



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

Iowa Total Care, Inc.

(Name)

NAIC Group Code 01295 , 01295 NAIC Company Code 15713 Employer's ID Number 46-4829006
(Current Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 02/13/2014 Commenced Business 01/01/2016

Statutory Home Office 7700 Forsyth Boulevard , Saint Louis, MO, US 63105
(Street and Number) (City or Town, State, Country and Zip Code)

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

Mail Address 7700 Forsyth Boulevard , Saint Louis, MO, US 63105
(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)
Saint Louis, MO, US 63105 314-725-4477-8088025
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com

Statutory Statement Contact Jenna Jones , 314-236-8025
(Name) (Area Code) (Telephone Number) (Extension)
jenna.jones@centene.com 314-725-4658
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Mitchell Lawrence Wasden</u>	<u>President</u>	<u>James Louis Horrar</u>	<u>Vice President</u>
<u>Christopher Andrew Koster</u>	<u>Secretary</u>	<u>James Edward Snyder #</u>	<u>Treasurer</u>

OTHER OFFICERS

<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>		

DIRECTORS OR TRUSTEES

<u>James Louis Horrar</u>	<u>Mitchell Lawrence Wasden</u>		

State of
 County of **ss**

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.

Mitchell Lawrence Wasden
 President

James Louis Horrar
 Vice President

Christopher Andrew Koster
 Secretary

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	222,773,634		222,773,634	141,745,072
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 (\$16,159,744 , Schedule E-Part 1), cash equivalents (\$110,926,771 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	127,086,515		127,086,515	120,274,831
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA)	3,562,341		3,562,341	.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)	353,422,490	.0	353,422,490	262,019,903
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	750,765		750,765	535,625
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	182,716,797		182,716,797	118,143,610
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....	12,486,944	356,413	12,130,530	5,103,154
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	9,884,906		9,884,906	2,866,313
24. Health care (\$21,148,147) and other amounts receivable.....	73,130,068	51,981,921	21,148,147	90,839
25. Aggregate write-ins for other-than-invested assets	1,750,000	1,750,000	.0	171,331
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	634,141,970	54,088,334	580,053,635	388,930,775
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	634,141,970	54,088,334	580,053,635	388,930,775
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	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepays.....	1,750,000	1,750,000	.0	.0
2502. Vendor Receivable.....			.0	171,331
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,750,000	1,750,000	.0	171,331

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	332,865,967		332,865,967	182,356,240
2. Accrued medical incentive pool and bonus amounts	1,678,473		1,678,473	2,513,325
3. Unpaid claims adjustment expenses	2,145,000		2,145,000	2,419,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	16,840,746		16,840,746	0
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			0	0
9. General expenses due or accrued	925,552		925,552	554,410
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	1,987,616		1,987,616	6,888,325
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			0	0
16. Derivatives		0	0	0
17. Payable for securities			0	5,000,000
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			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	658,003	0	658,003	929,697
24. Total liabilities (Lines 1 to 23)	357,101,357	0	357,101,357	200,660,997
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	149,999,000	149,999,000
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	72,952,278	38,269,778
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	222,952,278	188,269,778
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	580,053,635	388,930,775
DETAILS OF WRITE-INS				
2301. State Income Tax Payable	658,003		658,003	929,697
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)	658,003	0	658,003	929,697
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,805,800	3,390,244
2. Net premium income (including \$0 non-health premium income).....	XXX	2,517,784,953	2,227,561,267
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,517,784,953	2,227,561,267
Hospital and Medical:			
9. Hospital/medical benefits		1,756,237,968	1,647,077,272
10. Other professional services		33,478,843	27,730,056
11. Outside referrals		0	0
12. Emergency room and out-of-area		117,118,533	95,334,112
13. Prescription drugs		300,606,454	256,028,050
14. Aggregate write-ins for other hospital and medical.....0	0	113,281,873	15,336,424
15. Incentive pool, withhold adjustments and bonus amounts.....		4,969,769	5,052,388
16. Subtotal (Lines 9 to 15)	0	2,325,693,438	2,046,558,302
Less:			
17. Net reinsurance recoveries			(78,000)
18. Total hospital and medical (Lines 16 minus 17)	0	2,325,693,438	2,046,636,302
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$1,563,170 cost containment expenses.....		26,052,830	23,744,493
21. General administrative expenses.....		92,539,361	104,179,617
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	2,444,285,629	2,174,560,412
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	73,499,324	53,000,855
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,877,973	1,284,703
26. Net realized capital gains (losses) less capital gains tax of \$3,595		13,615	418
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,891,588	1,285,121
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
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	75,390,912	54,285,976
31. Federal and foreign income taxes incurred	XXX	16,308,190	14,027,152
32. Net income (loss) (Lines 30 minus 31)	XXX	59,082,722	40,258,824
DETAILS OF WRITE-INS			
0601.	XXX		0
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. Hospital Assessment.....		113,281,873	15,336,424
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	113,281,873	15,336,424
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	188,269,778	74,230,917
34. Net income or (loss) from Line 32	59,082,722	40,258,824
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(37,659)	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	7,017,105	2,538,788
39. Change in nonadmitted assets	(31,379,672)	(11,758,752)
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	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	83,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	34,682,496	114,038,861
49. Capital and surplus end of reporting year (Line 33 plus 48)	222,952,274	188,269,778
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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,470,052,512	2,139,958,211
2. Net investment income	2,763,248	1,284,043
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,472,815,761	2,141,242,254
5. Benefit and loss related payments	2,228,465,815	2,074,273,672
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	125,614,005	126,081,522
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	21,212,494	12,089,821
10. Total (Lines 5 through 9)	2,375,292,314	2,212,445,015
11. Net cash from operations (Line 4 minus Line 10)	97,523,447	(71,202,761)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	8,254,817	1,431,330
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	478	25
12.7 Miscellaneous proceeds	92	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	8,255,387	1,431,355
13. Cost of investments acquired (long-term only):		
13.1 Bonds	90,367,154	136,118,715
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	3,600,000	0
13.6 Miscellaneous applications	5,000,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	98,967,154	136,118,715
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)	(90,711,767)	(134,687,361)
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	105,000,000
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)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	0	105,000,000
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)	6,811,679	(100,890,122)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	120,274,831	221,164,953
19.2 End of year (Line 18 plus Line 19.1)	127,086,510	120,274,831

