



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Iowa Total Care, Inc.

(Name)

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

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 07/01/2019

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

Internet Web Site Address www.centene.com

Statutory Statement Contact David Holyfield David.R.Holyfield@CENTENE.COM
(Name) (E-Mail Address)
314-808-8161 (Area Code) (Telephone Number) (Extension)
314-808-8161 (Fax Number)

OFFICERS

Mitchell Lawrence Wasden President Christopher Russell Isaak Vice President
Christopher Andrew Koster Secretary Jeffrey Alan Schwaneke Treasurer

OTHER OFFICERS

Tricia Lynn Dinkelman Vice President of Tax James Louis Horrar Vice President

DIRECTORS OR TRUSTEES

James Louis Horrar Heather Lindsay Smith Mitchell Lawrence Wasden

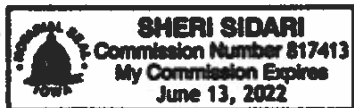
State of Iowa ss
County of Polk

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 Christopher Russell Isaak Vice President James Louis Horrar Vice President
Christopher Isaak (Feb 16, 2021 13:01 CST) James L. Horrar (Feb 16, 2021 12:41 CST)

Subscribed and sworn to before me this 16th day of February, 2021
Sheri Sidari

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 2020 OF THE Iowa Total Care, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	141,745,072		141,745,072	2,201,559
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 (\$16,008,483 , Schedule E-Part 1), cash equivalents (\$99,266,686 , Schedule E-Part 2) and short-term investments (\$4,999,663 , Schedule DA).....	120,274,831		120,274,831	221,164,953
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	262,019,903	0	262,019,903	223,366,513
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	535,625		535,625	390,587
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	118,143,610		118,143,610	30,844,679
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	5,469,839	366,685	5,103,154	2,563,550
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	2,866,313		2,866,313	27,033,039
24. Health care (\$90,839) and other amounts receivable.....	20,682,816	20,591,977	90,839	1,761,625
25. Aggregate write-ins for other-than-invested assets	1,921,331	1,750,000	171,331	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	411,639,437	22,708,662	388,930,775	285,959,993
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	411,639,437	22,708,662	388,930,775	285,959,993
DETAILS OF WRITE-INS				
1101.			0	
1102.			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. Prepaids.....	1,750,000	1,750,000	0	0
2502. Vendor Receivable.....	171,331		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)	1,921,331	1,750,000	171,331	0

ANNUAL STATEMENT FOR THE YEAR 2020 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)	182,356,240		182,356,240	202,418,153
2. Accrued medical incentive pool and bonus amounts	2,513,325		2,513,325	0
3. Unpaid claims adjustment expenses	2,419,000		2,419,000	3,369,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	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	554,410		554,410	88,125
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	6,888,325		6,888,325	4,950,883
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	304,125
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	5,000,000		5,000,000	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	929,697	0	929,697	598,789
24. Total liabilities (Lines 1 to 23)	200,660,997	0	200,660,997	211,729,075
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	12,655,752
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	66,999,000
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	38,269,778	(5,424,834)
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	188,269,778	74,230,918
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	388,930,775	285,959,993
DETAILS OF WRITE-INS				
2301. State Income Tax Payable	929,697		929,697	598,789
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)	929,697	0	929,697	598,789
2501. HIF Surplus Adjustment	XXX	XXX		12,655,752
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	12,655,752
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,390,244	1,611,125
2. Net premium income (including \$0 non-health premium income).....	XXX	2,227,561,267	1,045,730,245
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	2,227,561,267	1,045,730,245
Hospital and Medical:			
9. Hospital/medical benefits		1,647,077,272	774,781,891
10. Other professional services		27,730,056	7,990,456
11. Outside referrals			0
12. Emergency room and out-of-area		95,334,112	51,736,496
13. Prescription drugs		256,028,050	117,006,071
14. Aggregate write-ins for other hospital and medical.....	0	15,336,424	21,929,801
15. Incentive pool, withhold adjustments and bonus amounts.....		5,052,388	0
16. Subtotal (Lines 9 to 15)	0	2,046,558,302	973,444,715
Less:			
17. Net reinsurance recoveries		(78,000)	78,000
18. Total hospital and medical (Lines 16 minus 17)	0	2,046,636,302	973,366,715
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$639,588 cost containment expenses		23,744,493	17,942,301
21. General administrative expenses.....		104,179,617	35,859,487
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	2,174,560,412	1,027,168,503
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	53,000,855	18,561,742
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,284,703	1,638,917
26. Net realized capital gains (losses) less capital gains tax of \$111		418	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,285,121	1,638,917
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	54,285,976	20,200,659
31. Federal and foreign income taxes incurred	XXX	14,027,152	4,950,883
32. Net income (loss) (Lines 30 minus 31)	XXX	40,258,824	15,249,776
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Hospital Assessment.....		15,336,424	21,929,801
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	15,336,424	21,929,801
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	74,230,917	1,000,000
34. Net income or (loss) from Line 32	40,258,824	15,249,776
35. Change in valuation basis of aggregate policy and claim reserves .....	.0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	.0	.0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	.0	.0
38. Change in net deferred income tax	2,538,788	2,931,051
39. Change in nonadmitted assets	(11,758,752)	(10,949,910)
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	83,000,000	66,000,000
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)	114,038,861	73,230,917
49. Capital and surplus end of reporting year (Line 33 plus 48)	188,269,778	74,230,917
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 2020 OF THE Iowa Total Care, Inc.

CASH FLOW

Cash from Operations	1	2
	Current Year	Prior Year
1. Premiums collected net of reinsurance	2,139,958,211	1,015,189,691
2. Net investment income	1,284,043	1,248,480
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,141,242,254	1,016,438,171
5. Benefit and loss related payments	2,074,273,672	781,542,596
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	126,081,522	56,528,913
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	12,089,821	0
10. Total (Lines 5 through 9)	2,212,445,015	838,071,509
11. Net cash from operations (Line 4 minus Line 10)	(71,202,761)	178,366,662
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,431,330	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	25	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,431,355	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	136,118,715	2,201,709
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	136,118,715	2,201,709
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)	(134,687,361)	(2,201,709)
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	105,000,000	44,000,000
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)	105,000,000	44,000,000
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)	(100,890,122)	220,164,953
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	221,164,953	1,000,000
19.2 End of year (Line 18 plus Line 19.1)	120,274,831	221,164,953

ANNUAL STATEMENT FOR THE YEAR 2020 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	2,227,561,267	.0	.0	.0	.0	.0	.0	2,227,561,267	.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)	2,227,561,267	.0	.0	.0	.0	.0	.0	2,227,561,267	.0	.0
8. Hospital/medical benefits	1,647,077,272							1,647,077,272		XXX
9. Other professional services	27,730,056							27,730,056		XXX
10. Outside referrals	.0									XXX
11. Emergency room and out-of-area	95,334,112							95,334,112		XXX
12. Prescription drugs	256,028,050							256,028,050		XXX
13. Aggregate write-ins for other hospital and medical	15,336,424	.0	.0	.0	.0	.0	.0	15,336,424	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	5,052,388							5,052,388		XXX
15. Subtotal (Lines 8 to 14)	2,046,558,302	.0	.0	.0	.0	.0	.0	2,046,558,302	.0	XXX
16. Net reinsurance recoveries	(78,000)							(78,000)		XXX
17. Total hospital and medical (Lines 15 minus 16)	2,046,636,302	.0	.0	.0	.0	.0	.0	2,046,636,302	.0	XXX
18. Non-health claims (net)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ 639,588 cost containment expenses	23,744,493							23,744,493		
20. General administrative expenses	104,179,617							104,179,617		
21. Increase in reserves for accident and health contracts	.0									XXX
22. Increase in reserves for life contracts	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	2,174,560,412	.0	.0	.0	.0	.0	.0	2,174,560,412	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	53,000,855	0	0	0	0	0	0	53,000,855	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. Hospital Assessment	15,336,424							15,336,424		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)	15,336,424	0	0	0	0	0	0	15,336,424	0	XXX

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ANNUAL STATEMENT FOR THE YEAR 2020 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.....	2,227,772,567		211,300	2,227,561,267
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	2,227,772,567	.0	211,300	2,227,561,267
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	2,227,772,567	0	211,300	2,227,561,267

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ANNUAL STATEMENT FOR THE YEAR 2020 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	2,069,981,507							2,069,981,507		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	2,069,981,507	0	0	0	0	0	0	2,069,981,507	0	0
2. Paid medical incentive pools and bonuses	2,539,063							2,539,063		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	182,356,240	0	0	0	0	0	0	182,356,240	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	182,356,240	0	0	0	0	0	0	182,356,240	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	2,513,325							2,513,325		
6. Net healthcare receivables (a)	8,335,680							8,335,680		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	202,496,153	0	0	0	0	0	0	202,496,153	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	78,000	0	0	0	0	0	0	78,000	0	0
8.4 Net	202,418,153	0	0	0	0	0	0	202,418,153	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0							0		
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	2,041,505,914	0	0	0	0	0	0	2,041,505,914	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(78,000)	0	0	0	0	0	0	(78,000)	0	0
12.4 Net	2,041,583,914	0	0	0	0	0	0	2,041,583,914	0	0
13. Incurred medical incentive pools and bonuses	5,052,388	0	0	0	0	0	0	5,052,388	0	0

(a) Excludes \$ 12,347,136 loans or advances to providers not yet expensed.

