



QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Iowa Total Care, Inc.

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 01/01/2016

Statutory Home Office 1080 Jordan Creek Parkway (Street and Number) , Des Moines, IA, US 50266 (City or Town, State, Country and Zip Code)

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

Mail Address 7700 Forsyth Boulevard (Street and Number or P.O. Box) , St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.centene.com

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

OFFICERS

| Name | Title | Name | Title |
|----------------------------------|------------------|--------------------------------|------------------------------|
| <u>Mitchell Lawrence Wasden</u> | <u>President</u> | <u>James Edward Snyder III</u> | <u>Treasurer</u> |
| <u>Christopher Andrew Koster</u> | <u>Secretary</u> | <u>Tricia Lynn Dinkelman</u> | <u>Vice President of Tax</u> |

OTHER OFFICERS

_____, _____, _____, _____

_____, _____, _____, _____

DIRECTORS OR TRUSTEES

| | | |
|--------------------|---------------------------------|-----------------------|
| <u>Scott Erwin</u> | <u>Mitchell Lawrence Wasden</u> | <u>Jennifer Ready</u> |
|--------------------|---------------------------------|-----------------------|

State of

ss

County of

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

Mitchell Lawrence Wasden
President

James Edward Snyder III
Treasurer

Christopher Andrew Koster
Secretary

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 _____

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

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 226,763,368 | | 226,763,368 | 243,066,627 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$122,862,059), cash equivalents (\$22,945,694) and short-term investments (\$15,347,966) | 161,155,719 | | 161,155,719 | 161,735,592 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 5,016,572 | | 5,016,572 | 4,955,072 |
| 9. Receivables for securities | | | 0 | 14,761 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 392,935,659 | 0 | 392,935,659 | 409,772,052 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 1,909,413 | | 1,909,413 | 2,043,070 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 185,706,806 | | 185,706,806 | 122,550,229 |
| 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 | 6,343,203 | 170,306 | 6,172,897 | 4,479,130 |
| 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 | 25,268 | | 25,268 | 87,421 |
| 24. Health care (\$6,664,999) and other amounts receivable | 31,238,331 | 24,573,332 | 6,664,999 | 8,983,972 |
| 25. Aggregate write-ins for other-than-invested assets | 1,800,000 | 1,800,000 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 619,958,680 | 26,543,638 | 593,415,042 | 547,915,874 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 619,958,680 | 26,543,638 | 593,415,042 | 547,915,874 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaids | 1,800,000 | 1,800,000 | 0 | 0 |
| 2502. | | | 0 | 0 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 1,800,000 | 1,800,000 | 0 | 0 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|-------------|-------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded)..... | 221,670,410 | | 221,670,410 | 226,952,087 |
| 2. Accrued medical incentive pool and bonus amounts | 14,257,737 | | 14,257,737 | 11,420,135 |
| 3. Unpaid claims adjustment expenses | 2,601,217 | | 2,601,217 | 2,354,234 |
| 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 reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 11,524,860 | | 11,524,860 | 3,244,967 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 17,906,873 | | 17,906,873 | 9,565,596 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 47,331 | | 47,331 | 15,301 |
| 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 | 3,543,267 | | 3,543,267 | 2,269,434 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 3,413,599 | 0 | 3,413,599 | 4,249,721 |
| 24. Total liabilities (Lines 1 to 23)..... | 274,965,294 | 0 | 274,965,294 | 260,071,475 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000 | 1,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 149,999,000 | 149,999,000 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 168,449,748 | 137,844,399 |
| 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 | 318,449,748 | 287,844,399 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 593,415,042 | 547,915,874 |
| DETAILS OF WRITE-INS | | | | |
| 2301. State Income Tax Payable..... | 2,482,483 | | 2,482,483 | 1,109,825 |
| 2302. Hospital assessment payable..... | 931,116 | | 931,116 | 465,492 |
| 2303. Vendor deposit payable..... | | | 0 | 2,674,404 |
| 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) | 3,413,599 | 0 | 3,413,599 | 4,249,721 |
| 2501. | XXX | XXX | | 0 |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 708,681 | 1,138,989 | 3,808,084 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 625,269,934 | 741,258,875 | 2,696,295,442 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 625,269,934 | 741,258,875 | 2,696,295,442 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 440,171,421 | 525,661,936 | 1,947,418,600 |
| 10. Other professional services | | 9,499,564 | 11,389,128 | 42,803,151 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 18,939,543 | 34,865,378 | 118,771,147 |
| 13. Prescription drugs | | 76,941,436 | 105,975,561 | 369,371,745 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 3,840,716 | 5,905,560 | 22,009,834 |
| 16. Subtotal (Lines 9 to 15) | 0 | 549,392,680 | 683,797,563 | 2,500,374,477 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 549,392,680 | 683,797,563 | 2,500,374,477 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 373,720 cost containment expenses..... | | 6,228,669 | 7,316,639 | 26,143,153 |
| 21. General administrative expenses..... | | 34,860,923 | 35,228,333 | 116,532,396 |
| 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 | 590,482,272 | 726,342,535 | 2,643,050,026 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 34,787,662 | 14,916,340 | 53,245,416 |
| 25. Net investment income earned | | 4,632,269 | 3,656,344 | 17,822,018 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 1,207 | | (4,539) | 0 | (2,543,388) |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 4,627,730 | 3,656,344 | 15,278,630 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | (12,444) | 50,756 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 39,415,392 | 18,560,240 | 68,574,802 |
| 31. Federal and foreign income taxes incurred | XXX | 8,342,483 | 3,922,914 | 15,051,565 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 31,072,909 | 14,637,326 | 53,523,237 |
| 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 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. Hospital Assessment..... | | | 0 | 0 |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. Sanct ions..... | | | 0 | 0 |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|---|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 287,844,399 | 257,403,139 | 257,403,139 |
| 34. Net income or (loss) from Line 32 | 31,072,909 | 14,637,326 | 53,523,237 |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$6,019 | (22,644) | (27,373) | (26,581) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | 510,960 | 294,388 | (751,895) |
| 39. Change in nonadmitted assets | (955,876) | (835,420) | 2,696,499 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 0 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| 44.3 Transferred to surplus | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | (25,000,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 30,605,349 | 14,068,921 | 30,441,260 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 318,449,748 | 271,472,060 | 287,844,399 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 562,145,387 | 721,161,916 | 2,664,253,192 |
| 2. Net investment income | 4,773,811 | 3,843,880 | 17,773,405 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 566,919,198 | 725,005,796 | 2,682,026,597 |
| 5. Benefit and loss related payments | 553,195,467 | 659,664,932 | 2,501,843,831 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 32,562,716 | 40,612,404 | 140,252,052 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 0 | 0 | 8,955,281 |
| 10. Total (Lines 5 through 9) | 585,758,183 | 700,277,336 | 2,651,051,164 |
| 11. Net cash from operations (Line 4 minus Line 10) | (18,838,985) | 24,728,460 | 30,975,433 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 16,289,630 | 8,547,243 | 62,640,422 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 14,761 | 1,029,980 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 16,304,391 | 9,577,223 | 62,640,422 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 42,015,505 | 52,413,486 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 90,164 | 11,250 | 700,135 |
| 13.6 Miscellaneous applications | 0 | 0 | 14,761 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 90,164 | 42,026,755 | 53,128,382 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 16,214,227 | (32,449,532) | 9,512,040 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 25,000,000 |
| 16.6 Other cash provided (applied)..... | 2,044,885 | 23,623,558 | 1,488,711 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 2,044,885 | 23,623,558 | (23,511,289) |
| 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) | (579,873) | 15,902,486 | 16,976,184 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 161,735,592 | 144,759,407 | 144,759,407 |
| 19.2 End of period (Line 18 plus Line 19.1) | 161,155,719 | 160,661,894 | 161,735,592 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non- Health |
|---|-------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|----------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 242,353 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 242,353 | .0 | .0 | .0 | .0 | .0 |
| 2. First Quarter | 258,346 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 258,346 | .0 | .0 | .0 | .0 | .0 |
| 3. Second Quarter | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. Third Quarter | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 708,681 | | | | | | | | 708,681 | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 183,553 | | | | | | | | 183,553 | | | | | |
| 8. Non-Physician | 723,694 | | | | | | | | 723,694 | | | | | |
| 9. Total | 907,247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 907,247 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 435,050 | | | | | | | | 435,050 | | | | | |
| 11. Number of Inpatient Admissions | 18,669 | | | | | | | | 18,669 | | | | | |
| 12. Health Premiums Written (a)..... | 625,317,265 | | | | | | | | 625,317,265 | | | | | |
| 13. Life Premiums Direct | .0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 625,317,265 | | | | | | | | 625,317,265 | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 551,836,754 | | | | | | | | 551,836,754 | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 549,392,680 | | | | | | | | 549,392,680 | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 625,317,265