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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	2,517,784,953	0	0	0	0	0	0	2,517,784,953	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,517,784,953	0	0	0	0	0	0	2,517,784,953	0	0
8. Hospital/medical benefits	1,756,237,968							1,756,237,968		XXX
9. Other professional services	33,478,843							33,478,843		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	117,118,533							117,118,533		XXX
12. Prescription drugs	300,606,454							300,606,454		XXX
13. Aggregate write-ins for other hospital and medical	113,281,872	0	0	0	0	0	0	113,281,872	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	4,969,769							4,969,769		XXX
15. Subtotal (Lines 8 to 14)	2,325,693,437	0	0	0	0	0	0	2,325,693,437	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	2,325,693,437	0	0	0	0	0	0	2,325,693,437	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 1,563,170 cost containment expenses	26,052,830							26,052,830		
20. General administrative expenses	92,539,361							92,539,361		
21. Increase in reserves for accident and health contracts	0							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)	2,444,285,628	0	0	0	0	0	0	2,444,285,628	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	73,499,325	0	0	0	0	0	0	73,499,325	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.	113,281,872							113,281,872		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)	113,281,872	0	0	0	0	0	0	113,281,872	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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 .....				.0
7. Title XIX - Medicaid.....	2,518,121,958		337,005	2,517,784,953
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	2,518,121,958	.0	337,005	2,517,784,953
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	2,518,121,958	0	337,005	2,517,784,953

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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	2,242,064,933							2,242,064,933		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	2,242,064,933	0	0	0	0	0	0	2,242,064,933	0	0
2. Paid medical incentive pools and bonuses	5,804,620							5,804,620		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	332,865,968	0	0	0	0	0	0	332,865,968	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	332,865,968	0	0	0	0	0	0	332,865,968	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0							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	1,678,473							1,678,473		
6. Net healthcare receivables (a).....	71,850,992							71,850,992		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	182,356,240	0	0	0	0	0	0	182,356,240	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	182,356,240	0	0	0	0	0	0	182,356,240	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	2,513,325	0	0	0	0	0	0	2,513,325	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	2,320,723,669	0	0	0	0	0	0	2,320,723,669	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	2,320,723,669	0	0	0	0	0	0	2,320,723,669	0	0
13. Incurred medical incentive pools and bonuses	4,969,768	0	0	0	0	0	0	4,969,768	0	0

6

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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	153,491,338							153,491,338		
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	153,491,338	.0	.0	.0	.0	.0	.0	153,491,338	.0	.0
2. Incurred but Unreported:										
2.1. Direct	179,374,630							179,374,630		
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	179,374,630	.0	.0	.0	.0	.0	.0	179,374,630	.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	332,865,968	.0	.0	.0	.0	.0	.0	332,865,968	.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	332,865,968	.0	.0	.0	.0	.0	.0	332,865,968	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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 .....					.0	.0
7. Title XIX - Medicaid.....	194,132,625	2,047,932,308	(33,619,446)	366,485,413	160,513,180	182,356,240
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	194,132,625	2,047,932,308	(33,619,446)	366,485,413	160,513,180	182,356,240
10. Healthcare receivables (a).....		71,850,992			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts	2,513,325	3,291,296		1,678,473	2,513,325	2,513,325
13. Totals (Lines 9-10+11+12)	196,645,950	1,979,372,611	(33,619,446)	368,163,886	163,026,504	184,869,565

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

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

Pt 2C - Sn A - Paid Claims - XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017 .....	.0	.0	.0	.0	
3. 2018	XXX	.0	.0	.0	
4. 2019	XXX	XXX	770,949	1,015,194	1,015,194
5. 2020	XXX	XXX	XXX	1,819,940	2,016,598
6. 2021	XXX	XXX	XXX	XXX	1,979,373

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017 .....	.0	.0	.0	.0	
3. 2018	XXX	.0	.0	.0	
4. 2019	XXX	XXX	973,367	1,004,591	1,015,194
5. 2020	XXX	XXX	XXX	2,015,412	1,982,967
6. 2021	XXX	XXX	XXX	XXX	2,347,537

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

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
2. 2018 .....	.0	.0		.0	.0	.0			.0	.0
3. 2019	1,047,551	1,015,194	18,212	1.8	1,033,406	98.6			1,033,406	98.6
4. 2020	2,227,773	2,016,598	21,056	1.0	2,037,654	91.5	(33,619)	215	2,004,250	90.0
5. 2021	2,517,785	1,979,373	23,563	1.2	2,002,936	79.6	368,164	1,931	2,373,031	94.3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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	.0	.0
4. 2019	XXX	XXX	770,949	1,015,194	1,015,194
5. 2020	XXX	XXX	XXX	1,819,940	2,016,598
6. 2021	XXX	XXX	XXX	XXX	1,979,373

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017 .....	.0	.0	.0	.0	.0
3. 2018	XXX	.0	.0	.0	.0
4. 2019	XXX	XXX	973,367	1,004,591	1,015,194
5. 2020	XXX	XXX	XXX	2,015,412	1,982,967
6. 2021	XXX	XXX	XXX	XXX	2,347,537

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	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2019	1,047,551	1,015,194	18,212	1.8	1,033,406	98.6	.0	.0	1,033,406	98.6
4. 2020	2,227,773	2,016,598	21,056	1.0	2,037,654	91.5	(33,619)	215	2,004,250	90.0
5. 2021	2,517,785	1,979,373	23,563	1.2	2,002,936	79.6	368,164	1,931	2,373,031	94.3

12-GT

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 - XV

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 XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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).....	16,840,746							16,840,746	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	16,840,746	.0	.0	.0	.0	.0	.0	16,840,746	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	16,840,746	0	0	0	0	0	0	16,840,746	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.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

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)			1,674,025		1,674,025
2. Salaries, wages and other benefits			41,122,843		41,122,843
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses			782,235		782,235
5. Certifications and accreditation fees			34,905		34,905
6. Auditing, actuarial and other consulting services			15,177,407		15,177,407
7. Traveling expenses			120,408		120,408
8. Marketing and advertising			1,931,067		1,931,067
9. Postage, express and telephone			949,640		949,640
10. Printing and office supplies			1,245,405		1,245,405
11. Occupancy, depreciation and amortization			4,797,688		4,797,688
12. Equipment			111,081		111,081
13. Cost or depreciation of EDP equipment and software			4,504,198		4,504,198
14. Outsourced services including EDP, claims, and other services	1,563,170	24,489,660	14,273,279		40,326,109
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			227,912		227,912
17. Collection and bank service charges			608,330		608,330
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			284,058		284,058
22. Real estate taxes			150,525		150,525
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			2,379,040		2,379,040
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			55,629		55,629
23.4 Payroll taxes			2,119,370		2,119,370
23.5 Other (excluding federal income and real estate taxes)			(9,685)		(9,685)
24. Investment expenses not included elsewhere				119,291	119,291
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	1,563,170	24,489,660	92,539,361	119,291	(a) 118,711,482
27. Less expenses unpaid December 31, current year	2,145,000		925,552		3,070,552
28. Add expenses unpaid December 31, prior year	0	2,419,000	554,410	0	2,973,410
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)	(581,830)	26,908,660	92,168,219	119,291	118,614,340
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 \$141,873,381 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 2,943	6,604
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 1,663,857	1,876,985
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) 113,676	113,676
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	1,780,475	1,997,264
11. Investment expenses		(g) 119,291
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
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)		119,291
17. Net investment income (Line 10 minus Line 16)		1,877,973
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 \$ 46,462 accrual of discount less \$ 1,146,877 amortization of premium and less \$ 80,266 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 \$ 3,018 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	16,640		16,640		
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		
6. Cash, cash equivalents and short-term investments	478		478	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	(37,659)	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	17,118	0	17,118	(37,659)	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.....	356,413	366,685	10,272
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.....	51,981,921	20,591,977	(31,389,944)
25. Aggregate write-ins for other-than-invested assets	1,750,000	1,750,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	54,088,334	22,708,662	(31,379,672)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	54,088,334	22,708,662	(31,379,672)
DETAILS OF WRITE-INS			
1101.		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepays.....	1,750,000	1,750,000	0
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)	1,750,000	1,750,000	0

