, Seattle, WA 98101-2605.....

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved0
- 12.13 Total book/adjusted carrying value \$.....

- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

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

- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []

- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
In October 2021, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct. The revised Business Ethics and Code of Conduct was approved by the Company's Board at the meeting held on 12/14/2021.....

- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.11 To directors or other officers | \$.....0 |
| | 20.12 To stockholders not officers | \$.....0 |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.21 To directors or other officers | \$.....0 |
| | 20.22 To stockholders not officers | \$.....0 |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|----------|
| | 21.21 Rented from others | \$.....0 |
| | 21.22 Borrowed from others | \$.....0 |
| | 21.23 Leased from others | \$.....0 |
| | 21.24 Other | \$.....0 |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|--|--|----------|
| | 22.21 Amount paid as losses or risk adjustment | \$.....0 |
| | 22.22 Amount paid as expenses | \$.....0 |
| | 22.23 Other amounts paid | \$.....0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

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

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA []
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA []
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA []
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....0
 - 26.22 Subject to reverse repurchase agreements \$.....0
 - 26.23 Subject to dollar repurchase agreements \$.....0
 - 26.24 Subject to reverse dollar repurchase agreements \$.....0
 - 26.25 Placed under option agreements \$.....0
 - 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....0
 - 26.27 FHLB Capital Stock \$.....0
 - 26.28 On deposit with states \$.....111,900
 - 26.29 On deposit with other regulatory bodies \$.....0
 - 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....0
 - 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....0
 - 26.32 Other \$.....0

26.3 For category (26.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A []

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

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
 - 27.42 Permitted accounting practice Yes [] No []
 - 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

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

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|--------------------------|
| US BANK..... | PORTLAND, OR..... |

GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?
 29.04 If yes, give full and complete information relating thereto:

Yes [] No [X]

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| Wellington..... | U..... |
| | |
| | |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
| 106595..... | Wellington..... | 549300YHP12TEZNLGX41..... | SEC..... | |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

30.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|----------------------------|------------------------------------|-----------------|---|
| 31.1 Bonds..... | 27,937,804 | 27,283,838 | (653,966) |
| 31.2 Preferred Stocks..... | 0 | | 0 |
| 31.3 Totals | 27,937,804 | 27,283,838 | (653,966) |

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

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

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

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

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

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

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

GENERAL INTERROGATORIES

OTHER

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

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |

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

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |

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

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

| | | 1 | | 2 |
|-----|-------------------------|--------------------|----|-----------------|
| | | Current Year | | Prior Year |
| 2.1 | Premium Numerator | \$88,636,148 | \$ |68,601,787 |
| 2.2 | Premium Denominator | \$88,636,148 | \$ |68,601,787 |
| 2.3 | Premium Ratio (2.1/2.2) |1.000 | |1.000 |
| 2.4 | Reserve Numerator | \$17,025,387 | \$ |15,286,856 |
| 2.5 | Reserve Denominator | \$17,025,387 | \$ |15,286,856 |
| 2.6 | Reserve Ratio (2.4/2.5) |1.000 | |1.000 |

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$0
- 5.32 Medical Only \$3,000,000
- 5.33 Medicare Supplement \$0
- 5.34 Dental and Vision \$0
- 5.35 Other Limited Benefit Plan \$0
- 5.36 Other \$0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with PartnerRe America Insurance Company (or insert appropriate name).
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year19,000
- 8.2 Number of providers at end of reporting year21,100
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- | | | |
|---|----|-----------|
| 10.21 Maximum amount payable bonuses | \$ | 752,440 |
| 10.22 Amount actually paid for year bonuses | \$ | 2,457,386 |
| 10.23 Maximum amount payable withholds | \$ | ..... |
| 10.24 Amount actually paid for year withholds | \$ | ..... |
- 11.1 Is the reporting entity organized as:
- | | |
|---|------------------|
| 11.12 A Medical Group/Staff Model, | Yes [] No [X] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [] No [X] |
| 11.14 A Mixed Model (combination of above) ? | Yes [] No [X] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Maine.....
- 11.4 If yes, show the amount required. \$.....10,395,444
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
 Minimum Net Worth = Greater of \$1,500,000 or 400% of the Authorized Control Level Risk Based Capital ("RBC") Calculation.
12. List service areas in which reporting entity is licensed to operate:

| |
|------------------------------------|
| 1 Name of Service Area |
| State of Maine - all counties..... |