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ANNUAL STATEMENT FOR THE YEAR 2020 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	29,960,408							29,960,408		
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	29,960,408	.0	.0	.0	.0	.0	.0	29,960,408	.0	.0
2. Incurred but Unreported:										
2.1. Direct	152,395,832							152,395,832		
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	152,395,832	.0	.0	.0	.0	.0	.0	152,395,832	.0	.0
3. Amounts Withheld from Paid Claims and Capitulations:										
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	182,356,240	.0	.0	.0	.0	.0	.0	182,356,240	.0	.0
4.2. Reinsurance assumed0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	182,356,240	.0	.0	.0	.0	.0	.0	182,356,240	.0	.0

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ANNUAL STATEMENT FOR THE YEAR 2020 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.....	244,245,266	1,825,736,241	(12,052,850)	194,409,090	232,192,416	202,418,153
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	244,245,266	1,825,736,241	(12,052,850)	194,409,090	232,192,416	202,418,153
10. Healthcare receivables (a).....		8,335,680			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts		2,539,063	1,449,958	1,063,367	1,449,958	.0
13. Totals (Lines 9-10+11+12)	244,245,266	1,819,939,624	(10,602,892)	195,472,457	233,642,374	202,418,153

(a) Excludes \$ 12,347,136 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 2020 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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	
2. 2016 .....	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	.0	
4. 2018	XXX	XXX	.0	.0	
5. 2019	XXX	XXX	XXX	770,949	1,015,194
6. 2020	XXX	XXX	XXX	XXX	1,819,940

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	
2. 2016 .....	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	.0	
4. 2018	XXX	XXX	.0	.0	
5. 2019	XXX	XXX	XXX	973,367	1,004,591
6. 2020	XXX	XXX	XXX	XXX	2,015,412

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. 2016 .....	.0	.0		.0	.0	.0			.0	.0
2. 2017 .....	.0	.0		.0	.0	.0			.0	.0
3. 2018 .....	.0	.0		.0	.0	.0			.0	.0
4. 2019	1,047,551	1,015,194	18,212	1.8	1,033,406	98.6	(10,603)	242	1,023,045	97.7
5. 2020	2,227,773	1,819,940	21,056	1.2	1,840,996	82.6	195,473	2,177	2,038,646	91.5

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ANNUAL STATEMENT FOR THE YEAR 2020 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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0
5. 2019	XXX	XXX	XXX	770,949	1,015,194
6. 2020	XXX	XXX	XXX	XXX	1,819,940

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0
5. 2019	XXX	XXX	XXX	973,367	1,004,591
6. 2020	XXX	XXX	XXX	XXX	2,015,412

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. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2017	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2018	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2019	1,047,551	1,015,194	18,212	1.8	1,033,406	98.6	(10,603)	242	1,023,045	97.7
5. 2020	2,227,773	1,819,940	21,056	1.2	1,840,996	82.6	195,473	2,177	2,038,646	91.5

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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 2020 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).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.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

NONE

13

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			2,350,604		2,350,604
2. Salaries, wages and other benefits			41,591,675		41,591,675
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses			547,597		547,597
5. Certifications and accreditation fees			26,483		26,483
6. Auditing, actuarial and other consulting services			14,695,916		14,695,916
7. Traveling expenses			169,080		169,080
8. Marketing and advertising			6,485,132		6,485,132
9. Postage, express and telephone			622,573		622,573
10. Printing and office supplies			346,408		346,408
11. Occupancy, depreciation and amortization			4,207,636		4,207,636
12. Equipment			133,564		133,564
13. Cost or depreciation of EDP equipment and software			3,633,638		3,633,638
14. Outsourced services including EDP, claims, and other services	639,588	23,104,905	12,169,063		35,913,556
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			222,632		222,632
17. Collection and bank service charges			548,387		548,387
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			270,239		270,239
22. Real estate taxes.....			135,444		135,444
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			1,753,489		1,753,489
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			77,538		77,538
23.4 Payroll taxes			2,171,880		2,171,880
23.5 Other (excluding federal income and real estate taxes)			12,020,639		12,020,639
24. Investment expenses not included elsewhere				40,195	40,195
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	639,588	23,104,905	104,179,617	40,195 (a)	127,964,305
27. Less expenses unpaid December 31, current year		2,419,000	554,410		2,973,410
28. Add expenses unpaid December 31, prior year	0	3,369,000	88,125	0	3,457,125
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)	639,588	24,054,905	103,713,332	40,195	128,448,020
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 \$100,612,809 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) (28,740)	.30
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) (79,834)	419,097
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) 1,288,434	905,772
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	1,179,860	1,324,898
11. Investment expenses		(g) 40,195
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		40,195
17. Net investment income (Line 10 minus Line 16)		1,284,703
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 \$ 14,834 accrual of discount less \$ 159,211 amortization of premium and less \$ 338,313 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 \$ 65,034 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)	504		504		
1.3 Bonds of affiliates	.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	25		25	.0	.0
7. Derivative instruments			.0		
8. Other invested assets	.0	.0	.0	.0	.0
9. Aggregate write-ins for capital gains (losses)	.0	.0	.0	.0	.0
10. Total capital gains (losses)	529	0	529	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	.0	.0	.0	.0	.0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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.....	366,685	367,501	816
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.....	20,591,977	8,832,409	(11,759,568)
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).....	22,708,662	10,949,910	(11,758,752)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	22,708,662	10,949,910	(11,758,752)
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. Prepaids.....	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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	264,567	265,753	278,593	289,460	299,167	3,390,244
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	264,567	265,753	278,593	289,460	299,167	3,390,244
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENTS FOR THE YEAR 2020 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>2020</u>	<u>2019</u>
(1) Iowa Total Care, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Iowa	\$ 40,258,824	\$ 15,249,776
(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	\$ 40,258,824	\$ 15,249,776
<u>SURPLUS</u>						
(5) Iowa Total Care, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Iowa	\$ 188,269,778	\$ 74,230,917
(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	\$ 188,269,778	\$ 74,230,917

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

- A. Cash and cash equivalents are carried at cost, which approximates fair value. The company holds no short-term investments.
- B. 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.
- C. The Company holds no common stocks.
- D. The Company holds no preferred stocks.
- E. The Company holds no mortgage loans.
- F. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
- G. The Company has no investments in subsidiaries.
- H. The Company has no investments in joint ventures, partnerships and limited liability companies.
- I. The Company holds no derivatives.
- J. 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

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has not recorded a premium deficiency reserve at December 31, 2020.

- K. 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.
 - L. There were no changes to the capitalization policy.
 - M. 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
 - A. Prepayment assumptions for loan-backed securities were obtained from Moody’s.
 - B. None
 - C. N/A: there are no securities with a recognized other-than-temporary impairment.
 - D. 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	\$5,434
2. 12 Months or Longer	\$0
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$3,726,004
2. 12 Months or Longer	\$0

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- E. 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.

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 for the year ended December 31, 2020.

- 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

- A. Restricted Assets (Including Pledged) – None

- B. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

- C. Detail of Other Restricted Assets – None

- D. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

- 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.

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS

8. Derivative Instruments

None

9. Income Taxes

The December 31, 2020 and December 31, 2019 balances and related disclosures are calculated and presented pursuant to SSAP 101.

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

	12/31/2020			12/31/2019			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	\$,470,655	\$ -	\$ 5,470,655	\$ 2,931,051	\$ -	\$ 2,931,051	\$ 2,539,604	\$ -	\$ 2,539,604
(b) Statutory Valuation Allowance Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$,470,655	\$ -	\$ 5,470,655	\$ 2,931,051	\$ -	\$ 2,931,051	\$ 2,539,604	\$ -	\$ 2,539,604
(d) Deferred Tax Assets Nonadmitted	\$ 366,685	\$ -	\$ 366,685	\$ 367,500	\$ -	\$ 367,500	\$ (815)	\$ -	\$ (815)
(e) Subtotal Net Admitted Deferred Tax Asset(1c - 1d)	\$,103,970	\$ -	\$ 5,103,970	\$ 2,563,551	\$ -	\$ 2,563,551	\$ 2,540,419	\$ -	\$ 2,540,419
(f) Deferred Tax Liabilities	\$ 815	\$ -	\$ 815	\$ -	\$ -	\$ -	\$ 815	\$ -	\$ 815
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$,103,155	\$ -	\$ 5,103,155	\$ 2,563,551	\$ -	\$ 2,563,551	\$ 2,539,604	\$ -	\$ 2,539,604