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.....	299,167	308,235	314,604	320,283	327,224	3,805,800
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	299,167	308,235	314,604	320,283	327,224	3,805,800
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

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Iowa Total Care, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Iowa Insurance Law.

The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, (NAIC SSAP) has been adopted as a component of prescribed or permitted practices of the State of Iowa.

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2021</u>	<u>2020</u>
(1) Iowa Total Care, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Iowa	\$ 59,082,724	\$ 40,258,824
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	_____	_____	_____	Iowa	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property	_____	_____	_____	Iowa	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Iowa	\$ 59,082,724	\$ 40,258,824
<u>SURPLUS</u>						
(5) Iowa Total Care, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Iowa	\$ 222,952,278	\$ 188,269,778
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	_____	_____	_____	Iowa	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	_____	_____	_____	Iowa	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Iowa	\$ 222,952,278	\$ 188,269,778

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

The preparation of financial statements in conformity with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* 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 revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

1. Cash and cash equivalents are carried at cost, which approximates fair value. The company holds no short-term investments.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the 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. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
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 adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

statement of revenue and expense. The Company has not recorded a premium deficiency reserve at December 31, 2021.

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. There were no changes to the capitalization policy.
 13. Pharmaceutical rebates are based on actual pharmaceutical claims experience. The Company has no pharmaceutical rebates.
- D. Going Concern – The Company’s management has not identified any conditions or event that raise substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger – None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
 1. Prepayment assumptions for loan-backed securities were obtained from Moody’s.
 2. None
 3. N/A: there are no securities with a recognized other-than-temporary impairment.
 4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment 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	\$1,013,781
2. 12 Months or Longer	\$0
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$66,559,592
2. 12 Months or Longer	\$0
 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 other-than-temporary and is recorded in earnings.

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cashflows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cashflows 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 flows.

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies 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 as of December 31, 2021.

F. Repurchase Agreements Transactions Account for as Secured Borrowings – None

G. Reverse Repurchase Agreements Transactions Account for as Secured Borrowings – None

H. Repurchase Agreements Transactions Account for as a Sale – None

I. Reverse Repurchase Agreements Transactions Account for as a Sale – None

J. Real Estate – None

K. Low-Income Housing Tax Credits (LIHTC) – None

L. Restricted Assets - No Change

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. 5GI Securities – None

P. Short Sales – None

Q. Prepayment Penalties and Acceleration Fees – None

6. Joint Ventures, Partnerships, and Limited Liability Companies

A. Not applicable.

B. Not applicable.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due was excluded from surplus.

B. The total amount excluded was \$0.

8. Derivative Instruments

A. Derivatives under SSAP No. 86-Derivatives – None

B. Derivatives under SSAP No. 108-Derivative Hedging Variable Annuity Guarantees - None

9. Income Taxes

The December 31, 2021 and December 31, 2020 balances and related disclosures are calculated and presented pursuant to SSAP 101.

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	12/31/2021			12/31/2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 12,490,123	\$ 7,908	\$ 12,498,031	\$ 5,470,655	\$ -	\$ 5,470,655	\$ 7,019,468	\$ 7,908	\$ 7,027,376
(b) Statutory Valuation Allowance Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 12,490,123	\$ 7,908	\$ 12,498,031	\$ 5,470,655	\$ -	\$ 5,470,655	\$ 7,019,468	\$ 7,908	\$ 7,027,376
(d) Deferred Tax Assets Nonadmitted	\$ 356,413	\$ -	\$ 356,413	\$ 366,685	\$ -	\$ 366,685	\$ (10,272)	\$ -	\$ (10,272)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 12,133,710	\$ 7,908	\$ 12,141,618	\$ 5,103,970	\$ -	\$ 5,103,970	\$ 7,029,740	\$ 7,908	\$ 7,037,648
(f) Deferred Tax Liabilities	\$ 4,147	\$ 6,940	\$ 11,087	\$ (815)	\$ -	\$ (815)	\$ 4,962	\$ 6,940	\$ 11,902
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 12,129,563	\$ 968	\$ 12,130,531	\$ 5,104,785	\$ -	\$ 5,104,785	\$ 7,024,778	\$ 968	\$ 7,025,746

	12/31/2021			12/31/2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission Calculations Components SSAP No. 101:									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 12,122,622	\$ 3,706	\$ 12,126,328	\$ 5,103,155	\$ -	\$ 5,103,155	\$ 7,019,467	\$ 3,706	\$ 7,023,173
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ 4,202	\$ 4,202	\$ -	\$ -	\$ -	\$ -	\$ 4,202	\$ 4,202
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 31,623,248	XXX	XXX	\$ 18,316,662	XXX	XXX	\$ 13,306,586
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 11,087	\$ -	\$ 11,087	\$ 815	\$ -	\$ 815	\$ 10,272	\$ -	\$ 10,272
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 12,133,709	\$ 7,908	\$ 12,141,617	\$ 5,103,970	\$ -	\$ 5,103,970	\$ 7,029,739	\$ 7,908	\$ 7,037,647
Total(2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Admitted Deferred Tax Asset/Liability Under	\$ 12,133,709	\$ 7,908	\$ 12,141,617	\$ 5,103,970	\$ -	\$ 5,103,970	\$ 7,029,739	\$ 7,908	\$ 7,037,647

2021	2020
------	------

- (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
- (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

256% 231%

210,821,748 183,166,624

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

12/31/2021		12/31/2020		Change	
(1)	(2)	(3)	(4)	(5) (Col 1-3)	(8) (Col 2-4)
Ordinary	Capital	Ordinary	Capital	Ordinary	Capital

Impact of Tax-Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

1. Adjusted Gross DTAs amount from Note 9A1(c)	\$	12,490,123	\$	7,908	\$	5,470,655	\$	-	\$	7,019,468	\$	7,908
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		0.00%		0.06%		0.06%		0.00%		0.00%		0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$	12,133,710	\$	7,908	\$	5,103,970	\$	-	\$	7,029,740	\$	7,908
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		0.00%		0.07%		0.07%		0.00%		0.00%		0.00%

(b) Does the Company's tax-planning strategies include the use of reinsurance?