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [X N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- | | | |
|------------------------------|----|-------|
| 15.1 Direct Premium Written | \$ | ..... |
| 15.2 Total Incurred Claims | \$ | ..... |
| 15.3 Number of Covered Lives |  | ..... |

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

| | 1 2021 | 2 2020 | 3 2019 | 4 2018 | 5 2017 |
|--|------------|------------|------------|-----------|-----------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 48,131,473 | 37,592,260 | 14,973,077 | 5,162,353 | 0 |
| 2. Total liabilities (Page 3, Line 24) | 24,320,227 | 20,288,479 | 7,715,786 | 9,836 | 0 |
| 3. Statutory minimum capital and surplus requirement | 10,395,444 | 7,656,276 | 6,665,796 | 1,725,000 | 0 |
| 4. Total capital and surplus (Page 3, Line 33) | 23,811,246 | 17,303,781 | 7,257,291 | 5,152,517 | 0 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 88,410,384 | 66,726,244 | 33,525,295 | 0 | 0 |
| 6. Total medical and hospital expenses (Line 18) | 67,854,270 | 53,577,198 | 28,604,051 | 0 | 0 |
| 7. Claims adjustment expenses (Line 20) | 821,495 | 739,129 | 473,440 | 0 | 0 |
| 8. Total administrative expenses (Line 21) | 11,483,051 | 8,620,504 | 4,359,812 | 1,831 | 0 |
| 9. Net underwriting gain (loss) (Line 24) | 8,251,568 | 3,789,413 | 87,992 | (1,831) | 0 |
| 10. Net investment gain (loss) (Line 27) | 293,861 | 53,812 | 133,915 | 51,715 | 0 |
| 11. Total other income (Lines 28 plus 29) | (108,986) | (41,602) | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | 6,534,840 | 2,971,360 | 101,123 | 39,420 | 0 |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 7,710,056 | 12,950,706 | 3,437,310 | 48,970 | 0 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 23,811,246 | 17,303,781 | 7,257,291 | 5,152,517 | 0 |
| 15. Authorized control level risk-based capital | 2,598,862 | 1,914,069 | 1,666,449 | 8,376 | 0 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 6,522 | 5,345 | 2,924 | 0 | 0 |
| 17. Total members months (Column 6, Line 7) | 74,771 | 57,663 | 28,580 | 0 | 0 |
| Operating Percentage (Page 4) | | | | | |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | 76.7 | 80.3 | 85.3 | 0.0 | 0.0 |
| 20. Cost containment expenses | 0.1 | 0.5 | 0.5 | 0.0 | 0.0 |
| 21. Other claims adjustment expenses | 0.9 | 0.6 | 0.9 | 0.0 | 0.0 |
| 22. Total underwriting deductions (Line 23) | 90.7 | 94.3 | 99.7 | 0.0 | 0.0 |
| 23. Total underwriting gain (loss) (Line 24) | 9.3 | 5.7 | 0.3 | 0.0 | 0.0 |
| Unpaid Claims Analysis | | | | | |
| (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Col. 5) | 9,517,157 | 5,765,803 | 0 | 0 | 0 |
| 25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] | 12,581,721 | 6,513,327 | 0 | 0 | 0 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | 0 | 0 | 0 | 0 | 0 |
| 31. All other affiliated | 0 | 0 | 0 | 0 | 0 |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above | 0 | 0 | 0 | 0 | 0 |

