



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025  
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				West Des Moines, IA, US 50266				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	7700 Forsyth Boulevard		St. Louis, MO, US 63105		314-725-4477				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Mail Address	7700 Forsyth Boulevard		St. Louis, MO, US 63105						
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)						
Primary Location of Books and Records	7700 Forsyth Boulevard		St. Louis, MO, US 63105		314-725-4477				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Internet Web Site Address	www.centene.com								
Statutory Statement Contact	Bryan Tafel				813-206-2725				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	bryan.tafel@centene.com				813-675-2899				
	(E-Mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Bryan Harold Sanders #	President & Chief Executive Officer	James Edward Snyder III	Treasurer
Kendra Louise Archer #	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS


DIRECTORS OR TRUSTEES

Scott Charles Ross Erwin	Bryan Harold Sanders #	Jennifer Ready	
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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.

Bryan Harold Sanders President & Chief Executive Officer	James Edward Snyder III Treasurer	Kendra Louise Archer Secretary
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [ X ] No [ ]
_____		b. If no:
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	203,683,730		203,683,730	209,534,338
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 (\$ .....126,093,355 ), cash equivalents (\$ .....50,217,033 ) and short-term investments (\$ .....2,300,000 ) .....	178,610,388		178,610,388	169,058,051
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	5,036,939		5,036,939	5,147,060
9. Receivables for securities .....			0	0
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) .....	387,331,057	0	387,331,057	383,739,448
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,363,006		1,363,006	1,541,760
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	114,667,881		114,667,881	108,791,320
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	9,240,178
18.2 Net deferred tax asset .....	4,586,323	923,801	3,662,522	2,251,443
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 .....	262,792		262,792	298,641
24. Health care (\$ .....2,358,864 ) and other amounts receivable .....	15,086,503	12,727,639	2,358,864	5,729,781
25. Aggregate write-ins for other-than-invested assets .....	6,752,534	6,021,419	731,115	2,036,559
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	530,050,096	19,672,859	510,377,237	513,629,130
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	530,050,096	19,672,859	510,377,237	513,629,130
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepays .....	6,021,419	6,021,419	0	0
2502. State income tax receivable .....	721,991		721,991	2,036,559
2503. FFE user fee receivable .....	9,124		9,124	
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) .....	6,752,534	6,021,419	731,115	2,036,559

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	262,521,084		262,521,084	246,375,362
2. Accrued medical incentive pool and bonus amounts .....	10,128,651		10,128,651	5,104,786
3. Unpaid claims adjustment expenses .....	2,742,990		2,742,990	2,558,936
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	5,703,324		5,703,324	16,575,210
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 .....	354,489		354,489	287,477
9. General expenses due or accrued .....	3,911,615		3,911,615	26,084,802
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	164,005		164,005	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....	16,655		16,655	14,390
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 .....	9,514,187		9,514,187	5,267,797
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) .....	0	0	0	481,022
24. Total liabilities (Lines 1 to 23).....	295,057,000	0	295,057,000	302,749,782
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	65,320,237	60,879,348
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	215,320,237	210,879,348
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	510,377,237	513,629,130
DETAILS OF WRITE-INS				
2301. Hospital assessment payable.....			0	481,022
2302. ....			0	0
2303. ....			0	0
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)	0	0	0	481,022
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	2,044,620	2,024,290	2,688,053
2. Net premium income (including \$ ..... non-health premium income).....	XXX	1,873,967,558	1,769,254,065	2,329,550,582
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	1,873,967,558	1,769,254,065	2,329,550,582
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,375,351,332	1,355,218,248	1,805,714,565
10. Other professional services .....		25,189,574	27,233,552	33,680,345
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		81,672,465	72,107,374	95,303,048
13. Prescription drugs .....		248,859,826	225,883,002	301,707,705
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		7,626,968	4,414,453	8,622,646
16. Subtotal (Lines 9 to 15) .....	0	1,738,700,165	1,684,856,629	2,245,028,309
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	1,738,700,165	1,684,856,629	2,245,028,309
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ ..... 1,039,654 cost containment expenses.....		17,327,559	18,615,793	22,552,223
21. General administrative expenses.....		112,590,662	95,411,826	127,865,567
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	1,868,618,386	1,798,884,248	2,395,446,099
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	5,349,172	(29,630,183)	(65,895,517)
25. Net investment income earned .....		11,781,957	13,927,525	18,556,728
26. Net realized capital gains (losses) less capital gains tax of \$..... (1,857) .....		6,987	4,772	4,772
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	11,788,944	13,932,297	18,561,500
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... (26,813) )] .....		(26,813)	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	707
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	17,111,303	(15,697,886)	(47,333,310)
31. Federal and foreign income taxes incurred .....	XXX	3,859,992	(3,377,715)	(10,133,780)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	13,251,311	(12,320,171)	(37,199,530)
<b>DETAILS OF WRITE-INS</b>				
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. Miscellaneous income - litigation settlement.....			0	707
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	707