Yes No

B. Temporary differences for which DTLs have not been established:

Not applicable

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

	(1)		(1)		(3) (Col 1-2) Change
	12/31/2021		12/31/2020		
1. Current Income Tax					
(a) Federal	\$ 16,246,387		\$ 13,996,330		\$ 2,250,057
(b) Foreign	\$ -		\$ -		\$ -
(c) Subtotal	\$ 16,246,387		\$ 13,996,330		\$ 2,250,057
(d) Federal income tax on net capital gains (losses)	\$ 3,595		\$ 111		\$ 3,484
(e) Utilization of capital loss carry-forwards	\$ -		\$ -		\$ -
(f) Other, including prior year underaccrual (overaccrual)	\$ 61,803		\$ -		\$ 61,803
(g) Federal and foreign income taxes incurred	\$ 16,311,785		\$ 14,027,263		\$ 2,284,522

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

	(1) 12/31/2021	(1) 12/31/2020	(3) (Col 1-2) Change
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 989,938	\$ 596,488	\$ 393,450
(2) Unearned premium reserve	\$ -	\$ -	\$ -
(3) Policyholder reserves	\$ -	\$ -	\$ -
(4) Investments	\$ -	\$ -	\$ -
(5) Deferred acquisition costs	\$ -	\$ -	\$ -
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -
(7) Fixed assets	\$ -	\$ -	\$ -
(8) Compensation and benefits accrual	\$ 216,481	\$ 182,352	\$ 34,129
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ 11,283,703	\$ 4,691,815	\$ 6,591,888
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ 1	\$ -	\$ 1
(99) Subtotal	<u>\$ 12,490,123</u>	<u>\$ 5,470,655</u>	<u>\$ 7,019,468</u>
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	<u>\$ (356,413)</u>	<u>\$ (366,685)</u>	<u>\$ 10,272</u>
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>\$ 12,133,710</u>	<u>\$ 5,103,970</u>	<u>\$ 7,029,740</u>
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(5) Unrealized capital losses	<u>\$ 7,908</u>	<u>\$ -</u>	<u>\$ 7,908</u>
(99) Subtotal	<u>\$ 7,908</u>	<u>\$ -</u>	<u>\$ 7,908</u>
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>\$ 7,908</u>	<u>\$ -</u>	<u>\$ 7,908</u>
(i) Admitted deferred tax assets (2d + 2h)	<u><u>\$ 12,141,618</u></u>	<u><u>\$ 5,103,970</u></u>	<u><u>\$ 7,037,648</u></u>
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ (4,147)	\$ 815	\$ (4,962)
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	<u>\$ (4,147)</u>	<u>\$ 815</u>	<u>\$ (4,962)</u>
(b) Capital:			
(1) Investments	\$ 6,940	\$ -	\$ 6,940
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(4) Unrealized capital gains	\$ -	\$ -	\$ -
(99) Subtotal	<u>\$ 6,940</u>	<u>\$ -</u>	<u>\$ 6,940</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u><u>\$ 2,793</u></u>	<u><u>\$ 815</u></u>	<u><u>\$ 1,978</u></u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u><u>\$ 12,138,825</u></u>	<u><u>\$ 5,103,155</u></u>	<u><u>\$ 7,035,670</u></u>

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	(1) 12/31/2021	(1) 12/31/2020	(3) (Col 1-2) Change
Total deferred tax assets	\$ 12,498,031	\$ 5,470,655	\$ 7,027,376
Total deferred tax liabilities	\$ 11,087	\$ (815)	\$ 10,272
Net deferred tax assets/liabilities	<u>\$ 12,486,944</u>	<u>\$ 5,469,840</u>	<u>\$ 7,017,104</u>
Statutory valuation allowance adjustment (*see explanation below)	\$ -	\$ -	\$ -
Net deferred tax assets/liabilities after SVA	\$ 12,486,944	\$ 5,469,840	\$ 7,017,104
Tax effect of unrealized gains/(losses)	\$ (7,908)	\$ -	\$ (7,908)
Change in net deferred income tax [(charge)/benefit]	<u>\$ 12,479,036</u>	<u>\$ 5,469,840</u>	<u>\$ 7,009,196</u>

*Statutory valuation allowance

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2021 and 2020 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2021 was \$0.

D. Reconciliation of federal income tax rate to actual effective rate:

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

Description	2021			2020		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	\$ 75,394,417	\$ 15,832,828	21.00%	\$ 54,286,091	\$ 11,400,079	21.00%
Tax-Exempt Interest	\$ (6,472)	\$ (1,359)	0.00%	\$ (887)	\$ (186)	0.00%
Dividends Received Deduction	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Proration	\$ 1,618	\$ 340	0.00%	\$ 222	\$ 47	0.00%
Health Insurer Fee	\$ -	\$ -	0.00%	\$ 11,976,281	\$ 2,515,019	4.63%
COLI Life Insurance	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	\$ 4,125	\$ 866	0.00%	\$ 58,114	\$ 12,204	0.02%
Statutory Valuation Allowance Adjustment	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Deferred Taxes on Nonadmitted Assets	\$ (31,389,944)	\$ (6,591,888)	-8.74%	\$ (11,759,568)	\$ (2,469,509)	-4.55%
Change in Enacted Tax Rates	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Other, Including Prior Year True-Up	\$ -	\$ 61,803	0.08%	\$ -	\$ 30,821	0.06%
Total	<u>\$ 9,302,590.00</u>	<u>\$ 12.34%</u>		<u>\$ 11,488,475</u>	<u>\$ 21.16%</u>	
Federal Income Taxes Incurred [Expense/(Benefit)]	\$ 16,308,190	21.63%		\$ 14,027,152	25.84%	
Tax on Capital Gains/(Losses)	\$ 3,595	0.00%		\$ 111	0.00%	
Change in Net Deferred Income Tax [Charge/(Benefit)]	\$ (7,009,196)	-9.30%		\$ (2,538,788)	-4.68%	
Total Statutory Income Taxes	<u>9,302,589.00</u>	<u>12.34%</u>		<u>\$ 11,488,475</u>	<u>21.16%</u>	

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

At December 31, 2021, the Company had no net operating loss or capital loss carryforwards. The following is income tax expense that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2019	N/A	0	0
2020	13,985,197	111	13,985,308
2021	<u>16,246,387</u>	<u>3,595</u>	<u>16,249,982</u>
Total	<u>30,231,584</u>	<u>3,706</u>	<u>30,235,290</u>

Deposits admitted under IRC § 6603

None

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

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. Federal or Foreign Income Tax Loss Contingencies

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

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

(1). Gross AMT Credit Recognized as:		
a.	Current year recoverable	\$ -
b.	Deferred tax asset (DTA)	\$ -
(2).	Beginning Balance of AMT Credit Carryforward	\$ -
(3).	Amounts Recovered	\$ -
(4).	Adjustments	\$ -
(5).	Ending Balance of AMT Credit Carryforward	\$ -
(6).	Reduction for Sequestration	NONE
(7).	Nonadmitted by Reporting Entity	\$ -
(8).	Reporting Entity Ending Balance	\$ -

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C., D., F.

Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the years ending December 31, 2021 and December 31, 2020 included \$141,873,381 and \$146,685,286, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$1,538,842 and \$2,562,188, respectively, for the true-up of management fees and expenses paid on behalf of the company.

Involve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ending December 31, 2021 and December 31, 2020 included \$1,641,334 and \$1,535,265, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$187,591 and \$90,839 respectively, for such services.

Involve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the years ending December 31, 2021 and December 31, 2020 included \$310,646,954 and \$263,509,196, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$0 and \$419,368 respectively, for such services.

Involve Vision, Inc. provided vision management services to the Company. Medical expenses for the years ending December 31, 2021 and December 31, 2020 included \$8,474,867 and \$7,485,980, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included (\$1,059,975) and (\$1,301,706) respectively, for such services.

During the years ending December 31, 2021, Centene Corporation funded capital contributions totaling \$0, in the form of cash to the Company.

E. Guarantees – None

G. Control Relationship - All outstanding shares of the Company are owned by Centene Corporation.

H. Upstream Intermediate Entity – None

I. Investment in an SCA entity – None

J. Investments in impaired SCA entities – None

K. Investment in a Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company – None

M. All SCA Investments – None

N. Investments in Insurance SCA entity – None

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

- O. SCA and SSAP No. 48 Entity Loss Tracking – None

11. Debt

- A. Capital Notes – None
- B. Federal Home Loan Bank Agreements – None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Post Retirement Benefit Plans

- A. Defined Benefit Plans – None
- B. Description of investment policies and strategies – None
- C. Fair value of each class of plan assets – None
- D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
- E. Defined Contribution Plans – None
- F. Multiemployer Plans – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

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

- A. The Company has 1,000 shares authorized and outstanding with a par value per share of \$1.00.
- B. The Company has no preferred stock outstanding.
- C. The maximum amount of dividends that can be paid by the Company to its shareholder without prior approval of the Iowa Insurance Division (IID) is limited by statute. Dividends are required to be reported to the IID with at least 30 days' notice, if such dividend distribution of cash or other property whose fair market value, together with that of other dividend distributions made within the preceding 12 months, exceeds the greater of 10% of surplus as of the previous year-end or the net income of the previous calendar year.
- D. The company paid no dividends for the years ended December 31, 2021 and December 31, 2020.
- E. Within the limitation of (3) 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 paid.
- G. The Company has no advances to surplus not repaid.
- H. The Company held no stock for special purposes such as conversion of preferred stock, employee stock options or stock purchase warrants.
- I. There were no changes to the balance of any special surplus funds from prior year.
- J. The impact to unassigned funds (surplus) by cumulative unrealized gain was \$38K.
- 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 ten years.

14. Liabilities, Contingencies and Assessments

None

15. Leases

None

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

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

None

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

- A. Transfer of Receivables Reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

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

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract – None

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

None

20. Fair Value Measurements

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

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

The following table summarizes fair value measurements by level at September 30, 2021 for assets and liabilities measured at fair value.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents, and Short-Term Investments	\$ 127,086,514	\$ -	\$ -	\$ 127,086,514
Perpetual Preferred stock	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	-	-	-	-
Total assets at fair value	\$ 127,086,514	\$ -	\$ -	\$ 127,086,514
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

The following table summarizes fair value measurements by level at December 31, 2020 for assets and liabilities measured at fair value.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents, and Short-Term Investments	\$ 120,274,831	\$ -	\$ -	\$ 120,274,831
Perpetual Preferred stock				
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	<u>\$ 120,274,831</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 120,274,831</u>
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

B. Assets Measured at Fair Value on a Nonrecurring Basis – None

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at December 31, 2021 for all financial instruments:

	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 127,086,514	\$ 127,086,514	\$ 127,086,514	\$ -	\$ -	\$ -
Short-term investments	\$ (0)	\$ (0)	\$ (0)	\$ -	\$ -	\$ -
Bonds	\$ 220,175,915	\$ 222,773,634	\$ 5,999,189	\$ 214,176,726	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2020 for all financial instruments:

	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 115,275,169	\$ 115,275,169	\$ 115,275,169	\$ -	\$ -	\$ -
Short-term investments	\$ 4,999,663	\$ 4,999,663	\$ 4,999,663	\$ -	\$ -	\$ -
Bonds	\$ 143,106,559	\$ 141,745,072	\$ 6,069,006	\$ 137,037,553	\$ -	\$ -

D. Not Practicable to Estimate Fair Value – None

E. Assets Measured at Net Asset Value – None

21. Other Items

A. Unusual or Infrequent Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures – None

D. Business Interruptions Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts – None

I. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy – None

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

22. Events Subsequent

Type I – Recognized Subsequent Events – None

Subsequent events have been considered through February 28, 2022 for the statutory statement issued as of December 31, 2021 on February 28, 2022.

Type II – Nonrecognized Subsequent Events - None

Subsequent events have been considered through February 28, 2022 for the statutory statement issued as of December 31, 2021 on February 28, 2022.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

(2) Does the reporting entity 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)

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 agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Retrospective Premium Adjustments

The Company estimates accrued retrospective premiums for its state sponsored program in accordance with the provisions in its contract with the Iowa Department of Human Services.

STATEMENT AS OF DECEMBER 31, 2021 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

B. Retrospective Rated Premiums

The Company records accrued retrospective premium through written premium.

C. Net Premiums Subject to Retrospective Rating Features

The amount of net premiums written by the Company that are subject to retrospective rating features is \$2,517 million, which represents 100% of the total net premiums written.

D. Medical Loss Ratio Rebates

None

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

None

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2020 were \$184.9 million and \$2.4 million, respectively. As of December 31, 2021, \$196.6 million and \$2.9 million have been paid for incurred claims and claim adjustment expenses, respectively, attributable to insured events of prior years. Reserves remaining for prior years are now (\$34.1) million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$21.8 million in prior-year development. This 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.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables – None

B. Risk Sharing Receivables – None

29. Participating Policies

None

30. Premium Deficiency Reserves

- | | |
|---|---|
| 1. Liability carried for premium deficiency reserves: | \$0 |
| 2. Date of the most recent evaluation of this liability: | January 15, 2022 |
| 3. Was anticipated investment income utilized in the calculation? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$4,636,000.