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| State, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | |
|--|------------------------|---------------------------------|---------------------------|-------------------------|---------------------|--|---|---------------------------------|--------------------------------|------------------------------|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Plan Premiums | 7 Life & Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts |
| 1. Alabama | AL | .N | | | | | | | 0 | .0 |
| 2. Alaska | AK | .N | | | | | | | 0 | .0 |
| 3. Arizona | AZ | .N | | | | | | | 0 | .0 |
| 4. Arkansas | AR | .N | | | | | | | 0 | .0 |
| 5. California | CA | .N | | | | | | | 0 | .0 |
| 6. Colorado | CO | .N | | | | | | | 0 | .0 |
| 7. Connecticut | CT | .N | | | | | | | 0 | .0 |
| 8. Delaware | DE | .N | | | | | | | 0 | .0 |
| 9. District of Columbia | DC | .N | | | | | | | 0 | .0 |
| 10. Florida | FL | .N | | | | | | | 0 | .0 |
| 11. Georgia | GA | .N | | | | | | | 0 | .0 |
| 12. Hawaii | HI | .N | | | | | | | 0 | .0 |
| 13. Idaho | ID | .N | | | | | | | 0 | .0 |
| 14. Illinois | IL | .N | | | | | | | 0 | .0 |
| 15. Indiana | IN | .N | | | | | | | 0 | .0 |
| 16. Iowa | IA | .N | | | | | | | 0 | .0 |
| 17. Kansas | KS | .N | | | | | | | 0 | .0 |
| 18. Kentucky | KY | .N | | | | | | | 0 | .0 |
| 19. Louisiana | LA | .N | | | | | | | 0 | .0 |
| 20. Maine | ME | L | 88,659,602 | | | | | | 88,659,602 | .0 |
| 21. Maryland | MD | .N | | | | | | | 0 | .0 |
| 22. Massachusetts | MA | .N | | | | | | | 0 | .0 |
| 23. Michigan | MI | .N | | | | | | | 0 | .0 |
| 24. Minnesota | MN | .N | | | | | | | 0 | .0 |
| 25. Mississippi | MS | .N | | | | | | | 0 | .0 |
| 26. Missouri | MO | .N | | | | | | | 0 | .0 |
| 27. Montana | MT | .N | | | | | | | 0 | .0 |
| 28. Nebraska | NE | .N | | | | | | | 0 | .0 |
| 29. Nevada | NV | .N | | | | | | | 0 | .0 |
| 30. New Hampshire | NH | .N | | | | | | | 0 | .0 |
| 31. New Jersey | NJ | .N | | | | | | | 0 | .0 |
| 32. New Mexico | NM | .N | | | | | | | 0 | .0 |
| 33. New York | NY | .N | | | | | | | 0 | .0 |
| 34. North Carolina | NC | .N | | | | | | | 0 | .0 |
| 35. North Dakota | ND | .N | | | | | | | 0 | .0 |
| 36. Ohio | OH | .N | | | | | | | 0 | .0 |
| 37. Oklahoma | OK | .N | | | | | | | 0 | .0 |
| 38. Oregon | OR | .N | | | | | | | 0 | .0 |
| 39. Pennsylvania | PA | .N | | | | | | | 0 | .0 |
| 40. Rhode Island | RI | .N | | | | | | | 0 | .0 |
| 41. South Carolina | SC | .N | | | | | | | 0 | .0 |
| 42. South Dakota | SD | .N | | | | | | | 0 | .0 |
| 43. Tennessee | TN | .N | | | | | | | 0 | .0 |
| 44. Texas | TX | .N | | | | | | | 0 | .0 |
| 45. Utah | UT | .N | | | | | | | 0 | .0 |
| 46. Vermont | VT | .N | | | | | | | 0 | .0 |
| 47. Virginia | VA | .N | | | | | | | 0 | .0 |
| 48. Washington | WA | .N | | | | | | | 0 | .0 |
| 49. West Virginia | WV | .N | | | | | | | 0 | .0 |
| 50. Wisconsin | WI | .N | | | | | | | 0 | .0 |
| 51. Wyoming | WY | .N | | | | | | | 0 | .0 |
| 52. American Samoa | AS | .N | | | | | | | 0 | .0 |
| 53. Guam | GU | .N | | | | | | | 0 | .0 |
| 54. Puerto Rico | PR | .N | | | | | | | 0 | .0 |
| 55. U.S. Virgin Islands | VI | .N | | | | | | | 0 | .0 |
| 56. Northern Mariana Islands | MP | .N | | | | | | | 0 | .0 |
| 57. Canada | CAN | .N | | | | | | | 0 | .0 |
| 58. Aggregate other alien | OT | .XXX | .0 | .0 | .0 | .0 | .0 | .0 | 0 | .0 |
| 59. Subtotal | | .XXX | 88,659,602 | 0 | 0 | 0 | 0 | 0 | 88,659,602 | .0 |
| 60. Reporting entity contributions for Employee Benefit Plans | | .XXX | | | | | | | 0 | .0 |
| 61. Total (Direct Business) | | .XXX | 88,659,602 | 0 | 0 | 0 | 0 | 0 | 88,659,602 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | | .XXX | | | | | | | | |
| 58002. | | .XXX | | | | | | | | |
| 58003. | | .XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | .XXX | .0 | .0 | .0 | .0 | .0 | .0 | 0 | .0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | .XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts

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

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

No allocation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

| | | | |
|--|------------|----|-------|
| Centene Corporation | 42-1406317 | DE | |
| Bankers Reserve Life Insurance Company of Wisconsin | 39-0993433 | WI | 71013 |
| Health Plan Real Estate Holding, Inc (17%) | 46-2860967 | MO | |
| Peach State Health Plan, Inc | 20-3174593 | GA | 12315 |
| Health Plan Real Estate Holding, Inc (21%) | 46-2860967 | MO | |
| Iowa Total Care, Inc | 46-4829006 | IA | 15713 |
| Buckeye Community Health Plan, Inc | 32-0045282 | OH | 11834 |
| Health Plan Real Estate Holding, Inc (18%) | 46-2860967 | MO | |
| Absolute Total Care, Inc | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1%) | 46-2860967 | MO | |
| Coordinated Care Corporation d/b/a Managed Health Services | 39-1821211 | IN | 95831 |
| Health Plan Real Estate Holding, Inc (15%) | 46-2860967 | MO | |
| Healthy Washington Holdings, Inc | 46-5523218 | DE | |
| Coordinated Care of Washington, Inc | 46-2578279 | WA | 15352 |
| Managed Health Services Insurance Corp | 39-1678579 | WI | 96822 |
| Health Plan Real Estate Holding, Inc (2%) | 46-2860967 | MO | |
| Hallmark Life Insurance Co | 86-0819817 | AZ | 60078 |
| Superior HealthPlan, Inc | 74-2770542 | TX | 95647 |
| Health Plan Real Estate Holding, Inc (21%) | 46-2860967 | MO | |
| Healthy Louisiana Holdings LLC | 27-0916294 | DE | |
| Louisiana Healthcare Connections, Inc | 27-1287287 | LA | 13970 |
| Magnolia Health Plan Inc | 20-8570212 | MS | 13923 |
| Sunshine Health Holding LLC | 26-0557093 | FL | |
| Sunshine State Health Plan, Inc (50%) | 20-8937577 | FL | 13148 |
| Kentucky Spirit Health Plan, Inc | 45-1294925 | KY | 14100 |
| Healthy Missouri Holding, Inc (95%) | 45-5070230 | MO | |
| Home State Health Plan, Inc | 45-2798041 | MO | 14218 |
| Health Plan Real Estate Holding, Inc (5%) | 46-2860967 | MO | |
| Sunflower State Health Plan, Inc | 45-3276702 | KS | 14345 |
| Granite State Health Plan, Inc | 45-4792498 | NH | 14226 |
| California Health and Wellness Plan | 46-0907261 | CA | |
| Michigan Complete Health, Inc. | 30-0312489 | MI | 10769 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