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|--|---|------------------------------------|--|------------------------------------|---|--|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | | | | | .0 | .0 |
| 2. Comprehensive (hospital and medical) group | | | | | .0 | .0 |
| 3. Medicare Supplement | | | | | .0 | .0 |
| 4. Vision only | | | | | .0 | .0 |
| 5. Dental only | | | | | .0 | .0 |
| 6. Federal Employees Health Benefits Plan | | | | | .0 | .0 |
| 7. Title XVIII - Medicare | | | | | .0 | .0 |
| 8. Title XIX - Medicaid | 198,338,507 | 383,630,775 | 36,085,447 | 185,584,964 | 234,423,954 | 226,952,087 |
| 9. Credit A&H | | | | | .0 | .0 |
| 10. Disability income | | | | | .0 | .0 |
| 11. Long-term care | | | | | .0 | .0 |
| 12. Other health | | | | | .0 | .0 |
| 13. Health subtotal (Lines 1 to 12)..... | 198,338,507 | 383,630,775 | 36,085,447 | 185,584,964 | 234,423,954 | 226,952,087 |
| 14. Health care receivables (a) | 16,085,757 | 15,049,884 | | | 16,085,757 | .0 |
| 15. Other non-health | | | | | .0 | .0 |
| 16. Medical incentive pools and bonus amounts | 3,029,213 | (2,026,100) | 9,589,774 | 4,667,963 | 12,618,987 | 11,420,135 |
| 17. Totals (Lines 13-14+15+16) | 185,281,963 | 366,554,791 | 45,675,221 | 190,252,927 | 230,957,184 | 238,372,222 |

6

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

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.
NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition, results of operations, and cash flow 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 SAP”) has been adopted as a component of prescribed or permitted practices by the State of Iowa.

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

| | SSAP # | F/S Page | F/S Line # | 2024 | 2023 |
|--|--------|-------------|---------------|-----------------------|-----------------------|
| NET INCOME | | | | | |
| 1 Company state basis (Page 4, Line 32, Columns 2 & 4) | xxx | xxx | xxx | \$ 31,072,909 | \$ 53,523,237 |
| State Prescribed Practices that are an increase/(decrease) | | | | | |
| 2 from NAIC SAP: None | — | — | — | — | — |
| State Permitted Practices that are an increase/(decrease) | | | | | |
| 3 from NAIC SAP: None | — | — | — | — | — |
| 4 NAIC SAP (1-2-3=4) | xxx | xxx | xxx | <u>\$ 31,072,909</u> | <u>\$ 53,523,237</u> |
| SURPLUS | | | | | |
| 5 Company state basis (Page 3, Line 33, Columns 3 & 4) | xxx | xxx | xxx | \$ 318,449,748 | \$ 287,844,399 |
| State Prescribed Practices that are an increase/(decrease) | | | | | |
| 6 from NAIC SAP: None | — | — | — | — | — |
| State Permitted Practices that are an increase/(decrease) | | | | | |
| 7 from NAIC SAP: None | — | — | — | — | — |
| 8 NAIC SAP (5-6-7=8) | xxx | xxx | xxx | <u>\$ 318,449,748</u> | <u>\$ 287,844,399</u> |

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

C. Accounting Policy - No significant change.

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

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - No significant change.

B. Debt Restructuring - No significant change.

C. Reverse Mortgages - No significant change.

D. Loan-Backed Securities

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

2. The Company has no OTTI to recognize.

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

4. All impaired securities (fair value is less than cost or amortized cost) for which an 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 | \$ | 103,164 |
| 2. 12 Months or Longer | \$ | 7,340,746 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.
NOTES TO FINANCIAL STATEMENT

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

| | | |
|------------------------|----|------------|
| 1. Less than 12 Months | \$ | 11,983,601 |
| 2. 12 Months or Longer | \$ | 46,722,314 |

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

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

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the period March 31, 2024.

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

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

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - No significant change.

K. Low-Income Housing Tax Credits ("LIHTC") - No significant change.

L. Restricted Assets (including Pledged) - No significant change.

M. Working Capital Finance Investments - None.

N. Offsetting and Netting of Assets and Liabilities - None

O. 5* GI Securities - No significant change.

P. Short Sales - No significant change.

Q. Prepayment Penalty and Acceleration Fees - No significant change.

R. Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

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

No significant change.

11. Debt

A. Debt - No significant change.

B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - No significant change.

B. Assessments - No significant change.

C. Gain Contingencies - No significant change.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - No significant change.

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.
NOTES TO FINANCIAL STATEMENT

E. Joint and Several Liabilities - No significant change.

F. All Other Contingencies - No significant change.

15. Leases

No significant change.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales - No significant change.

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales - None

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

No significant change.

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

No significant change.

20. Fair Value Measurements

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

Level inputs are as follows:

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

1. The following table summarizes fair value measurements by level at March 31, 2024, for assets and liabilities measured at fair value.

| Description of each class of asset or liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|---|-----------------------|-------------|-------------|--------------------------|-----------------------|
| a. Assets at fair value | | | | | |
| Cash, cash equivalents and short-term investments | \$ 145,807,753 | \$ — | \$ — | \$ — | \$ 145,807,753 |
| Bonds | — | — | — | — | — |
| Total Bonds | \$ — | \$ — | \$ — | \$ — | \$ — |
| Common stock | | | | | |
| Parent, subsidiaries and affiliates | — | — | — | — | — |
| Total Common stock | \$ — | \$ — | \$ — | \$ — | \$ — |
| Derivatives assets | — | — | — | — | — |
| Total Derivatives assets | \$ — | \$ — | \$ — | \$ — | \$ — |
| Separate account assets | \$ — | \$ — | \$ — | \$ — | \$ — |
| Total assets at fair value | <u>\$ 145,807,753</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 145,807,753</u> |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</u> |

B. Fair Value Disclosures Under Other Pronouncements - None

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.
NOTES TO FINANCIAL STATEMENT

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at March 31, 2024, for all financial instruments:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|-----------------------|----------------------------------|
| Cash and cash equivalents | \$ 145,807,753 | \$ 145,807,753 | \$ 145,807,753 | \$ — | \$ — | \$ — | \$ — |
| Short-term investments | 15,347,966 | 15,347,966 | — | 15,347,966 | — | — | — |
| Bonds | 213,372,115 | 226,763,368 | — | 213,372,115 | — | — | — |
| Total Investments | <u>\$ 374,527,834</u> | <u>\$ 387,919,087</u> | <u>\$ 145,807,753</u> | <u>\$ 228,720,081</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</u> |

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

21. Other Items

A. Extraordinary Items - No significant change.

B. Troubled Debt Restructuring - No significant change.

C. Other Disclosures and Unusual Items -

No significant change.

D. Business Interruption Insurance Recoveries - No significant change.

E. State Transferable and Non-Transferable Tax Credits - No significant change.

F. Subprime Mortgage Related Risk Exposure - No significant change.

G. Retained Assets - No significant change.

H. Insurance-Linked Securities (ILS) Contracts - No significant change.

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

22. Events Subsequent

There were no events occurring subsequent to March 31, 2024, requiring disclosure. Subsequent events have been considered through May 14, 2024, for the Statutory statement issued on May 14, 2024.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. B. C. D. - No significant change.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2023 were \$243,283,836. As of March 31, 2024, \$185,290,818 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$45,666,366 as a result of re-estimation of unpaid claims. Therefore, there has been \$15,877,752 favorable prior-year development since December 31, 2023. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 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 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....0001071739
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of 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 |
|---------------------|------------------------|------------------------|
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2022
- 6.2 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
- 6.3 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
- 6.4 By what department or departments?
Iowa Insurance Department.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]
- 7.1 Has this 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]
- 7.2 If yes, give full information:
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 |
|---------------------|--------------------------------|----------|----------|-----------|----------|
| | | | | | |

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
hb.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$0

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--|--|---|
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No NA
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

| | |
|--|-----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.3 Total payable for securities lending reported on the liability page | \$0 |

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

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|---|
| Northern Trust..... | 50 S LaSalle Street, Chicago, IL 60603..... |
| US Bank Trust..... | 555 SW Oak St., Portland, OR 97204..... |

17.2 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) |
|--------------|------------------|------------------------------|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

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

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

17.5 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..... |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 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, INC..... | KUR85E5PS4GQFZTFC130..... | SEC..... | NO..... |

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

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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

20. 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.