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 [] 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 [] No [] N/A []
- 1.3 State Regulating? Iowa.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] 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 []
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017
- 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.12/31/2017
- 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).05/06/2019
- 3.4 By what department or departments? Iowa Insurance Division.....
- 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 []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 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 []
- 4.12 renewals? Yes [] No []
- 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 []
- 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
 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 []
- 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 []
- 7.2 If yes,
- 7.21 State the percentage of foreign control0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

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

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

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to 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 South Broadway, Suite 900, Saint 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?
David Koenig, FSA, MAAA, Milliman, 1301 Fifth Avenue, Suite 3800, 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 N/A.....
- 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.....
- 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 | \$..... |
| | 20.12 To stockholders not officers | \$..... |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$..... |
- 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 | \$..... |
| | 20.22 To stockholders not officers | \$..... |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$..... |
- 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 | \$..... |
| | 21.22 Borrowed from others | \$..... |
| | 21.23 Leased from others | \$..... |
| | 21.24 Other | \$..... |
- 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 | \$..... |
| | 22.22 Amount paid as expenses | \$..... |
| | 22.23 Other amounts paid | \$..... |
- 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: \$.....1,993,426
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

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

26.21 Subject to repurchase agreements \$.....

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

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

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

26.25 Placed under option agreements \$.....

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

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....

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

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

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

26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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 Trust.....	555 SW Oak St, Portland, OR 97204.....

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
New England Asset Management.....	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
105900.....	New England Asset Management...	KUR85E5PS4GQFZTFC130.....	SEC.....	NO.....

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	222,773,634	220,175,915	(2,597,719)
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	222,773,634	220,175,915	(2,597,719)

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

Our primary pricing vendor is SE, provided through Clearwater. Where SE pricing is not available, we revert to Reuters, provided through our custodians.....

- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes 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:

- 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? \$53,223

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
Dentons US, LLP.....	\$38,917

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

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. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered 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	\$2,517,784,954	\$	.....2,227,561,267
2.2	Premium Denominator	\$2,517,784,953	\$	.....2,227,561,267
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$351,385,187	\$	.....127,284,520
2.5	Reserve Denominator	\$351,385,186	\$	.....184,869,565
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....0.689

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$3,000,000
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 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 year41,168
- 8.2 Number of providers at end of reporting year42,231
- 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 [] No [X]
- 10.2 If yes:
- | | | |
|--|---|---------|
| | 10.21 Maximum amount payable bonuses | \$..... |
| | 10.22 Amount actually paid for year bonuses | \$..... |
| | 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. Iowa.....
- 11.4 If yes, show the amount required. \$.....164,607,876
- 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
Risk-Based Capital Company Action Level
12. List service areas in which reporting entity is licensed to operate:

1	
Name of Service Area	
Iowa.....	

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

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

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

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

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

FIVE - YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	580,053,635	388,930,775	285,959,993	1,000,000	1,000,000
2. Total liabilities (Page 3, Line 24)	357,101,357	200,660,997	211,729,075	0	0
3. Statutory minimum capital and surplus requirement	164,607,876	159,382,644	73,102,048	1,000,000	1,000,000
4. Total capital and surplus (Page 3, Line 33)	222,952,278	188,269,778	74,230,918	1,000,000	1,000,000
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,517,784,953	2,227,561,267	1,045,730,245	0	0
6. Total medical and hospital expenses (Line 18)	2,325,693,438	2,046,636,302	973,366,715	0	0
7. Claims adjustment expenses (Line 20)	26,052,830	23,744,493	17,942,301	0	0
8. Total administrative expenses (Line 21)	92,539,361	104,179,617	35,859,487	0	0
9. Net underwriting gain (loss) (Line 24)	73,499,324	53,000,855	18,561,742	0	0
10. Net investment gain (loss) (Line 27)	1,891,588	1,285,121	1,638,917	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	59,082,722	40,258,824	15,249,776	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	97,523,447	(71,202,761)	178,366,662	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	222,952,278	188,269,778	74,230,918	1,000,000	1,000,000
15. Authorized control level risk-based capital	82,303,938	79,215,668	36,551,024	1,545	1,500
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	327,224	299,167	264,567	0	0
17. Total members months (Column 6, Line 7)	3,805,800	3,390,244	1,611,125	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)	92.4	91.9	93.1	0.0	0.0
20. Cost containment expenses	0.1	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.0	1.0	1.7	0.0	0.0
22. Total underwriting deductions (Line 23)	97.1	97.6	98.2	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	2.9	2.4	1.8	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	163,026,504	233,642,374	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	184,869,565	202,418,153	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

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	L		2,518,121,958						2,518,121,958	.0
17. Kansas	KS	.N								0	.0
18. Kentucky	KY	.N								0	.0
19. Louisiana	LA	.N								0	.0
20. Maine	ME	.N								0	.0
21. Maryland	MD	.N								0	.0
22. Massachusetts	MA	.N								0	.0
23. Michigan	MI	.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	.0
59. Subtotal	.XXX	.0	.0	2,518,121,958	.0	.0	.0	.0	2,518,121,958	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	0	0	2,518,121,958	0	0	0	0	2,518,121,958	0	0
DETAILS OF WRITE-INS											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

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

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

The company only has business in the State of Iowa.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, 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
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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Iowa Total Care, Inc.

Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	16256
Oklahoma Complete Health Inc.	81-3121527	OK	16904
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	16310
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Company, LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
7676 Management, LLC	85-1711857	MO	
7676 Forsyth, LLC	85-1724287	MO	
TRMEB, LLC		MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Superior Health Management Advisors, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Envolve, Inc.	37-1788565	DE	
Envolve PeopleCare, Inc.	06-1476380	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	

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Envolve Vision of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision IPA of New York, Inc.	83-2460878	NY	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Optical, Inc.	82-2908582	DE	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY	
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
MeridianRx, LLC	27-1339224	MI	
MeridianRx IPA, LLC		MI	
MeridianRx of Indiana, LLC	83-3612209	MI	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Centurion of Maryland, LLC	81-4938030	MD	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	
Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Idaho, LLC	85-4020081	ID	58860
Centurion of Indiana, LLC		IN	
Centurion of Maine, LLC	85-4143511	ME	
Centurion Health of Indiana, LLC	85-4243085	IN	
Centurion Health of Kentucky, LLC	86-3331688	KY	
Centurion of Alabama, LLC	82-2268901	AL	