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	210,879,348	287,844,399	287,844,399
34. Net income or (loss) from Line 32 .....	13,251,311	(12,320,171)	(37,199,530)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....59,271	(222,970)	85,622	24,724
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	2,240,843	(2,571,236)	(3,533,442)
39. Change in nonadmitted assets .....	(10,828,295)	13,360,744	16,743,197
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
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	(53,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	4,440,889	(1,445,041)	(76,965,051)
49. Capital and surplus end of reporting period (Line 33 plus 48)	215,320,237	286,399,358	210,879,348
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,857,288,392	1,781,950,447	2,360,171,263
2. Net investment income	11,985,029	14,238,967	19,084,437
3. Miscellaneous income		0	0
4. Total (Lines 1 to 3)	1,869,273,421	1,796,189,414	2,379,255,700
5. Benefit and loss related payments	1,719,877,501	1,667,620,929	2,214,883,034
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	151,934,170	94,419,733	127,372,547
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(5,542,335)	15,290,867	8,673,262
10. Total (Lines 5 through 9)	1,866,269,336	1,777,331,529	2,350,928,843
11. Net cash from operations (Line 4 minus Line 10)	3,004,085	18,857,885	28,326,857
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	23,736,316	30,344,979	33,511,931
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets	771,894	0	388,985
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		14,761	14,762
12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,508,210	30,359,740	33,915,678
13. Cost of investments acquired (long-term only):			
13.1 Bonds	17,901,182	0	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets	944,014	386,307	549,677
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	18,845,196	386,307	549,677
14. Net increase/(decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	5,663,014	29,973,433	33,366,000
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	53,000,000
16.6 Other cash provided (applied)	885,238	(1,159,357)	(1,370,398)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	885,238	(1,159,357)	(54,370,398)
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)	9,552,337	47,671,961	7,322,459
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	169,058,051	161,735,592	161,735,592
19.2 End of period (Line 18 plus Line 19.1)	178,610,388	209,407,553	169,058,051

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year .....	219,238	0	0	0	0	0	0	0	219,238	0	0	0	0	0
2. First Quarter .....	226,990	7,027	0	0	0	0	0	0	219,963	0	0	0	0	0
3. Second Quarter .....	227,643	8,479	0	0	0	0	0	0	219,164	0	0	0	0	0
4. Third Quarter .....	226,611	8,116	0	0	0	0	0	0	218,495	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	2,044,620	68,088							1,976,532					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	669,041	14,082							654,959					
8. Non-Physician .....	3,057,735	23,657							3,034,078					
9. Total	3,726,776	37,739	0	0	0	0	0	0	3,689,037	0	0	0	0	0
10. Hospital Patient Days Incurred	1,349,697	1,364							1,348,333					
11. Number of Inpatient Admissions	58,064	248							57,816					
12. Health Premiums Written (a).....	1,874,104,751	29,452,260							1,844,652,491					
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	1,874,104,751	29,452,260							1,844,652,491					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	1,717,530,580	17,221,344							1,700,309,236					
18. Amount Incurred for Provision of Health Care Services	1,738,700,165	27,829,567							1,710,870,598					

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

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



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  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....		18,150,166		10,592,438	.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 .....	205,515,732	1,506,348,043	12,280,308	239,648,338	217,796,040	246,375,362
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).....	205,515,732	1,524,498,209	12,280,308	250,240,776	217,796,040	246,375,362
14. Health care receivables (a) .....	8,427,885	6,658,580			8,427,885	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	1,383,689	1,219,415	5,297,619	4,831,030	6,681,308	5,104,786
17. Totals (Lines 13-14+15+16)	198,471,536	1,519,059,044	17,577,927	255,071,806	216,049,463	251,480,148

(a) Excludes \$ .....0 loans or advances to providers not yet expensed.

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 (loss) 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 #	2025	2024
NET INCOME					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	4	32	\$ 13,251,311	\$ (37,199,530)
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 13,251,311</u>	<u>\$ (37,199,530)</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	\$ 215,320,237	\$ 210,879,348
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 215,320,237</u>	<u>\$ 210,879,348</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 other-than-temporary impairment (“OTTI”) to recognize.