GENERAL INTERROGATORIES

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

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | | |
|--|----------------|--|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent..... | 87.9 % | |
| 1.2 A&H cost containment percent | 0.1 % | |
| 1.3 A&H expense percent excluding cost containment expenses..... | 6.5 % | |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes [] No [X] | |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ | |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes [] No [X] | |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ | |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | Yes [] No [X] | |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | Yes [] No [X] | |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|---------------------------|----------------|------------------------|------------------------|----------------------------------|--------------------------------------|--------------------------------|------------------------|---|--|
| NONE | | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | | |
|---|------------------------|---------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|----|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life & Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts | |
| 1. Alabama | AL | N | | | | | | | | .0 | |
| 2. Alaska | AK | N | | | | | | | | .0 | |
| 3. Arizona | AZ | N | | | | | | | | .0 | |
| 4. Arkansas | AR | N | | | | | | | | .0 | |
| 5. California | CA | N | | | | | | | | .0 | |
| 6. Colorado | CO | N | | | | | | | | .0 | |
| 7. Connecticut | CT | N | | | | | | | | .0 | |
| 8. Delaware | DE | N | | | | | | | | .0 | |
| 9. Dist. Columbia | DC | N | | | | | | | | .0 | |
| 10. Florida | FL | N | | | | | | | | .0 | |
| 11. Georgia | GA | N | | | | | | | | .0 | |
| 12. Hawaii | HI | N | | | | | | | | .0 | |
| 13. Idaho | ID | N | | | | | | | | .0 | |
| 14. Illinois | IL | N | | | | | | | | .0 | |
| 15. Indiana | IN | N | | | | | | | | .0 | |
| 16. Iowa | IA | L | | 625,317,265 | | | | | | 625,317,265 | |
| 17. Kansas | KS | N | | | | | | | | .0 | |
| 18. Kentucky | KY | N | | | | | | | | .0 | |
| 19. Louisiana | LA | N | | | | | | | | .0 | |
| 20. Maine | ME | N | | | | | | | | .0 | |
| 21. Maryland | MD | N | | | | | | | | .0 | |
| 22. Massachusetts | MA | N | | | | | | | | .0 | |
| 23. Michigan | MI | N | | | | | | | | .0 | |
| 24. Minnesota | MN | N | | | | | | | | .0 | |
| 25. Mississippi | MS | N | | | | | | | | .0 | |
| 26. Missouri | MO | N | | | | | | | | .0 | |
| 27. Montana | MT | N | | | | | | | | .0 | |
| 28. Nebraska | NE | N | | | | | | | | .0 | |
| 29. Nevada | NV | N | | | | | | | | .0 | |
| 30. New Hampshire | NH | N | | | | | | | | .0 | |
| 31. New Jersey | NJ | N | | | | | | | | .0 | |
| 32. New Mexico | NM | N | | | | | | | | .0 | |
| 33. New York | NY | N | | | | | | | | .0 | |
| 34. North Carolina | NC | N | | | | | | | | .0 | |
| 35. North Dakota | ND | N | | | | | | | | .0 | |
| 36. Ohio | OH | N | | | | | | | | .0 | |
| 37. Oklahoma | OK | N | | | | | | | | .0 | |
| 38. Oregon | OR | N | | | | | | | | .0 | |
| 39. Pennsylvania | PA | N | | | | | | | | .0 | |
| 40. Rhode Island | RI | N | | | | | | | | .0 | |
| 41. South Carolina | SC | N | | | | | | | | .0 | |
| 42. South Dakota | SD | N | | | | | | | | .0 | |
| 43. Tennessee | TN | N | | | | | | | | .0 | |
| 44. Texas | TX | N | | | | | | | | .0 | |
| 45. Utah | UT | N | | | | | | | | .0 | |
| 46. Vermont | VT | N | | | | | | | | .0 | |
| 47. Virginia | VA | N | | | | | | | | .0 | |
| 48. Washington | WA | N | | | | | | | | .0 | |
| 49. West Virginia | WV | N | | | | | | | | .0 | |
| 50. Wisconsin | WI | N | | | | | | | | .0 | |
| 51. Wyoming | WY | N | | | | | | | | .0 | |
| 52. American Samoa | AS | N | | | | | | | | .0 | |
| 53. Guam | GU | N | | | | | | | | .0 | |
| 54. Puerto Rico | PR | N | | | | | | | | .0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | .0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | .0 | |
| 57. Canada | CAN | N | | | | | | | | .0 | |
| 58. Aggregate other alien | OT | .XXX | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 59. Subtotal | | .XXX | .0 | 625,317,265 | .0 | .0 | .0 | .0 | 625,317,265 | .0 | .0 |
| 60. Reporting entity contributions for Employee Benefit Plans | | .XXX | | | | | | | .0 | | |
| 61. Total (Direct Business) | | .XXX | 0 | 625,317,265 | 0 | 0 | 0 | 0 | 625,317,265 | 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

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

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

15.1

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|------------|----|-------|
| | Western Sky Community Care, Inc. | | | | | | | | | 45-5583511 | NM | 16351 |
| | Tennessee Total Care, Inc. | | | | | | | | | 26-1849394 | TN | |
| | SilverSummit Healthplan, Inc. | | | | | | | | | 20-4761189 | NV | 16143 |
| | University Health Plans, Inc. | | | | | | | | | 22-3292245 | NJ | |
| | Agate Resources, Inc. | | | | | | | | | 20-0483299 | OR | |
| | Trillium Community Health Plan, Inc. | | | | | | | | | 42-1694349 | OR | 12559 |
| | Nebraska Total Care, Inc. | | | | | | | | | 47-5123293 | NE | 15902 |
| | Pennsylvania Health & Wellness, Inc. | | | | | | | | | 47-5340613 | PA | 16041 |
| | Sunshine Health Community Solutions, Inc. | | | | | | | | | 47-5667095 | FL | 15927 |
| | Buckeye Health Plan Community Solutions, Inc. | | | | | | | | | 47-5664342 | OH | 16112 |
| | Arkansas Health & Wellness Health Plan, Inc. | | | | | | | | | 81-1282251 | AR | 16130 |
| | Arkansas Total Care Holding Company, LLC (49%) | | | | | | | | | 38-4042368 | DE | |
| | Arkansas Total Care, Inc. | | | | | | | | | 82-2649097 | AR | 16256 |
| | Bridgeway Health Solutions, LLC | | | | | | | | | 20-4980875 | DE | |
| | Bridgeway Health Solutions of Arizona Inc. | | | | | | | | | 20-4980818 | AZ | 16310 |
| | Celtic Group, Inc | | | | | | | | | 36-2979209 | DE | |
| | Celtic Insurance Company | | | | | | | | | 06-0641618 | IL | 80799 |
| | Ambetter of Magnolia Inc | | | | | | | | | 35-2525384 | MS | 15762 |
| | Ambetter of Peach State Inc. | | | | | | | | | 36-4802632 | GA | 15729 |
| | Ambetter Health of Louisiana, Inc | | | | | | | | | 92-3523808 | LA | 17514 |
| | Novasys Health, Inc | | | | | | | | | 27-2221367 | DE | |
| | Centene Management Company LLC | | | | | | | | | 39-1864073 | WI | |
| | Illinois Health Practice Alliance, LLC (50%) | | | | | | | | | 82-2761995 | DE | |
| | Lifeshare Management Group, LLC | | | | | | | | | 46-2798132 | NH | |
| | Envolve Holdings, LLC | | | | | | | | | 22-3889471 | DE | |
| | Cenpatico Behavioral Health, LLC | | | | | | | | | 68-0461584 | CA | |
| | Envolve, Inc. | | | | | | | | | 37-1788565 | DE | |
| | Envolve Benefits Options, Inc. | | | | | | | | | 61-1846191 | DE | |
| | Envolve Vision Benefits, Inc. | | | | | | | | | 20-4730341 | DE | |
| | Envolve Vision of Texas, Inc. | | | | | | | | | 75-2592153 | TX | 95302 |
| | Envolve Vision, Inc | | | | | | | | | 20-4773088 | DE | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|------------|----|-------|
| | | | Envolve Vision of Florida, Inc | | | | | | | 65-0094759 | FL | |
| | | | Envolve Total Vision, Inc. | | | | | | | 20-4861241 | DE | |
| | | | Envolve Dental, Inc. | | | | | | | 46-2783884 | DE | |
| | | | Envolve Dental of Florida, Inc. | | | | | | | 81-2969330 | FL | |
| | | | Envolve Dental of Texas, Inc. | | | | | | | 81-2796896 | TX | 16106 |
| | | | Centene Pharmacy Services, Inc. | | | | | | | 77-0578529 | DE | |
| | | | MeridianRx, LLC | | | | | | | 27-1339224 | MI | |
| | | | Specialty Therapeutic Care Holdings, LLC | | | | | | | 27-3617766 | DE | |
| | | | Specialty Therapeutic Care, LP (99.99%) | | | | | | | 73-1698808 | TX | |
| | | | Specialty Therapeutic Care, GP, LLC | | | | | | | 73-1698807 | TX | |
| | | | Specialty Therapeutic Care, LP (0.01%) | | | | | | | 73-1698808 | TX | |
| | | | Presonyx, Inc. | | | | | | | 80-0856383 | DE | |
| | | | AcariaHealth, Inc. | | | | | | | 45-2780334 | DE | |
| | | | AcariaHealth Pharmacy #14, Inc | | | | | | | 27-1599047 | CA | |
| | | | AcariaHealth Pharmacy #11, Inc | | | | | | | 20-8192615 | TX | |
| | | | AcariaHealth Pharmacy #12, Inc | | | | | | | 27-2765424 | NY | |
| | | | AcariaHealth Pharmacy #13, Inc | | | | | | | 26-0226900 | CA | |
| | | | AcariaHealth Pharmacy, Inc | | | | | | | 13-4262384 | CA | |
| | | | HomeScripts.com, LLC | | | | | | | 27-3707698 | MI | |
| | | | Foundation Care LLC (80%) | | | | | | | 20-0873587 | MO | |
| | | | AcariaHealth Pharmacy #26, Inc. | | | | | | | 20-8420512 | DE | |
| | | | Health Net, LLC | | | | | | | 47-5208076 | DE | |
| | | | Health Net of California, Inc. | | | | | | | 95-4402957 | CA | |
| | | | Health Net Life Insurance Company | | | | | | | 73-0654885 | CA | 66141 |
| | | | Health Net Life Reinsurance Company | | | | | | | 98-0409907 | CJ | |
| | | | MEB Ventures II, LLC | | | | | | | 83-1570018 | DE | |
| | | | BLR Properties, LLC (80%) | | | | | | | 83-1576137 | DE | |
| | | | Managed Health Network, LLC | | | | | | | 95-4117722 | DE | |
| | | | Managed Health Network | | | | | | | 95-3817988 | CA | |
| | | | MHN Services, LLC | | | | | | | 95-4146179 | CA | |
| | | | Health Net Federal Services, LLC | | | | | | | 68-0214809 | DE | |