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MHM Correctional Services, LLC (formerly a corporation)	54-1856340	DE	
MHM Services of California, LLC (formerly a corporation)	51-0620904	CA	
MHM Solutions, LLC (formerly a corporation)	60-0002002	DE	
Forensic Health Services, LLC. (formerly a corporation)	26-1877007	DE	
MHM Health Professionals, LLC (formerly a corporation)	46-1734817	DE	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX	
AcariaHealth Solutions, Inc.	80-0856383	DE	
AcariaHealth, Inc.	45-2780334	DE	
AcariaHealth Pharmacy #14, Inc	27-1599047	CA	
AcariaHealth Pharmacy #11, Inc	20-8192615	TX	
AcariaHealth Pharmacy #12, Inc	27-2765424	NY	
AcariaHealth Pharmacy #13, Inc	26-0226900	CA	
AcariaHealth Pharmacy, Inc	13-4262384	CA	
HomeScripts.com, LLC	27-3707698	MI	
Foundation Care, LLC (80%)	20-0873587	MO	
AcariaHealth Pharmacy #26, Inc.	20-8420512	DE	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
Health Net, LLC	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CJ	
Managed Health Network, LLC	95-4117722	DE	
Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
Health Net Federal Services, LLC	68-0214809	DE	
MHN Government Services LLC	42-1680916	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Network Providers, LLC (90%)	88-0357895	DE	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
Centene International Ventures, LLC	83-1047281	DE	
PRIMEROSALUD, S.L.U.	Foreign	ESP	
Torrejon Salud, S.A. (89.47%)	Foreign	ESP	
Ribera Salud, S.A. (90.1%)	Foreign	ESP	
Torreveja Salud UTE (65%)	Foreign	ESP	
Ribera Salud II (96~%)	Foreign	ESP	
ERESCANNER (15%)	Foreign	ESP	

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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 Diagnóstics, S.L.U.	Foreign	ESP
Centro Inmunológico De La Comunidad Valenciana, S.L.	Foreign	ESP
Hospinet, S.L. (51%)	Foreign	ESP
Servicios De Mantenimiento Prevencor, S.L.U. (80%)	Foreign	ESP
Winning Security, S.L. (51%)	Foreign	ESP
Ribera Salud proyectos S.L.	Foreign	ESP
Ribera-Quilpro UTE	Foreign	ESP
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK
Pro RTG (80%)	Foreign	SVK
DR Magnet	Foreign	SVK
Pro Magnet	Foreign	SVK
Medicina NZ	Foreign	SVK
MR Poprad	Foreign	SVK
CT Poprad	Foreign	SVK
MR Zilina	Foreign	SVK
Pro Magnet CZ	Foreign	CZE
Progress Medical a.s.	Foreign	CZE
OB Klinika, a.s.	Foreign	CZE
OB Care, s.r.o	Foreign	CZE
Discare CZ, a.s. (50%)	Foreign	CZE
CT Presov s.r.o	Foreign	SVK
MR Centrum Melnik, s.r.o	Foreign	CZE
Hospital Povisa, S.A. (93.36%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torrevieja Salud S.L.U.	Foreign	ESP
Torrevieja Salud UTE (35%)	Foreign	ESP
Ribera Management, S.L.U.	Foreign	ESP
Ribera Healthcare,S.L.U.	Foreign	ESP
Ribera Diagnóstics, S.L.U.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (87.63%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
Terapias Medicas Domiciliaris, S.L.	Foreign	ESP
Centene Technology Europe, S.L.U	Foreign	ESP
Centene Technology UK Ltd	Foreign	GBR

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MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
AT Medics Holdings LLP (1%)	Foreign	GBR
Operose Health Limited	Foreign	GBR
AT Medics Holdings LLP (99%)	Foreign	GBR
AT Technology (Private) Limited (80%)	Foreign	PAK
At Medics Limited	Foreign	GBR
Primary Care Partners Limited	Foreign	GBR
AT Learning Limited	Foreign	GBR
AT Technology Services Limited	Foreign	GBR
AT Technology (Private) Limited (20%)	Foreign	PAK
Operose Health (Group) Limited	Foreign	GBR
The Practice Properties Limited	Foreign	GBR
Operose Health (Group) UK Limited	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited	Foreign	GBR
Circle Health 1 Limited	Foreign	GBR
Circle Health 2 Limited	Foreign	GBR
Circle Holdings Limited	Foreign	JEY
Circle International PLC	Foreign	GBR
Circle Health Limited	Foreign	GBR
Nations Healthcare Limited	Foreign	GBR
Circle Nottingham Limited	Foreign	GBR
Circle Rehabilitation Services (90%)	Foreign	GBR
Circle Hospital (Reading) Limited	Foreign	GBR
Circle Clinical Services Limited	Foreign	GBR
Circle Birmingham Limited	Foreign	GBR
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN
Circle Health 3 Limited	Foreign	GBR
Circle Health 4 Limited	Foreign	GBR
GHG Healthcare Holdings Limited	Foreign	GBR
General Healthcare Group Limited	Foreign	GBR
General Healthcare Holdings 2 Limited	Foreign	GBR
General Healthcare Holdings 3 Limited	Foreign	GBR
North West Cancer Clinic Limited (90%)	Foreign	GBR
GHG (DB) Pension Trustees	Foreign	GBR
GHG Mount Alvernia Hospital Limited	Foreign	GBR
Generale de Sante International Limited	Foreign	GBR
BMI Southend Private Hospital Limited (50%)	Foreign	GBR
BMI Imaging Clinic Limited (50%)	Foreign	GBR
Mount Alvernia PET CT Limited (73.5%)	Foreign	GBR
Meriden Hospital Advanced Imaging Centre Ltd. (50%)	Foreign	GBR
BMI Syon Clinic Limited (50%)	Foreign	GBR

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	GHG Intermediate Holdings Limited	Foreign	GBR	
	TKH Holding Ltd.	Foreign	GBR	
	BMI Healthcare Limited	Foreign	GBR	
	BMI Hospital Decontamination Limited	Foreign	GBR	
	Three Shires Hospital LP (50%)	Foreign	GBR	
	The Pavilion Clinic Ltd (51%)	Foreign	GBR	
	GHG Leasing Limited	Foreign	GBR	
	Bishopswood SPV Limited	Foreign	GBR	
	Runnymede SPV Limited	Foreign	GBR	
		Foreign	MLT	
		Foreign	MLT	
		Foreign	MLT	
	CEF Holding Company Limited			
	Centene Europe Finance Company Limited			
	Centene International Financing Company Limited			
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.		82-4883921	DE	
(80.1%)				
Interpreta, Inc.		46-5517858	DE	
Patriots Holding Co		82-4581788	DE	
Next Door Neighbors, LLC (60%)		32-2434596	DE	
Next Door Neighbors, Inc.		83-2381790	DE	
Centene Venture Company Alabama Health Plan, Inc.		84-3707689	AL	16771
Centene Venture Company Illinois		83-2425735	IL	16505
Centene Venture Company Kansas		83-2409040	KS	16528
Centene Venture Company Florida		83-2434596	FL	16499
Centene Venture Company Indiana, Inc.		84-3679376	IN	16773
Centene Venture Company Tennessee		84-3724374	TN	16770
Centene Venture Insurance Company Texas		86-1543217	TX	16990