| | | | |
|--|------------|----|-------|
| Western Sky Community Care, Inc. | 45-5583511 | NM | 16351 |
| Tennessee Total Care, Inc. | 26-1849394 | TN | |
| SilverSummit Healthplan, Inc. | 20-4761189 | NV | 16143 |
| University Health Plans, Inc. | 22-3292245 | NJ | |
| Agate Resources, Inc. | 20-0483299 | OR | |
| Trillium Community Health Plan, Inc. | 42-1694349 | OR | 12559 |
| Nebraska Total Care, Inc. | 47-5123293 | NE | 15902 |
| Pennsylvania Health & Wellness, Inc. | 47-5340613 | PA | 16041 |
| Superior HealthPlan Community Solutions, Inc. | 47-5664832 | TX | 15912 |
| Sunshine Health Community Solutions, Inc. | 47-5667095 | FL | 15927 |
| Buckeye Health Plan Community Solutions, Inc. | 47-5664342 | OH | 16112 |
| Arkansas Health & Wellness Health Plan, Inc. | 81-1282251 | AR | 16130 |
| Arkansas Total Care Holding Company, LLC (49%) | 38-4042368 | DE | |
| Arkansas Total Care, Inc. | 82-2649097 | AR | 16256 |
| Oklahoma Complete Health Inc. | 81-3121527 | OK | 16904 |
| Bridgeway Health Solutions, LLC | 20-4980875 | DE | |
| Bridgeway Health Solutions of Arizona Inc. | 20-4980818 | AZ | 16310 |
| Celtic Group, Inc | 36-2979209 | DE | |
| Celtic Insurance Company | 06-0641618 | IL | 80799 |
| Ambetter of Magnolia Inc | 35-2525384 | MS | 15762 |
| Ambetter of Peach State Inc. | 36-4802632 | GA | 15729 |
| Novasys Health, Inc | 27-2221367 | DE | |
| CeltiCare Health Plan Holdings LLC | 26-4278205 | DE | |
| CeltiCare Health Plan of Massachusetts, Inc. | 26-4818440 | MA | 13632 |
| Centene Management Company LLC | 39-1864073 | WI | |
| CMC Real Estate Company, LLC | 20-0057283 | DE | |
| Centene Center LLC | 26-4094682 | DE | |
| Centene Center I, LLC | 82-1816153 | DE | |
| Centene Center II, LLC | 47-5156015 | DE | |
| 7676 Management, LLC | 85-1711857 | MO | |
| 7676 Forsyth, LLC | 85-1724287 | MO | |
| TRMEB, LLC | | MO | |
| Illinois Health Practice Alliance, LLC (50%) | 82-2761995 | DE | |
| Lifeshare Management Group, LLC | 46-2798132 | NH | |
| CCTX Holdings, LLC | 20-2074217 | DE | |
| Centene Company of Texas, LP (1%) | 74-2810404 | TX | |
| Centene Holdings, LLC | 20-2074277 | DE | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

| | | | |
|--|------------|----|-------|
| Centene Company of Texas, LP (99%) | 74-2810404 | TX | |
| MHS Travel & Charter, Inc | 43-1795436 | WI | |
| Health Care Enterprises, LLC | 46-4855483 | DE | |
| Superior Health Management Advisors, LLC | 74-2892993 | TX | |
| Integrated Mental Health Services | 74-2785494 | TX | |
| Envolve Holdings, LLC | 22-3889471 | DE | |
| Cenpatico Behavioral Health, LLC | 68-0461584 | CA | |
| Envolve, Inc. | 37-1788565 | DE | |
| Envolve PeopleCare, Inc. | 06-1476380 | DE | |
| Envolve Benefits Options, Inc. | 61-1846191 | DE | |
| Envolve Vision Benefits, Inc. | 20-4730341 | DE | |
| Envolve Vision of Texas, Inc. | 75-2592153 | TX | 95302 |
| Envolve Vision, Inc | 20-4773088 | DE | |
| Envolve Vision IPA of New York, Inc. | 83-2460878 | NY | |
| Envolve Vision of Florida, Inc | 65-0094759 | FL | |
| Envolve Total Vision, Inc. | 20-4861241 | DE | |
| Envolve Optical, Inc. | 82-2908582 | DE | |
| Envolve Dental, Inc. | 46-2783884 | DE | |
| Envolve Dental of Florida, Inc. | 81-2969330 | FL | |
| Envolve Dental of Texas, Inc. | 81-2796896 | TX | 16106 |
| Envolve Dental IPA of New York, Inc. | 83-1464482 | NY | |
| Envolve Pharmacy Solutions, Inc. | 77-0578529 | DE | |
| Envolve Pharmacy IPA, LLC | 46-2307356 | NY | |
| MeridianRx, LLC | 27-1339224 | MI | |
| MeridianRx IPA, LLC | | MI | |
| MeridianRx of Indiana, LLC | 83-3612209 | MI | |
| MHM Services, Inc. | 82-5316510 | DE | |
| Centurion LLC | 90-0766502 | DE | |
| Centurion of Arizona, LLC | 81-4228054 | AZ | |
| Centurion of Vermont, LLC | 47-1686283 | VT | |
| Centurion of Mississippi, LLC | 47-2967381 | MS | |
| Centurion of Tennessee, LLC | 30-0752651 | TN | |
| Centurion of Minnesota, LLC | 46-2717814 | MN | |
| Centurion Correctional Healthcare of New Mexico, LLC | 81-1161492 | NM | |
| Centurion of Florida, LLC | 81-0687470 | FL | |
| Centurion of Maryland, LLC | 81-4938030 | MD | |
| Centurion of Georgia, LLC | 82-3128848 | GA | |
| Centurion Detention Health Services, LLC | 82-4735175 | DE | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