15.2

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|------------|----|-------|
| | | MHN Government Services LLC | | | | | | | 42-1680916 | DE | |
| | | Network Providers, LLC (10%) | | | | | | | 88-0357895 | DE | |
| | | Network Providers, LLC (90%) | | | | | | | 88-0357895 | DE | |
| | | Health Net Health Plan of Oregon, Inc. | | | | | | | 93-1004034 | OR | 95800 |
| | | Health Net Community Solutions, Inc. | | | | | | | 54-2174068 | CA | |
| | | Health Net of Arizona, Inc. | | | | | | | 36-3097810 | AZ | 95206 |
| | | Health Net Community Solutions of Arizona, Inc. | | | | | | | 81-1348826 | AZ | 15895 |
| | | Health Net Access, Inc. | | | | | | | 46-2616037 | AZ | |
| | | Centene Health Plan Holdings, Inc. | | | | | | | 82-1172163 | DE | |
| | | Ambetter of North Carolina, Inc. | | | | | | | 82-5032556 | NC | 16395 |
| | | Carolina Complete Health Holding Company Partnership (80%) | | | | | | | 82-2699483 | DE | |
| | | Carolina Complete Health, Inc. | | | | | | | 82-2699332 | NC | 16526 |
| | | New York Quality Healthcare Corporation | | | | | | | 82-3380290 | NY | 16352 |
| | | WellCare of Connecticut, Inc. | | | | | | | 06-1405640 | CT | 95310 |
| | | Community Medical Holdings Corp | | | | | | | 47-4179393 | DE | |
| | | Access Medical Acquisition, LLC | | | | | | | 46-3485489 | DE | |
| | | Access Medical Group of North Miami Beach, LLC | | | | | | | 45-3191569 | FL | |
| | | Access Medical Group of Miami, LLC | | | | | | | 45-3191719 | FL | |
| | | Access Medical Group of Hialeah, LLC | | | | | | | 45-3192283 | FL | |
| | | Access Medical Group of Westchester, LLC | | | | | | | 45-3199819 | FL | |
| | | Access Medical Group of Opa-Locka, LLC | | | | | | | 45-3505196 | FL | |
| | | Access Medical Group of Perrine, LLC | | | | | | | 45-3192955 | FL | |
| | | Access Medical Group of Florida City, LLC | | | | | | | 45-3192366 | FL | |
| | | Access Medical Group of Tampa, LLC | | | | | | | 82-1737078 | FL | |
| | | Access Medical Group of Tampa II, LLC | | | | | | | 82-1750978 | FL | |
| | | Access Medical Group of Tampa III, LLC | | | | | | | 82-1773315 | FL | |
| | | Access Medical Group of Lakeland, LLC | | | | | | | 84-2750188 | FL | |
| | | Access Medical Group of Pembroke Pines, LLC | | | | | | | 88-2251274 | FL | |
| | | Access Medical Group of Margate, LLC | | | | | | | 88-2263310 | FL | |
| | | Access Medical Group of Riverview, LLC | | | | | | | 88-2284518 | FL | |
| | | Access Medical Group of Kendall, LLC | | | | | | | 92-0235557 | FL | |

15.3

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | | |
|--|--------------------------------------|---|--|--|--|--|--|--|------------|----|-------|
| | | Access Medical Group of Lauderdale Lakes, LLC | | | | | | | 92-0261029 | FL | |
| | Interpreta Holdings, Inc. (80.1%) | | | | | | | | 82-4883921 | DE | |
| | Interpreta, Inc. | | | | | | | | 46-5517858 | DE | |
| | Next Door Neighbors, LLC | | | | | | | | 32-2434596 | DE | |
| | Next Door Neighbors, Inc. | | | | | | | | 83-2381790 | DE | |
| | | Centene Venture Company Alabama Health Plan, Inc. | | | | | | | 84-3707689 | AL | 16771 |
| | | Centene Venture Company Illinois | | | | | | | 83-2425735 | IL | 16505 |
| | | Centene Venture Company Kansas | | | | | | | 83-2409040 | KS | 16528 |
| | | Centene Venture Company Florida | | | | | | | 83-2434596 | FL | 16499 |
| | | Centene Venture Company Indiana, Inc. | | | | | | | 84-3679376 | IN | 16773 |
| | | Centene Venture Company Tennessee | | | | | | | 84-3724374 | TN | 16770 |
| | | Centene Venture Insurance Company Texas | | | | | | | 86-1543217 | TX | 16990 |
| | | Centene Venture Company Michigan | | | | | | | 83-2446307 | MI | 16613 |
| | Comprehensive Health Management, LLC | | | | | | | | 59-3547616 | FL | |
| | WellCare Health Plans, Inc. | | | | | | | | 83-4405939 | DE | |
| | WCG Health Management, Inc. | | | | | | | | 04-3669698 | DE | |
| | | The WellCare Management Group, Inc. | | | | | | | 14-1647239 | NY | |
| | | WellCare of Mississippi, Inc. | | | | | | | 81-5442932 | MS | 16329 |
| | | WellCare of Virginia, Inc. | | | | | | | 82-0664467 | VA | 16763 |
| | | WellCare of Oklahoma, Inc. | | | | | | | 81-3299281 | OK | 16117 |
| | | WellCare Health Insurance Company of Nevada, Inc. | | | | | | | 84-3731013 | NV | |
| | | WellCare Health Insurance of the Southwest, Inc. | | | | | | | 84-3739752 | AZ | 16692 |
| | | WellCare of Georgia, Inc. | | | | | | | 20-2103320 | GA | 10760 |
| | | WellCare of Texas, Inc. | | | | | | | 20-8058761 | TX | 12964 |
| | | WellCare of South Carolina, Inc. | | | | | | | 32-0062883 | SC | 11775 |
| | | WellCare Health Plans of New Jersey, Inc. | | | | | | | 20-8017319 | NJ | 13020 |
| | | WellCare of Pennsylvania, Inc. | | | | | | | 81-1631920 | PA | |
| | | WellCare Health Plans of Massachusetts, Inc | | | | | | | 84-3547689 | MA | 16970 |
| | | WellCare Health Insurance Company of Oklahoma, Inc. | | | | | | | 84-4449030 | OK | 16752 |
| | | WellCare Health Plans of Missouri, Inc. | | | | | | | 84-3907795 | MO | 16753 |
| | | WellCare Prescription Insurance, Inc. | | | | | | | 20-2383134 | AZ | 10155 |