	12/31/2020			12/31/2019			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.	\$,103,155	\$ -	\$ 5,103,155	\$ 2,563,551	\$ -	\$ 2,563,551	\$ 2,539,604	\$ -	\$ 2,539,604
(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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	18,316,662	XXX	XXX	\$ -	XXX	XXX	18,316,662
(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.	\$ 815	\$ -	\$ 815	\$ -	\$ -	\$ -	\$ 815	\$ -	\$ 815
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total(2(a) + 2(b) + 2(c))	\$,103,970	\$ -	\$ 5,103,970	\$ 2,563,551	\$ -	\$ 2,563,551	\$ 2,540,419	\$ -	\$ 2,540,419
Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Admitted Deferred Tax Asset/Liability Under ¶11.a.-¶11.c.	\$,103,970	\$ -	\$ 5,103,970	\$ 2,563,551	\$ -	\$ 2,563,551	\$ 2,540,419	\$ -	\$ 2,540,419

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

2020	2019
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(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	231%	196%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	183,166,624	71,667,366

12/31/2020		12/31/2019		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)	\$5,470,655	\$ -	\$ 2,931,051	\$ -	\$ 2,539,604	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$5,103,970	\$ -	\$ 2,563,551	\$ -	\$ 2,540,419	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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b. Temporary differences for which DTLs have not been established:

Not applicable

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

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 13,996,330	\$ 4,950,883	\$ 9,045,447
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal	\$ 13,996,330	\$ 4,950,883	\$ 9,045,447
(d) Federal income tax on net capital gains (losses)	\$ 111	\$ -	\$ 111
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -
(f) Other, including prior year underaccrual (overaccrual)	\$ 30,822	\$ -	\$ 30,822
(g) Federal and foreign income taxes incurred	\$ 14,027,263	\$ 4,950,883	\$ 9,076,380

ANNUAL STATEMENTS FOR THE YEAR 2020 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) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 596,488	\$ 657,521	\$ (61,033)
(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	\$ 182,352	\$ 51,224	\$ 131,127
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ 4,691,815	\$ 2,222,306	\$ 2,469,509
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 5,470,655	\$ 2,931,051	\$ 2,539,604
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ 366,685	\$ 367,500	\$ (815)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 5,103,970	\$ 2,563,551	\$ 2,540,419
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,103,970	\$ 2,563,551	\$ 2,540,419
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 815	\$ -	\$ 815
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 815	\$ -	\$ 815
(b) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 815	\$ -	\$ 815
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 5,103,155	\$ 2,563,551	\$ 2,539,604

ANNUAL STATEMENTS FOR THE YEAR 2020 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)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
Total deferred tax assets	\$ 5,470,655	\$ 2,931,051	\$ 2,539,604
Total deferred tax liabilities	\$ 815	\$ -	\$ 815
Net deferred tax assets/liabilities	\$ 5,469,839	\$ 2,931,051	\$ 2,538,788
Statutory valuation allowance adjustment (*see explanation below)	\$ -	\$ -	\$ -
Net deferred tax assets/liabilities after SVA	\$ 5,469,839	\$ 2,931,051	\$ 2,538,788
Tax effect of unrealized gains/(losses)	\$ -	\$ -	\$ -
Change in net deferred income tax [(charge)/benefit]	\$ 5,469,839	\$ 2,931,051	\$ 2,538,788

*Statutory valuation allowance

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2020 and 2019 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2020 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	2020			2019		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	\$ 54,286,091	\$ 11,400,079	21.00%	\$ 20,200,659	\$ 4,242,138	21.00%
Tax-Exempt Interest	\$ (887)	\$ (186)	0.00%	\$ -	\$ -	0.00%
Dividends Received Deduction	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Proration	\$ 222	\$ 47	0.00%	\$ -	\$ -	0.00%
Health Insurer Fee	\$ 11,976,281	\$ 2,515,019	4.63%	\$ -	\$ -	0.00%
COLI Life Insurance	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	\$ 58,114	\$ 12,204	0.02%	\$ -	\$ -	0.00%
Statutory Valuation Allowance Adjustment	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Deferred Taxes on Nonadmitted Assets	\$ (11,759,568)	\$ (2,469,509)	-4.55%	\$ (10,582,409)	\$ (2,222,306)	-11.00%
Change in Enacted Tax Rates	\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
Other, Including Prior Year True-Up	\$ -	\$ 30,822	0.06%	\$ -	\$ -	0.00%
Total		\$ 11,488,475	21.16%		\$ 2,019,833	10.00%
Federal Income Taxes Incurred [Expense/(Benefit)]		\$ 14,027,152	25.84%		\$ 4,950,884	24.51%
Tax on Capital Gains/(Losses)		\$ 111	0.00%		\$ -	0.00%
Change in Net Deferred Income Tax [Charge/(Benefit)]		\$ (2,538,788)	-4.68%		\$ (2,931,051)	-14.51%
Total Statutory Income Taxes		\$ 11,488,475	21.16%		\$ 2,019,833	10.00%

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

At December 31, 2020, 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
2018	N/A	0	0
2019	4,950,884	0	4,950,884
2020	13,996,330	111	13,996,441
Total	18,947,214	111	18,947,325

Deposits admitted under IRC § 6603

None

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

f. The Company's federal income tax return is consolidated with Centene and its subsidiaries, including but not limited to the following entities:

Absolute Total Care, Inc.	FH Assurance Company	QCA Health Plan, Inc.
AcariaHealth Pharmacy #11, Inc.	Golden Triangle Physician Alliance	QualChoice Life and Health Insurance Company, Inc.
AcariaHealth Pharmacy #12, Inc.	Granite State Health Plan, Inc.	QualMed Plans for Health of Pennsylvania, Inc.
AcariaHealth Pharmacy #13, Inc.	Hallmark Life Insurance Company	QualMed Plans for Health of Western Pennsylvania, Inc.
AcariaHealth Pharmacy #14, Inc.	Harmony Behavioral Health IPA, Inc.	QualMed, Inc.
AcariaHealth Pharmacy, Inc.	Harmony Behavioral Health, Inc.	Quincy Coverage Corporation
AcariaHealth Solutions, Inc.	Harmony Health Management, Inc.	RX Direct, Inc.
AcariaHealth, Inc.	Harmony Health Plan, Inc.	Salus Administrative Services, Inc.
Access Medical Acquisition, Inc.	Harmony Health Systems, Inc.	SelectCare Health Plans, Inc.
Access Medical Group of Florida City, Inc.	Health Net Access, Inc.	SelectCare of Texas, Inc.
Access Medical Group of Hialeah, Inc.	Health Net Community Solutions of Arizona, Inc.	SilverSummit Healthplan, Inc.
Access Medical Group of Miami, Inc.	Health Net Community Solutions, Inc.	Sunflower State Health Plan, Inc.
Access Medical Group of North Miami Beach, Inc.	Health Net Health Plan of Oregon, Inc.	Sunshine Health Community Solutions, Inc.
Access Medical Group of Opa-Locka, Inc.	Health Net of California, Inc.	Sunshine State Health Plan, Inc.
Access Medical Group of Perrine, Inc.	Health Net Life Reinsurance Company	Superior Health Community Solutions, Inc.
Access Medical Group of Tampa II, Inc.	Health Net of Arizona Administrative Services, Inc.	Superior HealthPlan, Inc.
Access Medical Group of Tampa III, Inc.	Health Net of Arizona, Inc.	Tennessee Total Care, Inc.
Access Medical Group of Tampa, Inc.	Health Net of California Real Estate Holdings, Inc.	The WellCare Management Group, Inc.
Access Medical Group of Westchester, Inc.	Health Net of California, Inc.	Trillium Community Health Plan, Inc.
Accountable Care Coalition of DeKalb, LLC	Health Net Pharmaceutical Services	U.S. Medical Management Holdings, Inc.
Accountable Care Coalition of Southeast Texas	Health Net Services, Inc.	UAM Agent Services Corp.
Accountable Care Coalition of Texas, Inc.	Health Plan Real Estate Holding, Inc.	UAM/APS Holding Corp.
Agate Resources, Inc.	HealthSmart Benefit Solutions, Inc.	Universal American Corporation
Ambetter of North Carolina, Inc.	HealthSmart Care Management Solutions, LP	Universal American Financial Services, Inc.
American Progressive Life and Health	HealthSmart Information Systems, Inc.	University Health Plans, Inc.
APS Healthcare Holdings, Inc.	HealthSmart Preferred Care II, LP	Virginia Total Care, Inc.
APS Healthcare, Inc.	HealthSmart Preferred Network II, Inc.	VPA of Texas, PLLC
APS Parent, Inc.	HealthSmart Primary Care Clinics, LP	VPA, P.C.
Arkansas Health & Wellness Health Plan, Inc.	HealthSmart Rx Solutions, Inc.	WCG Health Management, Inc.
AWC of Syracuse, Inc.	Healthy Missouri Holdings, Inc.	WellCare Health Insurance Company New
Bankers Reserve Life Insurance Company of Wisconsin	Healthy Oklahoma Holdings, Inc.	WellCare Health Insurance Company of
Blue Sky Health Plan, Inc.	Healthy Washington Holdings, Inc.	WellCare Health Insurance Company of
Bridgeway Health Solutions of Arizona, Inc.	Heritage Health Systems of Texas, Inc.	WellCare Health Insurance Company of
Buckeye Community Health Plan, Inc.	Heritage Health Systems, Inc.	WellCare Health Insurance Company of America
Buckeye Health Plan Community Solutions, Inc.	Heritage Physicians Networks	WellCare Health Insurance Company of Kentucky
Calibrate Acquisition Co.	HHS Texas Management, Inc.	WellCare Health Insurance Company of Nevada
California Health and Wellness Plan	Home State Health Plan, Inc.	WellCare Health Insurance of Arizona, Inc.
Care 1st Health Plan Arizona, Inc.	HomeScripts.com, LLC	WellCare Health Insurance of Connecticut
Care 1st Health Plan Administrative Services	IHG Holdings, Inc.	WellCare Health Insurance of New York, Inc.
Carolina Complete Health Holding Company Partnership	IlliniCare Health Plan, Inc.	WellCare Health Insurance of North Carolina
Carolina Complete Health, Inc.	Integrated Mental Health Services, 501(A)	WellCare Health Insurance of Tennessee
CBHSP Arizona, Inc.	Integrated Pharmacy Systems, Inc.	WellCare Health Insurance of the Southwest
Celtic Group, Inc.	Interpreta Holdings, Inc.	WellCare Health Plans of Arizona, Inc.
Celticare Health Plan of Massachusetts, Inc.	Interpreta, Inc.	WellCare Health Plans of California, Inc.
Cenpatico of Arizona, Inc.	Iowa Total Care, Inc.	WellCare Health Plans of Kentucky, Inc.
Cenpatico of California, Inc.	Isla Holding Co., Inc.	WellCare Health Plans of Massachusetts, Inc.
Centene Company of Texas, LP	Kentucky Spirit Health Plan, Inc.	WellCare Health Plans of Missouri, Inc.
Centene Corporation	LBB Industries, Inc.	WellCare Health Plans of New Jersey, Inc.
Centene Escrow II Corporation	LiveHealthier, Inc.	WellCare Health Plans of Tennessee, Inc.
Centene Health Plan Holdings, Inc.	Louisiana Healthcare Connections, Inc.	WellCare Health Plans of Vermont, Inc.
Centene Venture Company Alabama Health Plan, Inc.	LSM Holdco, Inc.	WellCare Health Plans of Wisconsin, Inc.
Centene Venture Company Florida	Magnolia Health Plan, Inc.	WellCare National Health Insurance Company
Centene Venture Company Illinois	Managed Health Network	WellCare of Alabama, Inc.
Centene Venture Company Indiana, Inc.	Managed Health Services Illinois, Inc.	WellCare of Arkansas, Inc.
Centene Venture Company Kansas	Managed Health Services Insurance Corporation	WellCare of California, Inc.
Centene Venture Company Michigan	Maryland Collaborative Care Transformation	WellCare of Connecticut, Inc.
Centene Venture Company Tennessee	Mauli Ola Health and Wellness, Inc.	WellCare of Florida, Inc.
Community Medical Holdings Corp.	Meridian Health Plan of Illinois, Inc.	WellCare of Georgia, Inc.
Comprehensive Health Management, Inc.	Meridian Health Plan of Michigan, Inc.	WellCare of Indiana, Inc.
Comprehensive Reinsurance, Ltd.	MHM Maryland, Inc.	WellCare of Kansas, Inc.
Coordinated Care Corporation	MHM Ohio, Inc.	WellCare of Maine, Inc.
Coordinated Care of Washington, Inc.	MHM Services, Inc.	Wellcare of Michigan Holding Company
Delaware First Health Plan, Inc.	MHN Global Services, Inc.	WellCare of Mississippi, Inc.
District Community Care, Inc.	MHN Government Services - Guam, Inc.	WellCare of Missouri Health Insurance Company
Envolve - New York, Inc.	MHN Government Services - International, Inc.	WellCare of Nebraska, Inc.
Envolve Benefit Options, Inc.	MHN Government Services - Puerto Rico, Inc.	WellCare of New Hampshire, Inc.
Envolve Captive Insurance Company, Inc.	MHS Consulting International, Inc.	WellCare of New York, Inc.
Envolve Dental IPA of New York, Inc.	MHS Travel & Charter, Inc.	WellCare of North Carolina, Inc.
Envolve Dental of Florida, Inc.	Michigan Complete Health, Inc.	WellCare of Ohio, Inc.
Envolve Dental of Texas, Inc.	Missouri Care, Incorporated	WellCare of Oklahoma, Inc.
Envolve Dental, Inc.	National Pharmacy Services, Inc.	WellCare of Pennsylvania, Inc.
Envolve Holdings, Inc.	Nebraska Total Care, Inc.	WellCare of South Carolina, Inc.
Envolve Optical, Inc.	New York Quality Healthcare Corporation	WellCare of Texas, Inc.
Envolve PeopleCare, Inc.	New York Rx, Inc.	WellCare of Virginia
Envolve Pharmacy Solutions, Inc.	Next Door Neighbors, Inc.	WellCare of Washington, Inc.
Envolve Total Vision, Inc.	NovaSys Health, Inc.	WellCare Pharmacy Benefits Management, Inc.
Envolve Vision Benefits, Inc.	Ohana Health Plan, Inc.	WellCare Prescription Insurance, Inc.
Envolve Vision IPA of New York, Inc.	Oklahoma Complete Health, Inc.	Wellington Merger Sub II, Inc.
Envolve Vision of Florida, Inc.	One Care by Care 1st Health Plan of Arizona	Western Sky Community Care, Inc.
Envolve Vision of Texas, Inc.	Patriots Holding Co.	Windsor Health Group, Inc.
Envolve Vision, Inc.	Peach State Health Plan, Inc.	Windsor Management Services, Inc.
Envolve, Inc.	Pennsylvania Health & Wellness, Inc.	Worlco Management Services, Inc.
Exactus Pharmacy Solutions, Inc.	Pennsylvania Health Care Plan, Inc.	

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.

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, 2020 and December 31, 2019 included \$146,685,286 and \$66,996,146, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$2,562,188 and \$5,033,039, respectively, for the true-up of management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ending December 31, 2020 and December 31, 2019 included \$1,535,265 and \$2,207,412, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$90,839 and (\$60,659), respectively, for such services.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the years ending December 31, 2020 and December 31, 2019 included \$263,509,196 and \$122,407,783, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$419,368) and (\$793,306), respectively, for such services.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the years ending December 31, 2020 and December 31, 2019 included \$7,485,980 and \$5,217,669, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$1,301,706) and (\$11,234), respectively, for such services.

Lifeshare Management Group, LLC provided specialized care management services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$101,707 and \$0, respectively, for such services. No amounts were due (to) from at December 31, 2020 and 2019 for such services.

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

During the years ending December 31, 2020, Centene Corporation funded capital contributions totaling \$105M, 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
- 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, 2020 and December 31, 2019.
- 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.

**ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

- 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 \$0.
- 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

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – None

15. Leases

None

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:

<u>Level input</u>	<u>Input definition</u>
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

ANNUAL STATEMENTS FOR THE YEAR 2020 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>

The following table summarizes fair value measurements by level at December 31, 2019 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 and Cash Equivalents	221,164,953	\$ -	\$ -	\$ 221,164,953
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>221,164,953</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 221,164,953</u>
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Assets Measured at Fair Value on a Nonrecurring Basis – None

B. Aggregate Fair Value for all Financial Instruments

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	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2019 for all financial instruments:

	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 221,164,953	\$ 221,164,953	\$ 221,164,953	\$ -	\$ -	\$ -
Bonds	\$ 2,200,477	\$ 2,201,559	\$ 2,200,477	\$ -	\$ -	\$ -

C. Not Practicable to Estimate Fair Value – None

D. Assets Measured at Net Asset Value – None

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

22. Events Subsequent

Subsequent events have been considered through February 26, 2021 for the statutory statement issued as of December 31, 2020 on February 26, 2021.

Type I – Recognized Subsequent Events

None

Type II – Nonrecognized Subsequent Events

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017 (payable in 2018). Additionally, in January 2018, Congress approved an additional one-year moratorium of the ACA industry fee for 2019 (payable in 2020). The 116th Congress passed a permanent repeal of the ACA industry fee starting in 2021 and repealed the other two ACA taxes, Medical Device Tax and Excise Tax, immediately.

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$11,976,281 and \$0 in 2020 and 2019, respectively.

The Company has an agreement with its state Medicaid customer in Iowa which provides for them to reimburse the Company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including its non-deductibility for income tax purposes. The execution of the agreement enabled the Company to recognize approximately \$15,159,849 and \$0 reimbursement as premium revenue for the years ending December 31, 2020 and 2019, respectively.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	N/A	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 12,655,752
C. ACA fee assessment paid	\$ 11,976,281	\$ -
D. Premium written subject to ACA 9010 assessment	\$ -	\$ 665,043,771
E. Total Adjusted Capital before surplus adjustment	\$ 188,269,778	
F. Total Adjusted Capital after surplus adjustment	\$ 188,269,778	
G. Authorized Control Level	\$ 79,215,668	
H. Would reporting the ACA assessment as of December 31, 2020, have triggered an RBC action level (YES/NO)?	N/A	

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.

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 \$2.2 billion, 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)

ANNUAL STATEMENTS FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

NOTES TO THE FINANCIAL STATEMENTS

None

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2019 were \$202.4 million and \$3.4 million, respectively. As of December 31, 2020, \$244.2 million and \$3.5 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now (\$10.8) million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been (\$31.2) 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, 2021
3. Was anticipated investment income utilized in the calculation? Yes No

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 \$793,000.