| | | | |
|--|------------|----|-------|
| Centurion of New Hampshire, LLC | 82-4823469 | DE | |
| Centurion of Pennsylvania, LLC | 82-4823469 | PA | |
| Centurion of West Virginia, LLC | 46-4839132 | WV | |
| Centurion of Kansas, LLC | 84-3436283 | KS | |
| Centurion of Delaware, LLC | 84-3767794 | DE | |
| Centurion of Wyoming, LLC | 84-3857653 | WY | |
| Centurion of Missouri, LLC | 46-4102134 | MO | |
| Centurion of Michigan, LLC | 46-1041008 | MI | |
| Centurion of Idaho, LLC | 85-4020081 | ID | 58860 |
| Centurion of Indiana, LLC | | IN | |
| Centurion of Maine, LLC | 85-4143511 | ME | |
| Centurion Health of Indiana, LLC | 85-4243085 | IN | |
| Centurion Health of Kentucky, LLC | 86-3331688 | KY | |
| Centurion of Alabama, LLC | 82-2268901 | AL | |
| MHM Correctional Services, LLC (formerly a corporation) | 54-1856340 | DE | |
| MHM Services of California, LLC (formerly a corporation) | 51-0620904 | CA | |
| MHM Solutions, LLC (formerly a corporation) | 60-0002002 | DE | |
| Forensic Health Services, LLC. (formerly a corporation) | 26-1877007 | DE | |
| MHM Health Professionals, LLC (formerly a corporation) | 46-1734817 | DE | |
| Specialty Therapeutic Care Holdings, LLC | 27-3617766 | DE | |
| Specialty Therapeutic Care, LP (99.99%) | 73-1698808 | TX | |
| Specialty Therapeutic Care, GP, LLC | 73-1698807 | TX | |
| Specialty Therapeutic Care, LP (0.01%) | 73-1698808 | TX | |
| AcariaHealth Solutions, Inc. | 80-0856383 | DE | |
| AcariaHealth, Inc. | 45-2780334 | DE | |
| AcariaHealth Pharmacy #14, Inc | 27-1599047 | CA | |
| AcariaHealth Pharmacy #11, Inc | 20-8192615 | TX | |
| AcariaHealth Pharmacy #12, Inc | 27-2765424 | NY | |
| AcariaHealth Pharmacy #13, Inc | 26-0226900 | CA | |
| AcariaHealth Pharmacy, Inc | 13-4262384 | CA | |
| HomeScripts.com, LLC | 27-3707698 | MI | |
| Foundation Care, LLC (80%) | 20-0873587 | MO | |
| AcariaHealth Pharmacy #26, Inc. | 20-8420512 | DE | |
| U.S. Medical Management Holdings, Inc | 27-0275614 | DE | |
| Health Net, LLC | 47-5208076 | DE | |
| Health Net of California, Inc. | 95-4402957 | CA | |
| Health Net Life Insurance Company | 73-0654885 | CA | 66141 |
| Health Net Life Reinsurance Company | 98-0409907 | CJ | |
| Managed Health Network, LLC | 95-4117722 | DE | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE WellCare of Maine, Inc.

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

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

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

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

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

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