15.4

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | |
|--|--|--|---|--|--|--|--|------------|--------|-------|
| | | | WellCare Health Insurance of Hawaii, Inc. | | | | | 84-4664883 | HI | 17002 |
| | | | WellCare Health Plans of Rhode Island, Inc. | | | | | 84-4627844 | RI | 16766 |
| | | | WellCare of Illinois, Inc. | | | | | 84-4649985 | IL | 16765 |
| | | | Rhythm Health Tennessee, Inc. | | | | | 45-5154364 | TN | 16533 |
| | | | WellCare Health Insurance of New York, Inc | | | | | 11-3197523 | NY | 10884 |
| | | | Ohana Health Plan, Inc. | | | | | 27-0386122 | HI | |
| | | | WellCare of Indiana, Inc. | | | | | 83-2840051 | IN | |
| | | | America's 1st Choice California Holdings, LLC | | | | | 45-3236788 | FL | |
| | | | WellCare of California, Inc. | | | | | 20-5327501 | CA | |
| | | | WellCare Health Insurance of Tennessee, Inc. | | | | | 83-2276159 | TN | 16532 |
| | | | WellCare of New Hampshire, Inc. | | | | | 83-2914327 | NH | 16515 |
| | | | WellCare Health Plans of Vermont, Inc. | | | | | 83-2255514 | VT | 16514 |
| | | | WellCare Health Insurance of Connecticut, Inc. | | | | | 83-2126269 | CT | 16513 |
| | | | WellCare of Washington, Inc. | | | | | 83-2069308 | W A | 16571 |
| | | | WellCare Health Plans of Kentucky, Inc. | | | | | 47-0971481 | KY | 15510 |
| | | | WellCare of Alabama, Inc. | | | | | 82-1301128 | AL | 16239 |
| | | | WellCare of Maine, Inc. | | | | | 82-3114517 | ME | 16344 |
| | | | Harmony Health Systems Inc. | | | | | 22-3391045 | NJ | |
| | | | Harmony Health Plan, Inc. | | | | | 36-4050495 | IL | 11229 |
| | | | WellCare Health Insurance Company of Kentucky, Inc. | | | | | 36-6069295 | KY | 64467 |
| | | | WellCare Health Insurance of Arizona, Inc. | | | | | 86-0269558 | AZ | 83445 |
| | | | WellCare Health Insurance of North Carolina, Inc. | | | | | 83-3493160 | NC | 16548 |
| | | | WellCare Health Insurance Company of Louisiana, Inc. | | | | | 83-3333918 | LA | 16788 |
| | | | WellCare of Missouri Health Insurance Company, Inc. | | | | | 83-3525830 | MO | 16512 |
| | | | Care 1st Health Plan of Arizona, Inc. | | | | | 57-1165217 | AZ | |
| | | | Care1st Health Plan Administrative Services, Inc. | | | | | 46-2680154 | AZ | |
| | | | One Care by Care1st Health Plans of Arizona, Inc. | | | | | 06-1742685 | AZ | |
| | | | WellCare Health Insurance Company of Washington, Inc. | | | | | 83-3166908 | W A | 16570 |
| | | | WellCare of North Carolina, Inc. | | | | | 82-5488080 | NC | 16547 |
| | | | WellCare Health Insurance Company of America | | | | | 82-4247084 | AR | 16343 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|------------|----|-------|
| | | | WellCare National Health Insurance Company | | | | | 82-5127096 | TX | 16342 |
| | | | WellCare Health Insurance Company of New Hampshire, Inc. | | | | | 83-3091673 | NH | 16516 |
| | | | Wellcare Health Insurance Company of New Jersey, Inc. | | | | | 84-4709471 | NJ | 16789 |
| | | | WellCare of Michigan Holding Company | | | | | 26-4004578 | MI | |
| | | | Meridian Health Plan of Michigan, Inc. | | | | | 38-3253977 | MI | 52563 |
| | | | Meridian Health Plan of Illinois, Inc. | | | | | 20-3209671 | IL | 13189 |
| | | | Sunshine State Health Plan, Inc (50%) | | | | | 20-8937577 | FL | 13148 |
| | | | Universal American Corp. | | | | | 27-4683816 | DE | |
| | | | Universal American Holdings, LLC | | | | | 45-1352914 | DE | |
| | | | American Progressive Life and Health Insurance Company of New York | | | | | 13-1851754 | NY | 80624 |
| | | | Heritage Health Systems, Inc. | | | | | 62-1517194 | TX | |
| | | | SelectCare of Texas, Inc. | | | | | 62-1819658 | TX | 10096 |
| | | | Heritage Health Systems of Texas, Inc. | | | | | 76-0459857 | TX | |
| | | | Golden Triangle Physician Alliance | | | | | 62-1694548 | TX | |
| | | | Heritage Physician Networks | | | | | 76-0560730 | TX | |
| | | | QCA Healthplan, Inc. | | | | | 71-0794605 | AR | 95448 |
| | | | Qualchoice Life and Health Insurance Company | | | | | 71-0386640 | AR | 70998 |
| | | | District Community Care Inc. | | | | | 84-4119570 | DC | 16814 |
| | | | Oklahoma Complete Health Holding Company, LLC | | | | | 86-2318658 | OK | |
| | | | Oklahoma Complete Health Inc. | | | | | 81-3121527 | OK | 16904 |
| | | | RI Health & Wellness, Inc. | | | | | 86-2694770 | RI | |
| | | | Delaware First Health, Inc. | | | | | 88-3410060 | DE | |
| | | | Delaware First Health Complete, Inc. | | | | | 88-4145615 | DE | |
| | | | Magellan Health, Inc | | | | | 58-1076937 | DE | |
| | | | Magellan Pharmacy Services, Inc. | | | | | 47-5588795 | DE | |
| | | | Magellan Behavioral Health of New Jersey, LLC | | | | | 52-2310906 | NJ | 12632 |
| | | | Magellan Health Services of California, Inc. - Employer Services | | | | | 95-2868243 | CA | |
| | | | Magellan Healthcare, Inc. | | | | | 52-2135463 | DE | |
| | | | Human Affairs International of California | | | | | 93-0999350 | CA | |
| | | | Magellan Complete Care of Louisiana, Inc. | | | | | 46-4188169 | LA | 15550 |
| | | | Magellan Behavioral Health of Florida, Inc. | | | | | 20-1919978 | FL | |

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STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

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

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|------------|----|-------|
| | | | Magellan Health Services of Arizona, Inc. | | | | | | 20-1728452 | AZ | |
| | | | Magellan Health Services of New Mexico, Inc. | | | | | | 85-0420095 | NM | |
| | | | Magellan of Idaho, LLC | | | | | | 85-4065417 | ID | |
| | | | Magellan Complete Care of Pennsylvania, Inc. | | | | | | 46-4457706 | PA | 15924 |
| | | | Magellan Life Insurance Company | | | | | | 57-0724249 | DE | 97292 |
| | | | Merit Behavioral Care Corporation | | | | | | 22-3236927 | DE | |
| | | | Magellan Providers of Texas, Inc. | | | | | | 76-0513383 | TX | |
| | | | Magellan Behavioral Health of Pennsylvania, Inc. | | | | | | 23-2759528 | PA | 47019 |
| | | | Magellan Behavioral of Michigan, Inc. | | | | | | 52-1946167 | MI | |
| | | | Magellan of Maryland, LLC | | | | | | 92-0642038 | MD | |
| | | | Magnolia Joint Venture Holding Company, Inc. | | | | | | 92-0679069 | DE | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 00000 | 42-1406317 | | 0001071739 | New York Stock Exchange | Centene Corporation | DE | UDP | Shareholders/Board of Directors | Shareholders/Board of Directors | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 71013 | 39-0993433 | | | | Bankers Reserve Life Insurance Company of Wisconsin | WI | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Insurance Company of Wisconsin | Ownership | 17.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 12315 | 20-3174593 | | | | Peach State Health Plan, Inc | GA | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Peach State Health Plan, Inc | Ownership | 21.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 15713 | 46-4829006 | | | | Iowa Total Care, Inc | IA | RE | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 11834 | 32-0045282 | | | | Buckeye Community Health Plan, Inc | OH | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Buckeye Community Health Plan, Inc | Ownership | 18.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 12959 | 20-5693998 | | | | Absolute Total Care, Inc | SC | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Absolute Total Care, Inc | Ownership | 1.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 95831 | 39-1821211 | | | | Coordinated Care Corporation d/b/a Managed Health Services | IN | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Coordinated Care Corporation d/b/a Managed Health Services | Ownership | 15.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 00000 | 46-5523218 | | | | Healthy Washington Holdings, Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15352 | 46-2578279 | | | | Coordinated Care of Washington, Inc | WA | IA | Healthy Washington Holdings, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 96822 | 39-1678579 | | | | Managed Health Services Insurance Corp | WI | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Managed Health Services Insurance Corp | Ownership | 2.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 60078 | 86-0819817 | | | | Hallmark Life Insurance Co | AZ | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95647 | 74-2770542 | | | | Superior HealthPlan, Inc | TX | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc | MO | NIA | Superior HealthPlan, Inc | Ownership | 21.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 00000 | 27-0916294 | | | | Healthy Louisiana Holdings LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 13970 | 27-1287287 | | | | Louisiana Healthcare Connections, Inc | LA | IA | Healthy Louisiana Holdings LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 13923 | 20-8570212 | | | | Magnolia Health Plan Inc | MS | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 26-0557093 | | | | Sunshine Health Holding LLC | FL | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 13148 | 20-8937577 | | | | Sunshine State Health Plan, Inc. | FL | IA | Sunshine Health Holding LLC | Ownership | 50.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-5070230 | | | | Healthy Missouri Holding, Inc. | MO | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 14218 | 45-2798041 | | | | Home State Health Plan, Inc. | MO | IA | Healthy Missouri Holding, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2860967 | | | | Health Plan Real Estate Holding, Inc. | MO | NIA | Home State Health Plan, Inc. | Ownership | 5.0 | Centene Corporation | YES | |
| 01295 | Centene Corporation | 14345 | 45-3276702 | | | | Sunflower State Health Plan, Inc. | KS | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 14226 | 45-4792498 | | | | Granite State Health Plan, Inc. | NH | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-0907261 | | | | California Health and Wellness Plan | CA | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16351 | 45-5583511 | | | | Western Sky Community Care, Inc. | NM | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 26-1849394 | | | | Tennessee Total Care, Inc. | TN | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16143 | 20-4761189 | | | | SilverSummit Healthplan, Inc. | NV | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 22-3292245 | | | | University Health Plans, Inc. | NJ | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-0483299 | | | | Agate Resources, Inc. | OR | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 12559 | 42-1694349 | | | | Trillium Community Health Plan, Inc. | OR | IA | Agate Resources, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15902 | 47-5123293 | | | | Nebraska Total Care, Inc. | NE | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16041 | 47-5340613 | | | | Pennsylvania Health & Wellness, Inc. | PA | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15927 | 47-5667095 | | | | Sunshine Health Community Solutions, Inc. | FL | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16112 | 47-5664342 | | | | Buckeye Health Plan Community Solutions, Inc. | OH | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16130 | 81-1282251 | | | | Arkansas Health & Wellness Health Plan, Inc. | AR | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 38-4042368 | | | | Arkansas Total Care Holding Company, LLC | DE | NIA | Arkansas Health & Wellness Health Plan, Inc. | Ownership | 49.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16256 | 82-2649097 | | | | Arkansas Total Care, Inc. | AR | IA | Arkansas Total Care Holding Company, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-4980875 | | | | Bridgeway Health Solutions, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16310 | 20-4980818 | | | | Bridgeway Health Solutions of Arizona Inc. | AZ | IA | Bridgeway Health Solutions, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 36-2979209 | | | | Celtic Group, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 80799 | 06-0641618 | | | | Celtic Insurance Company | IL | IA | Celtic Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 15762 | 35-2525384 | | | | Ambetter of Magnolia Inc | MS | IA | Celtic Insurance Company | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15729 | 36-4802632 | | | | Ambetter of Peach State Inc | GA | IA | Celtic Insurance Company | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 17514 | 92-3523808 | | | | Ambetter Health of Louisiana, Inc | LA | IA | Celtic Group, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-2221367 | | | | Novasys Health, Inc | DE | NIA | Celtic Group, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 39-1864073 | | | | Centene Management Company LLC | WI | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-2761995 | | | | Illinois Health Practice Alliance, LLC | DE | NIA | Centene Management Company LLC | Ownership | 50.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2798132 | | | | Lifeshare Management Group, LLC | NH | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 22-3889471 | | | | Engolve Holdings, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 68-0461584 | | | | Genpatco Behavioral Health, LLC | CA | NIA | Engolve Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 37-1788565 | | | | Engolve, Inc | DE | NIA | Engolve Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 61-1846191 | | | | Engolve Benefits Options, Inc | DE | NIA | Engolve Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-4730341 | | | | Engolve Vision Benefits, Inc | DE | NIA | Engolve Benefits Options, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95302 | 75-2592153 | | | | Engolve Vision of Texas, Inc | TX | IA | Engolve Vision Benefits, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-4773088 | | | | Engolve Vision, Inc | DE | NIA | Engolve Vision Benefits, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 65-0094759 | | | | Engolve Vision of Florida, Inc | FL | NIA | Engolve Vision Benefits, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-4861241 | | | | Engolve Total Vision, Inc | DE | NIA | Engolve Vision Benefits, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2783884 | | | | Engolve Dental, Inc | DE | NIA | Engolve Benefits Options, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 81-2969330 | | | | Engolve Dental of Florida, Inc | FL | NIA | Engolve Dental, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16106 | 81-2796896 | | | | Engolve Dental of Texas, Inc | TX | IA | Engolve Dental, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 77-0578529 | | | | Centene Pharmacy Services, Inc | DE | NIA | Engolve Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-1339224 | | | | MeridianRx, LLC | MI | NIA | Centene Pharmacy Services, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-3617766 | | | | Specialty Therapeutic Care Holdings, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 73-1698808 | | | | Specialty Therapeutic Care, LP | TX | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 73-1698807 | | | | Specialty Therapeutic Care, GP, LLC | TX | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |

16.2

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 00000 | 73-1698808 | | | | Specialty Therapeutic Care, LP | TX | NIA | Specialty Therapeutic Care, GP, LLC | Ownership | 0.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 80-0856383 | | | | Presonix, Inc | DE | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-2780334 | | | | AcariaHealth, Inc | DE | NIA | Specialty Therapeutic Care Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-1599047 | | | | AcariaHealth Pharmacy #14, Inc | CA | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-8192615 | | | | AcariaHealth Pharmacy #11, Inc | TX | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-2765424 | | | | AcariaHealth Pharmacy #12, Inc | NY | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 26-0226900 | | | | AcariaHealth Pharmacy #13, Inc | CA | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 13-4262384 | | | | AcariaHealth Pharmacy, Inc | CA | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-3707698 | | | | HomeScripts.com, LLC | MI | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-0873587 | | | | Foundation Care LLC | MO | NIA | AcariaHealth, Inc | Ownership | 80.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-8420512 | | | | AcariaHealth Pharmacy #26, Inc | DE | NIA | AcariaHealth, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 47-5208076 | | | | Health Net, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 95-4402957 | | | | Health Net of California, Inc | CA | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 66141 | 73-0654885 | | | | Health Net Life Insurance Company | CA | IA | Health Net of California, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 98-0409907 | | | | Health Net Life Reinsurance Company | CYM | NIA | Health Net of California, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 83-1570018 | | | | MEB Ventures II, LLC | DE | NIA | Health Net of California, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 83-1576137 | | | | BLR Properties, LLC | DE | NIA | MEB Ventures II, LLC | Ownership | 80.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 95-4117722 | | | | Managed Health Network, LLC | DE | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 95-3817988 | | | | Managed Health Network | CA | NIA | Managed Health Network, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 95-4146179 | | | | MHN Services, LLC | CA | NIA | Managed Health Network, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 68-0214809 | | | | Health Net Federal Services, LLC | DE | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 42-1680916 | | | | MHN Government Services LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-0357895 | | | | Network Providers, LLC | DE | NIA | MHN Government Services LLC | Ownership | 10.0 | Centene Corporation | NO | |

16.3

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 00000 | 88-0357895 | | | | Network Providers, LLC | DE | NIA | Health Net Federal Services, LLC | Ownership | 90.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95800 | 93-1004034 | | | | Health Net Health Plan of Oregon, Inc | OR | IA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 54-2174068 | | | | Health Net Community Solutions, Inc | CA | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95206 | 36-3097810 | | | | Health Net of Arizona, Inc | AZ | IA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15895 | 81-1348826 | | | | Health Net Community Solutions of Arizona, Inc | AZ | IA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2616037 | | | | Health Net Access, Inc | AZ | NIA | Health Net, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-1172163 | | | | Centene Health Plan Holdings, Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16395 | 82-5032556 | | | | Ambetter of North Carolina, Inc | NC | IA | Centene Health Plan Holdings, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-2699483 | | | | Carolina Complete Health Holding Company Partnership | DE | NIA | Centene Health Plan Holdings, Inc | Ownership | 80.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16526 | 82-2699332 | | | | Carolina Complete Health, Inc | NC | IA | Carolina Complete Health Holding Company Partnership | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16352 | 82-3380290 | | | | New York Quality Healthcare Corporation | NY | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95310 | 06-1405640 | | | | WellCare of Connecticut, Inc | CT | IA | New York Quality Healthcare Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 47-4179393 | | | | Community Medical Holdings Corp | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-3485489 | | | | Access Medical Acquisition, LLC | DE | NIA | Community Medical Holdings Corp | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3191569 | | | | Access Medical Group of North Miami Beach, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3191719 | | | | Access Medical Group of Miami, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3192283 | | | | Access Medical Group of Hialeah, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3199819 | | | | Access Medical Group of Westchester, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3505196 | | | | Access Medical Group of Opa-Locka, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3192955 | | | | Access Medical Group of Perrine, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3192366 | | | | Access Medical Group of Florida City, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-1737078 | | | | Access Medical Group of Tampa, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-1750978 | | | | Access Medical Group of Tampa II, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-1773315 | | | | Access Medical Group of Tampa III, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |

16.4

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 00000 | 84-2750188 | | | | Access Medical Group of Lakeland, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-2251274 | | | | Access Medical Group of Pembroke Pines, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-2263310 | | | | Access Medical Group of Margate, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-2284518 | | | | Access Medical Group of Riverview, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 92-0235557 | | | | Access Medical Group of Kendall, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 92-0261029 | | | | Access Medical Group of Lauderdale Lakes, LLC | FL | NIA | Access Medical Acquisition, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 82-4883921 | | | | Interpreta Holdings, Inc | DE | NIA | Centene Corporation | Ownership | 80.1 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-5517858 | | | | Interpreta, Inc | DE | NIA | Interpreta Holdings, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 32-2434596 | | | | Next Door Neighbors, LLC | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 83-2381790 | | | | Next Door Neighbors, Inc | DE | NIA | Next Door Neighbors, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16771 | 84-3707689 | | | | Centene Venture Company Alabama Health Plan, Inc | AL | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16505 | 83-2425735 | | | | Centene Venture Company Illinois | IL | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16528 | 83-2409040 | | | | Centene Venture Company Kansas | KS | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16499 | 83-2434596 | | | | Centene Venture Company Florida | FL | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16773 | 84-3679376 | | | | Centene Venture Company Indiana, Inc | IN | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16770 | 84-3724374 | | | | Centene Venture Company Tennessee | TN | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16990 | 86-1543217 | | | | Centene Venture Insurance Company Texas | TX | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16613 | 83-2446307 | | | | Centene Venture Company Michigan | MI | IA | Next Door Neighbors, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 59-3547616 | | | | Comprehensive Health Management, LLC | FL | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 83-4405939 | | | | WellCare Health Plans, Inc | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 04-3669698 | | | | WCG Health Management, Inc | DE | NIA | WellCare Health Plans, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 14-1647239 | | | | The WellCare Management Group, Inc | NY | NIA | WCG Health Management, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16329 | 81-5442932 | | | | WellCare of Mississippi, Inc | MS | IA | The WellCare Management Group, Inc | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16763 | 82-0664467 | | | | WellCare of Virginia, Inc | VA | IA | The WellCare Management Group, Inc | Ownership | 100.0 | Centene Corporation | NO | |

16.5

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 16117 | 81-3299281 | | | | WellCare of Oklahoma, Inc. | OK | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 84-3731013 | | | | WellCare Health Insurance Company of Nevada, Inc. | NV | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16692 | 84-3739752 | | | | WellCare Health Insurance of the Southwest, Inc. | AZ | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 10760 | 20-2103320 | | | | WellCare of Georgia, Inc. | GA | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 12964 | 20-8058761 | | | | WellCare of Texas, Inc. | TX | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 11775 | 32-0062883 | | | | WellCare of South Carolina, Inc. | SC | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 13020 | 20-8017319 | | | | WellCare Health Plans of New Jersey, Inc. | NJ | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 81-1631920 | | | | WellCare of Pennsylvania, Inc. | PA | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16970 | 84-3547689 | | | | WellCare Health Plans of Massachusetts, Inc. | MA | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16752 | 84-4449030 | | | | WellCare Health Insurance Company of Oklahoma, Inc. | OK | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16753 | 84-3907795 | | | | WellCare Health Plans of Missouri, Inc. | MO | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 10155 | 20-2383134 | | | | WellCare Prescription Insurance, Inc. | AZ | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 17002 | 84-4664883 | | | | WellCare Health Insurance of Hawaii, Inc. | HI | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16766 | 84-4627844 | | | | WellCare Health Plans of Rhode Island, Inc. | RI | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16765 | 84-4649985 | | | | WellCare of Illinois, Inc. | IL | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16533 | 45-5154364 | | | | Rhythm Health Tennessee, Inc. | TN | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 10884 | 11-3197523 | | | | WellCare Health Insurance of New York, Inc. | NY | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-0386122 | | | | Ohana Health Plan, Inc. | HI | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 83-2840051 | | | | WellCare of Indiana, Inc. | IN | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-3236788 | | | | America's 1st Choice California Holdings, LLC | FL | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-5327501 | | | | WellCare of California, Inc. | CA | NIA | America's 1st Choice California Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16532 | 83-2276159 | | | | WellCare Health Insurance of Tennessee, Inc. | TN | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16515 | 83-2914327 | | | | WellCare of New Hampshire, Inc. | NH | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16514 | 83-2255514 | | | | WellCare Health Plans of Vermont, Inc. | VT | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 16513 | 83-2126269 | | | | WellCare Health Insurance of Connecticut, Inc. | CT | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16571 | 83-2069308 | | | | WellCare of Washington, Inc. | WA | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15510 | 47-0971481 | | | | WellCare Health Plans of Kentucky, Inc. | KY | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16239 | 82-1301128 | | | | WellCare of Alabama, Inc. | AL | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16344 | 82-3114517 | | | | WellCare of Maine, Inc. | ME | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 22-3391045 | | | | Harmony Health Systems Inc. | NJ | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 11229 | 36-4050495 | | | | Harmony Health Plan, Inc. | IL | IA | Harmony Health Systems Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 64467 | 36-6069295 | | | | WellCare Health Insurance Company of Kentucky, Inc. | KY | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 83445 | 86-0269558 | | | | WellCare Health Insurance of Arizona, Inc. | AZ | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16548 | 83-3493160 | | | | WellCare Health Insurance of North Carolina, Inc. | NC | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16788 | 83-3333918 | | | | WellCare Health Insurance Company of Louisiana, Inc. | LA | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16512 | 83-3525830 | | | | WellCare of Missouri Health Insurance Company, Inc. | MO | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 57-1165217 | | | | Care 1st Health Plan of Arizona, Inc. | AZ | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 46-2680154 | | | | Care1st Health Plan Administrative Services, Inc. | AZ | NIA | Care 1st Health Plan of Arizona, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 06-1742685 | | | | One Care by Care1st Health Plans of Arizona, Inc. | AZ | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16570 | 83-3166908 | | | | WellCare Health Insurance Company of Washington, Inc. | WA | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16547 | 82-5488080 | | | | WellCare of North Carolina, Inc. | NC | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16343 | 82-4247084 | | | | WellCare Health Insurance Company of America | AR | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16342 | 82-5127096 | | | | WellCare National Health Insurance Company | TX | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16516 | 83-3091673 | | | | WellCare Health Insurance Company of New Hampshire, Inc. | NH | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16789 | 84-4709471 | | | | WellCare Health Insurance Company of New Jersey, Inc. | NJ | IA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 26-4004578 | | | | WellCare of Michigan Holding Company | MI | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 52563 | 38-3253977 | | | | Meridian Health Plan of Michigan, Inc. | MI | IA | WellCare of Michigan Holding Company | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 13189 | 20-3209671 | | | | Meridian Health Plan of Illinois, Inc. | IL | IA | WellCare of Michigan Holding Company | Ownership | 100.0 | Centene Corporation | NO | |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 13148 | 20-8937577 | | | | Sunshine State Health Plan, Inc. | FL | IA | The WellCare Management Group, Inc. | Ownership | 50.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 27-4683816 | | | | Universal American Corp. | DE | NIA | The WellCare Management Group, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 45-1352914 | | | | Universal American Holdings, LLC | DE | NIA | Universal American Corp. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 80624 | 13-1851754 | | | | American Progressive Life and Health Insurance Company of New York | NY | IA | Universal American Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 62-1517194 | | | | Heritage Health Systems, Inc. | TX | NIA | Universal American Holdings, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 10096 | 62-1819658 | | | | SelectCare of Texas, Inc. | TX | IA | Heritage Health Systems, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 76-0459857 | | | | Heritage Health Systems of Texas, Inc. | TX | NIA | Heritage Health Systems, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 62-1694548 | | | | Golden Triangle Physician Alliance | TX | NIA | Heritage Health Systems of Texas, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 76-0560730 | | | | Heritage Physician Networks | TX | NIA | Heritage Health Systems, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 95448 | 71-0794605 | | | | QCA Healthplan, Inc. | AR | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 70998 | 71-0386640 | | | | Qualchoice Life and Health Insurance Company | AR | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16814 | 84-4119570 | | | | District Community Care Inc. | DC | IA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 86-2318658 | | | | Oklahoma Complete Health Holding Company, LLC | OK | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 16904 | 81-3121527 | | | | Oklahoma Complete Health Inc. | OK | IA | Oklahoma Complete Health Holding Company, LLC | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 86-2694770 | | | | RI Health & Wellness, Inc. | RI | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-3410060 | | | | Delaware First Health, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 88-4145615 | | | | Delaware First Health Complete, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 58-1076937 | | | | Magellan Health, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 47-5588795 | | | | Magellan Pharmacy Services, Inc. | DE | NIA | Magellan Health, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 12632 | 52-2310906 | | | | Magellan Behavioral Health of New Jersey, LLC | NJ | IA | Magellan Pharmacy Services, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 95-2868243 | | | | Magellan Health Services of California, Inc. - Employer Services | CA | NIA | Magellan Pharmacy Services, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 52-2135463 | | | | Magellan Healthcare, Inc. | DE | NIA | Magellan Health, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 93-0999350 | | | | Human Affairs International of California | CA | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |

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STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01295 | Centene Corporation | 15550 | 46-4188169 | | | | Magellan Complete Care of Louisiana, Inc. | LA | IA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-1919978 | | | | Magellan Behavioral Health of Florida, Inc. | FL | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 20-1728452 | | | | Magellan Health Services of Arizona, Inc. | AZ | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 85-0420095 | | | | Magellan Health Services of New Mexico, Inc. | NM | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 85-4065417 | | | | Magellan of Idaho, LLC | ID | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 15924 | 46-4457706 | | | | Magellan Complete Care of Pennsylvania, Inc. | PA | IA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 97292 | 57-0724249 | | | | Magellan Life Insurance Company | DE | IA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 22-3236927 | | | | Merit Behavioral Care Corporation | DE | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 76-0513383 | | | | Magellan Providers of Texas, Inc. | TX | NIA | Merit Behavioral Care Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 47019 | 23-2759528 | | | | Magellan Behavioral Health of Pennsylvania, Inc. | PA | IA | Merit Behavioral Care Corporation | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 52-1946167 | | | | Magellan Behavioral of Michigan, Inc. | MI | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 92-0642038 | | | | Magellan of Maryland, LLC | MD | NIA | Magellan Healthcare, Inc. | Ownership | 100.0 | Centene Corporation | NO | |
| 01295 | Centene Corporation | 00000 | 92-0679069 | | | | Magnolia Joint Venture Holding Company, Inc. | DE | NIA | Centene Corporation | Ownership | 100.0 | Centene Corporation | NO | |

16.9

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

.....NO.....