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 [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Iowa.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017
- 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 [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign 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 bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 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

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?
 Michael Schooley, ASA, MAAA, Staff Vice President, Actuarial Services, Comprehensive Health Management, 8735 Henderson Road, Tampa, FL 33634.....
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company N/A.....
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$0

- 12.2 If yes, provide explanation
 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 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: \$.....

INVESTMENT

- 24.01 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 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 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)
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 24.06 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]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.08 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]

GENERAL INTERROGATORIES

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

- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.093 Total payable for securities lending reported on the liability page \$.....0

25.1 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 21.1 and 24.03). Yes [] No [X]

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

- 25.21 Subject to repurchase agreements \$.....
- 25.22 Subject to reverse repurchase agreements \$.....
- 25.23 Subject to dollar repurchase agreements \$.....
- 25.24 Subject to reverse dollar repurchase agreements \$.....
- 25.25 Placed under option agreements \$.....
- 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 25.27 FHLB Capital Stock \$.....
- 25.28 On deposit with states \$.....
- 25.29 On deposit with other regulatory bodies \$.....
- 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 25.32 Other \$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 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 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:
- 26.41 Special accounting provision of SSAP No. 108 Yes [] No []
 - 26.42 Permitted accounting practice Yes [] No []
 - 26.43 Other accounting guidance Yes [] No []

26.5 By responding YES to 26.41 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.

27.1 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]

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

28. 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 []

28.01 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.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

GENERAL INTERROGATORIES

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

28.05 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.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 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.....

29.1 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]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	178,943,643	180,305,129	1,361,487
30.2 Preferred Stocks.....	0		0
30.3 Totals	178,943,643	180,305,129	1,361,487

30.4 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.....

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

31.2 If the answer to 31.1 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

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

33. 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

34. 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

35. 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

36. 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 36.a -36.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

OTHER

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

37.2 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
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$45,116

38.2 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
BELIN MCCORMICK P.C.....	\$.....44,860

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

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$.....0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered 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	\$2,227,561,267	\$1,045,730,245
2.2	Premium Denominator	\$2,227,561,267	\$1,045,730,245
2.3	Premium Ratio (2.1/2.2)	.....1.000	.....1.000
2.4	Reserve Numerator	\$127,284,520	\$202,418,153
2.5	Reserve Denominator	\$184,869,565	\$202,418,153
2.6	Reserve Ratio (2.4/2.5)	.....0.689	.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] 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 year38,067
- 8.2 Number of providers at end of reporting year41,168
- 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. \$.....159,382,644
- 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 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	388,930,775	285,959,993	1,000,000	1,000,000	1,000,000
2. Total liabilities (Page 3, Line 24)	200,660,997	211,729,075	0	0	0
3. Statutory minimum capital and surplus requirement	159,382,644	73,102,048	1,000,000	1,000,000	1,000,000
4. Total capital and surplus (Page 3, Line 33)	188,269,778	74,230,918	1,000,000	1,000,000	1,000,000
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,227,561,267	1,045,730,245	0	0	0
6. Total medical and hospital expenses (Line 18)	2,046,636,302	973,366,715	0	0	0
7. Claims adjustment expenses (Line 20)	23,744,493	17,942,301	0	0	0
8. Total administrative expenses (Line 21)	104,179,617	35,859,487	0	0	0
9. Net underwriting gain (loss) (Line 24)	53,000,855	18,561,742	0	0	0
10. Net investment gain (loss) (Line 27)	1,285,121	1,638,917	0	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	40,258,824	15,249,776	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(71,202,761)	178,366,662	0	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	188,269,778	74,230,918	1,000,000	1,000,000	1,000,000
15. Authorized control level risk-based capital	79,215,668	36,551,024	1,545	1,500	1,500
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	299,167	264,567	0	0	0
17. Total members months (Column 6, Line 7)	3,390,244	1,611,125	0	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	91.9	93.1	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.0	1.7	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	97.6	98.2	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	2.4	1.8	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	233,642,374	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	202,418,153	0	0	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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			2,227,772,568				2,227,772,568	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
59. Subtotal	XXX	0	0	2,227,772,568	0	0	0	2,227,772,568	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	0	0	2,227,772,568	0	0	0	2,227,772,568	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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts
 L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 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 2020 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	42-14063		
	17	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-09934		
	33	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-28609		
	67	MO	
Peach State Health Plan, Inc	20-31745		
	93	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Iowa Total Care, Inc	46-48290		
	06	IA	15713
Buckeye Community Health Plan, Inc	32-00452		
	82	OH	11834
Health Plan Real Estate Holding, Inc (18%)	46-28609		
	67	MO	
Absolute Total Care, Inc	20-56939		
	98	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-28609		
	67	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-18212		
	11	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-28609		
	67	MO	
Healthy Washington Holdings, Inc	46-55232		
	18	DE	
Coordinated Care of Washington, Inc	46-25782		
	79	WA	15352
Managed Health Services Insurance Corp	39-16785		
	79	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-28609		
	67	MO	
Hallmark Life Insurance Co	86-08198		
	17	AZ	60078
Superior HealthPlan, Inc	74-27705		
	42	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Healthy Louisiana Holdings LLC	27-09162		
	94	DE	
Louisiana Healthcare Connections, Inc	27-12872		
	87	LA	13970
Magnolia Health Plan Inc	20-85702		
	12	MS	13923
Sunshine Health Holding LLC	26-05570		
	93	FL	
Sunshine State Health Plan, Inc	20-89375		
		FL	13148

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

	77		
Kentucky Spirit Health Plan, Inc	45-12949		
	25	KY	14100
Healthy Missouri Holding, Inc (95%)	45-50702		
	30	MO	
Home State Health Plan, Inc	45-27980		
	41	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-28609		
	67	MO	
Sunflower State Health Plan, Inc	45-32767		
	02	KS	14345
Granite State Health Plan, Inc	45-47924		
	98	NH	14226
California Health and Wellness Plan	46-09072		
	61	CA	
Michigan Complete Health, Inc.	30-03124		
	89	MI	10769
Western Sky Community Care, Inc.	45-55835		
	11	NM	16351
Tennessee Total Care, Inc.	26-18493		
	94	TN	
SilverSummit Healthplan, Inc.	20-47611		
	89	NV	16143
University Health Plans, Inc.	22-32922		
	45	NJ	
Agate Resources, Inc.	20-04832		
	99	OR	
Trillium Community Health Plan, Inc.	42-16943		
	49	OR	12559
Nebraska Total Care, Inc.	47-51232		
	93	NE	15902
Pennsylvania Health & Wellness, Inc.	47-53406		
	13	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-56648		
	32	TX	15912
Sunshine Health Community Solutions, Inc.	47-56670		
	95	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-56643		
	42	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-12822		
	51	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-40423		
	68	DE	
Arkansas Total Care, Inc.	82-26490		
	97	AR	16256
Oklahoma Complete Health Inc.	81-31215		
	27	OK	16904
Bridgeway Health Solutions, LLC	20-49808		
	75	DE	
Bridgeway Health Solutions of Arizona Inc.	20-49808		
	18	AZ	16310

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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Celtic Group, Inc	36-29792		
	09	DE	
Celtic Insurance Company	06-06416	IL	80799
	18		
Ambetter of Magnolia Inc	35-25253	MS	15762
	84		
Ambetter of Peach State Inc.	36-48026	GA	15729
	32		
Novasys Health, Inc	27-22213	DE	
	67		
CeltiCare Health Plan Holdings LLC	26-42782	DE	
	05		
CeltiCare Health Plan of Massachusetts, Inc.	26-48184	MA	13632
	40		
Centene Management Company LLC	39-18640	WI	
	73		
CMC Real Estate Company. LLC	20-00572	DE	
	83		
Centene Center LLC	26-40946	DE	
	82		
Centene Center I, LLC	82-18161	DE	
	53		
Centene Center II, LLC	47-51560	DE	
	15		
7676 Management, LLC	85-17118	MO	
	57		
7676 Forsyth, LLC	85-17242	MO	
	87		
Illinois Health Practice Alliance, LLC (50%)	82-27619	DE	
	95		
Integrated Care Network of Florida, LLC (50%)	84-30231	DE	
	73		
Lifeshare Management Group, LLC	46-27981	NH	
	32		
Arkansas Total Care Holding Company, LLC (25%)	38-40423	DE	
	68		
CCTX Holdings, LLC	20-20742	DE	
	17		
Centene Company of Texas, LP (1%)	74-28104	TX	
	04		
Centene Holdings, LLC	20-20742	DE	
	77		
Centene Company of Texas, LP (99%)	74-28104	TX	
	04		
MHS Travel & Charter, Inc	43-17954	WI	
	36		
Health Care Enterprises, LLC	46-48554	DE	
	83		
Integrated Mental Health Management, L.L.C.	74-28929	TX	
	93		
Integrated Mental Health Services	74-27854	TX	
	94		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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Envolve Holdings, LLC	22-38894		
	71	DE	
Cenpatico Behavioral Health, LLC	68-04615		
	84	CA	
Cenpatico Behavioral Health of Arizona, LLC	20-16241		
	20	AZ	
Cenpatico of Arizona Inc.	80-08799		
	42	AZ	
Envolve, Inc.	37-17885		
	65	DE	
Envolve PeopleCare, Inc.	06-14763		
	80	DE	
LiveHealthier, Inc.	47-25167		
	14	DE	
Envolve Benefits Options, Inc.	61-18461		
	91	DE	
Envolve Vision Benefits, Inc.	20-47303		
	41	DE	
Envolve Captive Insurance Company, Inc.	36-45200		
	04	SC	
Envolve Vision of Texas, Inc.	75-25921		
	53	TX	95302
Envolve Vision, Inc	20-47730		
	88	DE	
Envolve Vision IPA of New York, Inc.	83-24608		
	78	NY	
Envolve Vision of Florida, Inc	65-00947		
	59	FL	
Envolve Total Vision, Inc.	20-48612		
	41	DE	
Envolve Optical, Inc.	82-29085		
	82	DE	
Envolve Dental, Inc.	46-27838		
	84	DE	
Envolve Dental of Florida, Inc.	81-29693		
	30	FL	
Envolve Dental of Texas, Inc.	81-27968		
	96	TX	16106
Envolve Dental IPA of New York, Inc.	83-14644		
	82	NY	
Envolve Pharmacy Solutions, Inc.	77-05785		
	29	DE	
LBB Industries, Inc	76-05117		
	00	TX	
RX Direct, Inc	75-26128		
	75	TX	
Envolve Pharmacy IPA, LLC	46-23073		
	56	NY	
Casenet LLC	90-06369		
	38	DE	
Casenet S.R.O.	Foreign	CZE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