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Centene Venture Company Michigan	83-2446307	MI	16613
Arch Personalized Medicine Initiative, LLC (50%)	83-4144116	MO	
Social Health Bridge, LLC	83-4205348	DE	
Social Health Bridge Trust	84-6403386	DE	
WellCare Health Plans, Inc.	83-4405939	DE	
WCG Health Management, Inc.	04-3669698	DE	
The WellCare Management Group, Inc.	14-1647239	NY	
WellCare of New York, Inc.	14-1676443	NY	95534
WellCare of Connecticut, Inc.	06-1405640	CT	95310
WellCare of Mississippi, Inc.	81-5442932	MS	16329
WellCare of Virginia, Inc.	82-0664467	VA	16763
WellCare of Oklahoma, Inc.	81-3299281	OK	16117
WellCare Health Insurance Company of Nevada, Inc.	84-3721013	NV	
WellCare Health Insurance of Southwest, Inc.	84-3739752	AZ	16692
WellCare of Georgia, Inc.	20-2103320	GA	10760
WellCare of Texas, Inc.	20-8058761	TX	12964
WellCare of Ohio, Inc.	20-3562146	OH	12749
WellCare of South Carolina, Inc.	32-0062883	SC	11775
WellCare Health Plans of New Jersey, Inc.	20-8017319	NJ	13020
WellCare of Pennsylvania, Inc.	81-1631920	PA	
WellCare Health Plans of Massachusetts, Inc	84-3547689	MA	16970
WellCare Health Insurance Company of Oklahoma, Inc.	84-4449030	OK	16752
WellCare Health Plans of Missouri, Inc.	84-3907795	MO	16753
WellCare Prescription Insurance, Inc.	20-2383134	AZ	10155
WellCare Health Insurance of Hawaii, Inc.	84-4664883	HI	17002
WellCare Health Plans of Rhode Island, Inc.	84-4627844	RI	16766
WellCare of Illinois, Inc.	84-4649985	IL	16765
WellCare of Arkansas, Inc.	83-2797833	AR	16531
Rhythm Health of Tennessee, Inc.	45-5154364	TN	16533
Comprehensive Health Management, Inc.	59-3547616	FL	
WellCare Health Insurance of New York, Inc	11-3197523	NY	10884
Ohana Health Plan, Inc.	27-0386122	HI	
WellCare of Indiana, Inc.	83-2840051	IN	
America's 1st Choice California Holdings, LLC	45-3236788	FL	
WellCare of California, Inc.	20-5327501	CA	
Windsor Health Group, Inc.	62-1832645	TN	
WellCare Health Insurance of Tennessee, Inc.	83-2276159	TN	16532

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WellCare of New Hampshire, Inc.	83-2914327	NH	16515
WellCare Health Plans of Vermont, Inc.	83-2255514	VT	16514
WellCare Health Insurance of Connecticut, Inc.	83-2126269	CT	16513
WellCare of Washington, Inc.	83-2069308	WA	16571
WellCare Health Plans of Kentucky, Inc.	47-0971481	KY	15510
WellCare of Alabama, Inc.	82-1301128	AL	16239
WellCare of Maine, Inc.	82-3114517	ME	16344
Harmony Health Systems Inc.	22-3391045	NJ	
Harmony Health Management, Inc.	36-4467676	NJ	
Harmony Health Plan, Inc.	36-4050495	IL	11229
Transplant Health Solutions IPA, Inc.	20-3262322	NY	
WellCare Health Insurance Company of Kentucky, Inc.	36-6069295	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-0269558	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-3493160	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-3333918	LA	16788
WellCare of Missouri Health Insurance Company, Inc.	83-3525830	MO	16512
Care 1st Health Plan of Arizona, Inc.	57-1165217	AZ	
Care1st Health Plan Administrative Services, Inc.	46-2680154	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-1742685	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-3166908	WA	16570
WellCare of North Carolina, Inc.	82-5488080	NC	16547
WellCare Health Plans of Arizona, Inc.	82-3169616	AZ	16253
WellCare Health Insurance Company of America	82-4247084	AR	16343
WellCare National Health Insurance Company	82-5127096	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-3091673	NH	16516
Wellcare Health Insurance Company of New Jersey, Inc.	84-4709471	NJ	16789
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-4004494	MI	
Meridian Network Services, LLC		MI	
WellCare of Michigan Holding Company	26-4004578	MI	
Meridian Health Plan of Michigan, Inc.	38-3253977	MI	52563
Meridian Health Plan of Illinois, Inc.	20-3209671	IL	13189
Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148
Universal American Corp.	27-4683816	DE	
Universal American Holdings, LLC	45-1352914	DE	
Universal American Financial Services, Inc.	95-3800329	DE	
Premier Marketing Group, LLC	58-2633295	DE	
Penn Marketing America, LLC	95-3623226	DE	
Worlco Management Services, Inc.	23-1913528	NY	
UAM Agent Services Corp.	42-0989096	IA	
American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624

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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	
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	

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Accountable Care Coalition of Tennessee, LLC	82-1219279	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-2574901	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-0822080	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-0829473	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-0847691	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-0863292	DE	
DELMARVA Collaborative Care, LLC	85-0907849	DE	
Accountable Care Coalition of Quality Health II, LLC	85-0878405	DE	
Accountable Care Coalition of Quality Health III, LLC	85-0893657	DE	
Collaborative Health Systems IPA, LLC	85-1770215	FL	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
HealthSmart Benefits Management, LLC	27-1300475	TX	
Parker LP, LLC	20-2387587	NV	
HealthSmart Preferred Care II, LP (99%)	75-2508316	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-3394046	TX	
HealthSmart Care Management Solutions, LP (99%)	75-2960859	TX	
HealthSmart Information Systems, Inc.	75-2727437	TX	
HealthSmart Benefit Solutions, Inc.	36-4099199	IL	
HealthSmart Preferred Network II, Inc	06-1621470	DE	
HealthSmart Rx Solutions, Inc.	34-1635597	OH	
Mauli Ola Health and Wellness, Inc.		HI	
District Community Care Inc.	84-4119570	DC	16814
Centene Institute for Advanced Health Education, LLC	84-5160960	DE	
Centene Canada Corporation		CAN	
Prowl Holdings, LLC (96.1562%)	85-3802075	DE	
Panther Pass Co, LLC	83-3240368	PA	
Panther Specialty Holding Co, LLC		PA	
Pantherx Specialty, LLC	45-3620087	PA	
Pantherx Access Services, LLC	37-1778465	PA	
Quartet Health, Inc. (11.20%)		De	
Apixio, Inc.	80-0508223	DE	
HughesLeahyKarlovic, LLC (20%)	43-1106904	MO	
Oklahoma Complete Health Holding Company, LLC	86-2318658	OK	
RI Health & Wellness, Inc.	86-2694770	RI	
HLM Strategic Investment Fund, L.P.		DE	

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