AUGUST FILING

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

.....N/A.....

Explanation:

Bar Code:

1. 
1 5 7 1 3 2 0 2 4 3 6 5 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 4,955,072 | 4,288,586 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | 90,164 | 700,135 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase/(decrease) | (28,664) | (33,649) |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 5,016,572 | 4,955,072 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 5,016,572 | 4,955,072 |

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 243,066,628 | 256,838,891 |
| 2. Cost of bonds and stocks acquired | 0 | 52,413,486 |
| 3. Accrual of discount | 130,917 | 497,333 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | (5,746) | (3,219,479) |
| 6. Deduct consideration for bonds and stocks disposed of | 16,289,630 | 62,640,422 |
| 7. Deduct amortization of premium | 138,801 | 823,181 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 226,763,368 | 243,066,628 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 226,763,368 | 243,066,628 |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-----------------------------------|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 254,102,478 | 39,325,112 | 60,855,813 | 850,042 | 233,421,819 | 0 | 0 | 254,102,478 |
| 2. NAIC 2 (a)..... | 25,733,166 | | 1,639,562 | (390,046) | 23,703,558 | 0 | 0 | 25,733,166 |
| 3. NAIC 3 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 279,835,644 | 39,325,112 | 62,495,376 | 459,996 | 257,125,376 | 0 | 0 | 279,835,644 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2..... | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3..... | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4..... | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5..... | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6..... | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 279,835,644 | 39,325,112 | 62,495,376 | 459,996 | 257,125,376 | 0 | 0 | 279,835,644 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$30,362,009 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|------------------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 770999999 Totals | 15,347,966 | XXX | 15,294,995 | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 16,902,938 | 4,087,365 |
| 2. Cost of short-term investments acquired | 15,294,995 | 52,807,667 |
| 3. Accrual of discount | 150,033 | 607,906 |
| 4. Unrealized valuation increase/(decrease)..... | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 17,000,000 | 40,600,000 |
| 7. Deduct amortization of premium..... | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 15,347,966 | 16,902,938 |
| 11. Deduct total nonadmitted amounts..... | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 15,347,966 | 16,902,938 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 113,775,506 | 110,186,710 |
| 2. Cost of cash equivalents acquired | 332,965,427 | 1,853,222,600 |
| 3. Accrual of discount | 317,847 | 905,506 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals..... | | 0 |
| 6. Deduct consideration received on disposals | 424,113,086 | 1,850,539,311 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 22,945,694 | 113,775,506 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 22,945,694 | 113,775,506 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 CUSIP Identification | 2 Name or Description | 3 Location | | 5 Name of Vendor or General Partner | 6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | 7 Date Originally Acquired | 8 Type and Strategy | 9 Actual Cost at Time of Acquisition | 10 Additional Investment Made After Acquisition | 11 Amount of Encumbrances | 12 Commitment for Additional Investment | 13 Percentage of Ownership |
|--|---------------------------------------|------------|-------|---|---|-------------------------------------|------------------------------|---|---|---------------------------------|--|-------------------------------------|
| | | City | State | | | | | | | | | |
| Joint Venture, Partnership or Limited Liability Company Interests with Underlying Assets Having the Characteristics of: Other - Unaffiliated | | | | | | | | | | | | |
| 000000-00-0 | Flare Capital Partners III | Boston | MA | Flare Capital Partners III | | 11/09/2022 | 1 | 0 | 3,750 | 0 | 0 | 0.140 |
| 000000-00-0 | HLM Strategic Investment Fund GP, LLC | Boston | MA | HLM Strategic Investment Fund GP, LLC | | 10/12/2021 | 1 | 0 | 86,414 | 0 | 0 | 2.160 |
| 2599999 - Joint Venture, Partnership or Limited Liability Company Interests with Underlying Assets Having the Characteristics of: Other - Unaffiliated | | | | | | | | | | | | |
| | | | | | | | | 0 | 90,164 | 0 | 0 | XXX |
| 6099999 - Subtotals - Unaffiliated | | | | | | | | 0 | 90,164 | 0 | 0 | XXX |
| 6199999 - Subtotals - Affiliated | | | | | | | | 0 | 0 | 0 | 0 | XXX |
| 6299999 Totals | | | | | | | | 0 | 90,164 | 0 | 0 | XXX |

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

| 1 CUSIP Identification | 2 Name or Description | 3 Location | | 5 Name of Purchaser or Nature of Disposal | 6 Date Originally Acquired | 7 Disposal Date | 8 Book/ Adjusted Carrying Value Less Encumbrances Prior Year | 9 Change in Book/Adjusted Carrying Value | | | | | | 15 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 16 Consideration | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Investment Income | | |
|------------------------------------|-----------------------------|------------|-------|---|-------------------------------------|-----------------------|--|---|---|---|--|--|--|---|---------------------|---|---|--|----------------------------|--|--|
| | | City | State | | | | | 9 Unrealized Valuation Increase/ (Decrease) | 10 Current Year's (Depreciation) or (Amortization)/ Accretion | 11 Current Year's Other-Than- Temporary Impairment Recognized | 12 Capitalized Deferred Interest and Other | 13 Total Change in B./A.C.V. (9+10-11+12) | 14 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | | | |
| 6099999 - Subtotals - Unaffiliated | | | | | | | | | | | | | | | | | | | | | |
| 6199999 - Subtotals - Affiliated | | | | | | | | | | | | | | | | | | | | | |
| 6299999 Totals | | | | | | | | | | | | | | | | | | | | | |

E03

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
|---|------------------|--------------|--------------------|---------------------|-----------------------------------|---------------------|----------------|---|---|
| <p style="font-size: 48px; font-weight: bold;">NONE</p> | | | | | | | | | |
| 6009999999 Totals | | | | | | 0 | XXX | 0 | XXX |

STATEMENT AS OF MARCH 31, 2024 OF THE Iowa Total Care, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--|------------------------|---------|---------------|-------------------|---------------------------|---------------|------------|-------------|---|---|--|---|--------------------------------------|--|--|--|----------------------------------|-------------------------------|--|----------------------------------|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol |
| 87167Q-AC-2 | SYMP XXIV A - CDO | C | 03/07/2024 | Paydown | XXX | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 | | | | 0 | | 2,500,000 | | | 0 | 64,623 | 01/23/2032 | 1.D FE |
| 902674-YB-0 | UBS AG (LONDON BRANCH) | C | 02/09/2024 | Maturity @ 100.00 | XXX | 1,900,000 | 1,900,000 | 1,898,537 | 1,899,948 | | 52 | | 52 | | 1,900,000 | | | 0 | 4,275 | 02/09/2024 | 1.E FE |
| 95000A-AT-4 | WFCM 2015-P2 A3 - CMBS | | 03/01/2024 | Paydown | XXX | 1,151 | 1,151 | 1,236 | 1,176 | | (25) | | (25) | | 1,151 | | 0 | 0 | 10 | 12/17/2048 | 1.A |
| 95058X-AK-4 | WEN 211 A2 - RMBS | | 03/15/2024 | Paydown | XXX | (12,688) | (12,688) | (12,688) | (12,688) | | | | 0 | | (12,688) | | 0 | 0 | (360) | 06/15/2051 | 2.B FE |
| 1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 15,497,118 | 15,497,118 | 15,558,825 | 15,498,982 | 0 | (1,865) | 0 | (1,865) | 0 | 15,497,118 | 0 | 0 | 0 | 180,035 | XXX | XXX |
| 2509999997 - Bonds - Subtotals - Bonds - Part 4 | | | | | | 16,289,630 | 16,289,630 | 16,374,399 | 16,308,132 | 0 | (12,757) | 0 | (12,757) | 0 | 16,295,376 | 0 | (5,746) | (5,746) | 184,627 | XXX | XXX |
| 2509999999 - Bonds - Subtotals - Bonds | | | | | | 16,289,630 | 16,289,630 | 16,374,399 | 16,308,132 | 0 | (12,757) | 0 | (12,757) | 0 | 16,295,376 | 0 | (5,746) | (5,746) | 184,627 | XXX | XXX |
| 6009999999 Totals | | | | | | 16,289,630 | XXX | 16,374,399 | 16,308,132 | 0 | (12,757) | 0 | (12,757) | 0 | 16,295,376 | 0 | (5,746) | (5,746) | 184,627 | XXX | XXX |

E05.1

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