MHM Services, Inc.	82-53165	
	10	DE
Centurion LLC	90-07665	
	02	DE
Centurion of Arizona, LLC	81-42280	
	54	AZ
Centurion of Vermont, LLC	47-16862	
	83	VT
Centurion of Mississippi, LLC	47-29673	
	81	MS
Centurion of Tennessee, LLC	30-07526	
	51	TN
Centurion of Minnesota, LLC	46-27178	
	14	MN
Centurion Correctional Healthcare of New Mexico, LLC	81-11614	
	92	NM
Centurion of Florida, LLC	81-06874	
	70	FL
Centurion of Maryland, LLC	81-49380	
	30	MD
Centurion of Georgia, LLC	82-31288	
	48	GA
Centurion Detention Health Services, LLC	82-47351	
	75	DE
Centurion of New Hampshire, LLC	82-48234	
	69	DE
Centurion of Pennsylvania, LLC	82-48234	
	69	PA
Centurion of West Virginia, LLC	46-48391	
	32	WV
Centurion of Kansas, LLC	84-34362	
	83	KS
Centurion of Delaware, LLC	84-37677	
	94	DE
Centurion of Wyoming, LLC	84-38576	
	53	WY
Centurion of Missouri, LLC	46-41021	
	35	MO
Centurion of Michigan, LLC	46-10410	
	08	MI
Centurion of Idaho, LLC	85-40200	
	81	ID
Centurion of Indiana, LLC		IN
Centurion of Maine, LLC	85-41435	
	11	ME
Centurion Health of Indiana, LLC	85-42430	
	85	IN
MHM Correctional Services, LLC	54-18563	
	40	DE
MHM Services of California, LLC	51-06209	
	04	CA

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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MHM Solutions, LLC	60-00020	
	02	DE
Forensic Health Services, LLC	26-18770	
	07	DE
MHM Health Professionals, LLC	46-17348	
	17	DE
Specialty Therapeutic Care Holdings, LLC	27-36177	
	66	DE
Specialty Therapeutic Care, LP (99.99%)	73-16988	
	08	TX
Specialty Therapeutic Care, GP, LLC	73-16988	
	07	TX
Specialty Therapeutic Care, LP (0.01%)	73-16988	
	08	TX
AcariaHealth Solutions, Inc.	80-08563	
	83	DE
AcariaHealth, Inc.	45-27803	
	34	DE
AcariaHealth Pharmacy #14, Inc	27-15990	
	47	CA
AcariaHealth Pharmacy #11, Inc	20-81926	
	15	TX
AcariaHealth Pharmacy #12, Inc	27-27654	
	24	NY
AcariaHealth Pharmacy #13, Inc	26-02269	
	00	CA
AcariaHealth Pharmacy, Inc	13-42623	
	84	CA
HomeScripts.com, LLC	27-37076	
	98	MI
New York Rx, Inc.	20-82356	
	95	NY
Foundation Care, LLC (80%)	20-08735	
	87	MO
U.S. Medical Management Holdings, Inc	27-02756	
	14	DE
U.S. Medical Management, LLC (20%)	38-31539	
	46	DE
U.S. Medical Management, LLC (80%)	38-31539	
	46	DE
RMED, LLC	31-17338	
	89	FL
IAH of Florida, LLC	47-21386	
	80	FL
Heritage Home Hospice, LLC	51-05817	
	62	MI
Grace Hospice of Austin, LLC	20-28276	
	13	MI
ComfortBrook Hospice, LLC	20-15300	
	70	OH
Comfort Hospice of Texas, LLC	20-49965	
	51	MI

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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Grace Hospice of San Antonio, LLC	20-28275 26	MI
Grace Hospice of Grand Rapids, LLC	45-06792 48	MI
Grace Hospice of Indiana, LLC	45-06349 05	MI
Grace Hospice of Virginia, LLC	45-50806 37	MI
Comfort Hospice of Missouri, LLC	45-50805 67	MI
Grace Hospice of Wisconsin, LLC	46-17088 34	MI
Grace Hospice of Illinois, LLC	81-51299 23	IL
Seniorcorps Peninsula, LLC	26-44355 32	VA
A N J, LLC	20-09270 34	TX
R&C Healthcare, LLC	33-11790 31	TX
Pinnacle Senior Care of Missouri, LLC	46-08614 69	MI
Country Style Health Care, LLC	03-05564 22	TX
Phoenix Home Health Care, LLC	14-18783 33	DE
Traditional Home Health Services, LLC	75-26350 25	TX
Family Nurse Care, LLC	38-27511 08	MI
Family Nurse Care II, LLC	20-51085 40	MI
Family Nurse Care of Ohio, LLC	20-39209 47	MI
Pinnacle Senior Care of Wisconsin, LLC	46-42298 58	WI
Pinnacle Senior Care of Indiana, LLC	81-15654 26	MI
Pinnacle Home Care, LLC	76-07135 16	TX
North Florida Health Services, Inc	59-35190 60	FL
Pinnacle Sr. Care of Kalamazoo, LLC	47-17427 28	MI
Hospice DME Company, LLC	46-17342 88	MI
Rapid Respiratory Services, LLC	20-43647 76	DE
USMM Accountable Care Partners, LLC	46-57359 93	DE
Pinnacle Senior Care of Illinois, LLC	83-35344 62	IL

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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VPA, P.C.	38-31769		
	90	MI	
IAH of Michigan, PLLC	47-21593		
	05	MI	
IAH of Wisconsin, PLLC	47-21461		
	60	MI	
VPA of Texas	20-23869		
	97	MI	
IAH of Texas, PLLC	35-25196		
	03	MI	
Advantechs X-Ray Imaging Services, L.L.C.	36-45397		
	90	TX	
Health Net, LLC	47-52080		
	76	DE	
Health Net of California, Inc.	95-44029		
	57	CA	
Health Net Life Insurance Company	73-06548		
	85	CA	66141
Health Net Life Reinsurance Company	98-04099		
	07	CYM	
Managed Health Network, LLC	95-41177		
	22	DE	
Managed Health Network	95-38179		
	88	CA	
MHN Services, LLC	95-41461		
	79	CA	
Health Net Federal Services, LLC	68-02148		
	09	DE	
MHN Government Services LLC	42-16809		
	16	DE	
Network Providers, LLC (10%)	88-03578		
	95	DE	
Network Providers, LLC (90%)	88-03578		
	95	DE	
Health Net Health Plan of Oregon, Inc.	93-10040		
	34	OR	95800
Health Net Community Solutions, Inc.	54-21740		
	68	CA	
Health Net of Arizona, Inc.	36-30978		
	10	AZ	95206
Health Net Pharmaceutical Services	68-02953		
	75	CA	
Health Net Community Solutions of Arizona, Inc.	81-13488		
	26	AZ	15895
Health Net Access, Inc.	46-26160		
	37	AZ	
MHS Consulting, International, Inc	20-86300		
	06	DE	
Centene International Ventures, LLC	83-10472		
	81	DE	
MHS European Holdings s.a.r.l.	27-20754		
	47	LUX	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

PRIMEROSALUD, S.L.	Foreign	ESP
Torrejon Salud, S.A. (89.47%)	Foreign	ESP
Ribera Salud, S.A. (90.1%)	Foreign	ESP
Torrevieja Salud UTE (65%)	Foreign	ESP
Ribera Salud II (96~%)	Foreign	ESP
ERESCANNER (15%)	Foreign	ESP
BR Salud UTE (45%)	Foreign	ESP
Marina Salud (35%)	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
Serendipity Asistencia Medica, S.L. (49%)	Foreign	ESP
Centro Inmunologocia 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	SVK
OB Klinika, a.s. (10%)	Foreign	SVK
Progress Medical a.s.	Foreign	SVK
OB Klinika, a.s. (90%)	Foreign	SVK
OB Care, s.r.o	Foreign	SVK
Discare CZ, a.s.	Foreign	SVK

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

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Hospital Povisa, S.A. (93.29%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torrevieja Salud S.L.U.	Foreign	ESP
Torrevieja Salud UTE (35%)	Foreign	ESP
Blackcrow Asistencia Medica, S.L	Foreign	ESP
Godgrace Asistencia Medica, S.L.	Foreign	ESP
Growly Asistencia Sanitaria, S.L.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (78.4%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
MH Services International Holdings (UK) Limited	Foreign	UK
MH Services International (UK) Limited	Foreign	UK
Operose Health Limited	Foreign	UK
Operose Health (Group) Limited	Foreign	UK
The Practice Properties Limited	Foreign	UK
Operose Health (Group) UK Limited	Foreign	UK
The Practice Surgeries Limited	Foreign	UK
Phoenix Primary Care Limited	Foreign	UK
Phoenix Primary (South) Limited	Foreign	UK
Circle Health Holdings Limited (40%)	Foreign	UK
Circle Health 1 Limited	Foreign	UK
Circle Health 2 Limited	Foreign	UK
Circle Holdings Limited	Foreign	JEY
Circle International PLC	Foreign	UK
Circle Health Limited	Foreign	UK
Nations Healthcare Limited	Foreign	UK
Circle Nottingham Limited	Foreign	UK
Circle Rehabilitation Services (90%)	Foreign	UK
Circle Hospital (Bath) Limited	Foreign	UK
Circle Hospital (Reading) Limited	Foreign	UK
Circle Clinical Services Limited	Foreign	UK
Circle Birmingham Limited	Foreign	UK
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN
Circle Health 3 Limited	Foreign	UK

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Iowa Total Care, Inc.

Circle Health 4 Limited		Foreign	UK	
GHG Healthcare Holdings Limited		Foreign	UK	
General Healthcare Group Limited		Foreign	UK	
General Healthcare Holdings 2 Limited		Foreign	UK	
General Healthcare Holdings 3 Limited		Foreign	UK	
North West Cancer Clinic Limited (90%)		Foreign	UK	
GHG (DB) Pension Trustees		Foreign	UK	
GHG Mount Alvernia Hospital Limited		Foreign	UK	
Generale de Sante International Limited		Foreign	UK	
BMI Southend Private Hospital Limited (50%)		Foreign	UK	
BMI Imaging Clinic Limited (50%)		Foreign	UK	
Mount Alvernia PET CT Limited (73.5%)		Foreign	UK	
Meriden Hospital Advanced Imaging Centre Ltd. (50%)		Foreign	UK	
BMI Syon Clinic Limited (50%)		Foreign	UK	
GHG Intermediate Holdings Limited		Foreign	UK	
General Healthcare Holdings 4 Limited		Foreign	UK	
BMI Healthcare Limited		Foreign	UK	
3SH Limited (50%)		Foreign	UK	
BMI Hospital Decontamination Limited		Foreign	UK	
Three Shires Hospital LP (50%)		Foreign	UK	
The Pavilion Clinic Ltd (51%)		Foreign	UK	
GHG Leasing Limited		Foreign	UK	
South Cheshire SPV Limited		Foreign	UK	
Bishopswood SPV Limited		Foreign	UK	
Runnymede SPV Limited		Foreign	UK	
Centene Europe Finance Company Limited		Foreign	MLT	
Centene Health Plan Holdings, Inc.		82-11721		
Ambetter of North Carolina, Inc.		63	DE	
Carolina Complete Health Holding Company Partnership (80%)		82-50325		
Carolina Complete Health, Inc.		56	NC	16395
Carolina Complete Health, Inc.		82-26994		
Carolina Complete Health, Inc.		83	DE	
Carolina Complete Health, Inc.		82-26993		
Carolina Complete Health, Inc.		32	NC	16526
Carolina Complete Health, Inc.		82-33802		
Carolina Complete Health, Inc.		90	NY	
Carolina Complete Health, Inc.		55-08780		
Carolina Complete Health, Inc.		53	NY	
Carolina Complete Health, Inc.		82-08028		
Carolina Complete Health, Inc.		46	NY	
Carolina Complete Health, Inc.		82-46706		
Carolina Complete Health, Inc.			DE	

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	77		
	47-41793		
Community Medical Holdings Corp	93	DE	
	46-34854		
Access Medical Acquisition, LLC	89	DE	
	45-31915		
Access Medical Group of North Miami Beach, LLC	69	FL	
	45-31917		
Access Medical Group of Miami, LLC	19	FL	
	45-31922		
Access Medical Group of Hialeah, LLC	83	FL	
	45-31998		
Access Medical Group of Westchester, LLC	19	FL	
	45-35051		
Access Medical Group of Opa-Locka, LLC	96	FL	
	45-31929		
Access Medical Group of Perrine, LLC	55	FL	
	45-31923		
Access Medical Group of Florida City, LLC	66	FL	
	82-17370		
Access Medical Group of Tampa, LLC	78	FL	
	82-17509		
Access Medical Group of Tampa II, LLC	78	FL	
	82-17733		
Access Medical Group of Tampa III, LLC	15	FL	
	84-27501		
Access Medical Group of Lakeland, LLC	88	FL	
	82-48839		
Interpreta Holdings, Inc. (80.1%)	21	DE	
	46-55178		
Interpreta, Inc.	58	DE	
	82-45817		
Patriots Holding Co	88	DE	
RxAdvance Corporation (38.31%)		DE	
	83-24463		
Centene Venture Company Michigan	07	MI	16613
	32-24345		
Next Door Neighbors, LLC (60%)	96	DE	
	83-23817		
Next Door Neighbors, Inc.	90	DE	
	84-37076		
Centene Venture Company Alabama Health Plan, Inc.	89	AL	16771
	83-24257		
Centene Venture Company Illinois	35	IL	16505
	83-24090		
Centene Venture Company Kansas	40	KS	16528
	83-24345		
Centene Venture Company Florida	96	FL	16499
	84-36793		
Centene Venture Company Indiana, Inc.	76	IN	16773
Centene Venture Company Tennessee	84-37243	TN	16770

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	74		
HealthEC, LLC (12.82%)		DE	
	83-41441		
Arch Personalized Medicine Initiative, LLC (50%)	16	MO	
	83-42053		
Social Health Bridge, LLC	48	DE	
	84-64033		
Social Health Bridge Trust	86	DE	
	83-44059		
WellCare Health Plans, Inc.	39	DE	
	04-36696		
WCG Health Management, Inc.	98	DE	
	14-16472		
The WellCare Management Group, Inc.	39	NY	
	14-16764		
WellCare of New York, Inc.	43	NY	95534
	06-14056		
WellCare of Connecticut, Inc.	40	CT	95310
	81-54429		
WellCare of Mississippi, Inc.	32	MS	16329
	82-06644		
WellCare of Virginia, Inc.	67	VA	
	81-32992		
WellCare of Oklahoma, Inc.	81	OK	16117
	84-37210		
WellCare Health Insurance Company of Nevada, Inc.	13	NV	
	84-37397		
WellCare Health Insurance of Southwest, Inc.	52	AZ	16692
	59-25836		
WellCare of Florida, Inc.	22	FL	95081
	20-21033		
WellCare of Georgia, Inc.	20	GA	10760
	45-36171		
WellCare of Kansas, Inc.	89	KS	14404
	20-80587		
WellCare of Texas, Inc.	61	TX	16964
	20-35621		
WellCare of Ohio, Inc.	46	OH	12749
	32-00628		
WellCare of South Carolina, Inc.	83	SC	11775
	20-80173		
WellCare Health Plans of New Jersey, Inc.	19	NJ	13020
	81-16319		
WellCare of Pennsylvania, Inc.	20	PA	
	84-35476		
WellCare Health Plans of Massachusetts, Inc.	89	MA	
	84-44490		
WellCare Health Insurance Company of Oklahoma, Inc.	30	OK	16752
	84-39077		
WellCare Health Plans of Missouri, Inc.	95	MO	16753
WellCare Prescription Insurance, Inc.	20-23831	AZ	10155

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	34		
WellCare Health Insurance of Hawaii, Inc.	84-46648	HI	
	83		
WellCare Health Plans of Rhode Island, Inc.	84-46278	RI	
	44		
WellCare of Illinois, Inc.	84-46499	IL	
	85		
WellCare of Arkansas, Inc.	83-27978	AR	16531
	33		
WellCare Pharmacy Benefits Management, Inc.	20-48693	DE	
	74		
Exactus Pharmacy Solutions, Inc.	20-84205	DE	
	12		
Comprehensive Reinsurance, Ltd.	98-04489	CYM	
	21		
WellCare Health Plans of California, Inc.	27-42932	CA	
	49		
WellCare Health Plans of Tennessee, Inc.	45-51543	TN	16533
	64		
Comprehensive Health Management, Inc.	59-35476	FL	
	16		
WellCare Health Insurance of New York, Inc	11-31975	NY	10884
	23		
Ohana Health Plan, Inc.	27-03861	HI	
	22		
WellCare of Indiana, Inc.	83-28400	IN	
	51		
America's 1st Choice California Holdings, LLC	45-32367	FL	
	88		
WellCare of California, Inc.	20-53275	CA	
	01		
Windsor Health Group, Inc.	62-18326	TN	
	45		
WellCare Health Insurance of Tennessee, Inc.	83-22761	TN	16532
	59		
WellCare of New Hampshire, Inc.	83-29143	NH	16515
	27		
WellCare Health Plans of Vermont, Inc.	83-22555	VT	16514
	14		
WellCare Health Insurance of Connecticut, Inc.	83-21262	CT	16513
	69		
WellCare of Washington, Inc.	83-20693	WA	16571
	08		
WellCare Health Plans of Kentucky, Inc.	47-09714	KY	15510
	81		
WellCare of Alabama, Inc.	82-13011	AL	16239
	28		
WellCare of Maine, Inc.	82-31145	ME	16344
	17		
Harmony Health Systems Inc.	22-33910	NJ	
	45		

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Harmony Health Management, Inc.	36-44676 76	NJ	
Harmony Health Plan, Inc.	36-40504 95	IL	11229
Harmony Behavioral Health, Inc.	20-33202 36	FL	
Harmony Behavioral Health IPA, Inc.	20-32623 22	NY	
WellCare Health Insurance Company of Kentucky, Inc.	36-60692 95	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-02695 58	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-34931 60	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-33339 18	LA	
WellCare of Missouri Health Insurance Company, Inc.	83-35258 30	MO	16512
WellCare Health Plans of Wisconsin, Inc.	83-33512 54	WI	16569
Care 1st Health Plan of Arizona, Inc.	57-11652 17	AZ	
Care1st Health Plan Administrative Services, Inc.	46-26801 54	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-17426 85	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-31669 08	WA	16570
WellCare Health Insurance Company of Wisconsin, Inc.	83-33102 18	WI	16568
WellCare of Puerto Rico, Inc.	66-08881 49	PR	
WellCare of North Carolina, Inc.	82-54880 80	NC	16547
WellCare Health Plans of Arizona, Inc.	82-31696 16	AZ	16253
WellCare Health Insurance Company of America	82-42470 84	AR	16343
WellCare National Health Insurance Company	82-51270 96	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-30916 73	NH	16516
Wellcare Health Insurance Company of New Jersey, Inc.	84-47094 71	NJ	16789
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-40044 94	MI	
Meridian Network Services, LLC		MI	
MeridianRx, LLC	27-13392 24	MI	
MeridianRx IPA, LLC			
MeridianRx of Indiana, LLC	83-36122	MI	

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	26-40045		
WellCare of Michigan Holding Company	78	MI	
	38-32539		
Meridian Health Plan of Michigan, Inc.	77	MI	52563
	20-32096		
Meridian Health Plan of Illinois, Inc.	71	IL	13189
	27-46838		
Universal American Corp.	16	DE	
	45-13529		
Universal American Holdings, LLC	14	DE	
	95-38003		
Universal American Financial Services, Inc.	29	DE	
	58-26332		
Premier Marketing Group, LLC	95	DE	
	95-36232		
Penn Marketing America, LLC	26	DE	
	23-19135		
Worlco Management Services, Inc.	28	NY	
	42-09890		
UAM Agent Services Corp.	96	IA	
	45-46447		
APS Parent, Inc.	22	DE	
	13-18517		
American Progressive Life and Health Insurance Company of New York	54	NY	80624
	13-34916		
Quincy Coverage Corporation	81	NY	
	62-15171		
Heritage Health Systems, Inc.	94	TX	
	62-18196		
SelectCare of Texas, Inc.	58	TX	10096
	76-04598		
Heritage Health Systems of Texas, Inc.	57	TX	
	62-16945		
Golden Triangle Physician Alliance	48	TX	
	76-05607		
Heritage Physician Networks	30	TX	
	74-31419		
SelectCare Health Plans, Inc.	49	TX	10768
	76-05009		
HHS Texas Management, LP (99.1%)	63	TX	
	76-05009		
HHS Texas Management, Inc.	64	TX	
	76-05009		
HHS Texas Management, LP. (0.9%)	63	TX	
	90-07792		
Collaborative Health Systems, LLC	87	NY	
	45-54811		
Accountable Care Coalition of Georgia , LLC (51%)	08	GA	
	81-25889		
Accountable Care Coalition of Chesapeake, LLC (51%)	74	MD	

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Accountable Care Coalition of Mississippi, LLC (51%)	46-28811 80	MS
Accountable Care Coalition of North Texas, LLC (51%)	45-45528 02	TX
Accountable Care Coalition of Northeast Georgia, LLC(51%)	47-38944 36	GA
Accountable Care Coalition of Northwest Florida, LLC (51%)	46-41065 26	FL
Accountable Care Coalition of Southeast Physician Partners, LLC	47-39133 08	SC
Accountable Care Coaliton of Southeast Texas, Inc.	47-38425 52	TX
Accountable Care Colation of Southeast Wisconsin, LLC (51)	45-41136 10	WI
Accountable Care Coalition of Texas, Inc.	45-27422 98	TX
AWC of Syracuse, Inc.	47-23464 08	NY
Chrysalis Medical Services, LLC (51%)	30-08038 45	NJ
Collaborative Health Systems of Maryland, LLC (50%)	81-33653 75	MD
Collaborative Health Systems of Virginia, LLC	81-33065 94	VA
Accountable Care Coalition of Maryland, LLC (51%)	45-41197 36	MD
Accountable Care Coalition of Maryland Primary Care, LLC (51%)	45-54491 47	MD
Essential Care Partners, LLC (51%)	45-45615 46	TX
Hudson Accountable Care, LLC (51%)	47-39233 94	NY
Maryland Collaborative Care, LLC (51%)	90-08559 50	MD
Mid-Atlantic Collaborative Care, LLC (51%)	81-27043 55	MD
Northern Maryland Collaborative Care, LLC (51%)	45-56268 71	MD
Accountable Care Coalition of Elite Providers VII, LLC	82-12468 45	AZ
Accountable Care Coalition of Community Health Centers, LLC (51%)	82-16811 46	TX
Accountable Care Coalition of Community Health Centers II, LLC	82-16694 22	TX
Accountable Care Coalition of Southeast Partners, LLC (51%)	82-16239 20	GA
Accountable Care Coalition of Elite Providers LLC	82-15580 80	HI
Accountable Care Coalition of Florida Partners, LLC	84-22170 98	FL
Maryland Collaborative Care Transformation Organization, Inc.	82-12800 79	DE

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Accountable Care Coalition of New Jersey, Inc. (51%)	82-12632 27	NJ	
Accountable Care Coalition of Quality Health, LLC	82-16045 48	OR	
Accountable Care Coalition of Prime Health, LLC	82-16988 85	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-07279 97	PA	
Accountable Care Coalition of Tennessee, LLC (51%)	82-12192 79	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-25749 01	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-08220 80	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-08294 73	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-08476 91	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-08632 92	DE	
Accountable Care Coalition of Elite Providers VI, LLC	85-09078 49	DE	
Accountable Care Coalition of Quality Health II, LLC	85-08784 05	DE	
Accountable Care Coalition of Quality Health III, LLC	85-08936 57	DE	
Collaborative Health Systems IPA, LLC	85-17702 15	FL	
QCA Healthplan, Inc.	71-07946 05	AR	95448
Qualchoice Life and Health Insurance Company	71-03866 40	AR	70998
HealthSmart Benefits Management, LLC	27-13004 75	TX	
Parker LP, LLC	20-23875 87	NV	
HealthSmart Preferred Care II, LP (99%)	75-25083 16	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-33940 46	TX	
HealthSmart Care Management Solutions, LP (99%)	75-29608 59	TX	
HealthSmart Information Systems, Inc.	75-27274 37	TX	
HealthSmart Benefit Solutions, Inc.	36-40991 99	IL	
HealthSmart Preferred Network II, Inc	06-16214 70	DE	
HealthSmart Rx Solutions, Inc.	34-16355 97	OH	
Mauli Ola Health and Wellness, Inc.		HI	

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District Community Care Inc.	84-41195 70	DC	16814
Centene Institute for Advanced Health Education, LLC	84-51609 60	DE	
Centene Canada Corporation		CAN	
Centene Investments, LLC	85-30069 77	DE	
Wellframe, Inc. (7.10%)		DE	
Diameter Health, Inc. (16.65%)		DE	
Prowl Holdings, LLC (96%)	85-38020 75	DE	
Panther Pass Co, LLC	83-32403 68	PA	
Panther Specialty Holding Co, LLC		PA	
Panthex Specialty, LLC	45-36200 87	PA	
Panthex Access Services, LLC	37-17784 65	PA	
Babylon Holdings Limited (2.50%)		UK	
Hazel Health, Inc. (7.40%)		DE	
Quartet Health, Inc. (9.50%)		DE	
Rubicon MD (5.84%)		DE	
Apixio, Inc.	80-05082 23	DE	

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