NOTES TO FINANCIAL STATEMENT

3. The Company has not recognized OTTI based on cash flow analysis.
4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
- a. The aggregate amount of unrealized losses:

1.Less than 12 Months	\$	16,255
2.12 Months or Longer	\$	5,002,125

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

1.Less than 12 Months	\$	3,216,446
2.12 Months or Longer	\$	38,985,611

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 OTTI related to 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 ended September 30, 2025.

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

NOTES TO FINANCIAL STATEMENT

**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.

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.

NOTES TO FINANCIAL STATEMENT

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 September 30, 2025, for assets and liabilities measured at fair value.

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
a. Assets at fair value					
Cash, cash equivalents and short-term investments	\$ 176,310,388	\$ -	\$ -	\$ -	176,310,388
Bonds					
Issuer credit obligations	\$ -	\$ -	\$ -	\$ -	-
Asset-backed securities	-	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -	-
Common stock					
Parent, subsidiaries and affiliates	\$ -	\$ -	\$ -	\$ -	-
Total Common stock	\$ -	\$ -	\$ -	\$ -	-
Derivatives assets	\$ -	\$ -	\$ -	\$ -	-
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	-
Separate account assets	\$ -	\$ -	\$ -	\$ -	-
Total assets at fair value	\$ 176,310,388	\$ -	\$ -	\$ -	176,310,388
b. Liabilities at fair value					
Separate account liabilities					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	-

B. Fair Value Disclosures Under Other Pronouncements - None

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at September 30, 2025, 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	\$ 176,310,388	\$ 176,310,388	\$ 176,310,388	\$ -	\$ -	\$ -	-
Short-term investments	2,300,000	2,300,000	-	2,300,000	-	-	-
Issuer credit obligations	117,323,212	118,530,475	-	117,323,212	-	-	-
Asset-backed securities	80,948,813	85,153,256	-	80,948,813	-	-	-
Total Investments	\$ 376,882,413	\$ 382,294,119	\$ 176,310,388	\$ 200,572,025	\$ -	\$ -	-

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 - Effective January 1, 2025, the Company began offering Marketplace in Iowa.

D. Business Interruption Insurance Recoveries - No significant change.

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

NOTES TO FINANCIAL STATEMENT

- 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

In connection with the preparation of the statutory-basis financial statements, the Company evaluated subsequent events after the statutory-basis statements of admitted assets, liabilities, and capital and surplus date of September 30, 2025, through November 10, 2025, which was the date the statutory-basis financial statements were issued.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the Administrative Care Act ("ACA") Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA Medical Loss Ratio ("MLR") Rebate program. The Company estimates accrued retrospective premium adjustments for its Medicaid business through a mathematical approach using an algorithm based upon settlement procedures defined by their contract with Iowa Department of Health and Human Services governmental partners.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at September 30, 2025 that are subject to retrospective rating features was \$1,874,104,751 or 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Medical loss ratio rebates paid	-	-	-	-	-
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-

E. Risk-Sharing Provisions of the ACA

- 1) Did the reporting entity write accident and health insurance premium that is subject to the ACA risk-sharing provisions (YES/NO)?
- YES

NOTES TO FINANCIAL STATEMENT

2) Impact of Risk-Sharing Provisions of the ACA on admitted assets, liabilities, and revenue for the Current Year

a) Permanent ACA Risk Adjustment Program

Assets			
1. Premium adjustments receivable due to ACA Risk Adjustment	\$		-
Liabilities			
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	(19,876)	
3. Premium adjustments payable due to ACA Risk Adjustment	\$	271,545.00	
Operations (Revenue & Expense)			
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$	(5,703,323)	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	12,220	

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any non-admission) and liability balances, along with the reasons for adjustments to prior year balance.

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program									
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2024 were \$251,480,148. As of September 30, 2025, \$198,471,536 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$17,577,927 as a result of re-estimation of unpaid claims. Therefore, there has been \$35,430,685 favorable prior-year development since December 31, 2024. 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 ☒
- 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 ☒
- 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 ☒ 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 ☒
- 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 ☒ 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 ☒
- 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	2	3
Name of Entity	NAIC Company Code	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 ☒ 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.

12/31/2022
- 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).

06/07/2024
- 6.4

By what department or departments?

Iowa Department of Insurance
- 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 ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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 ☒ 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 ☒
- 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 ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☒ 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. This includes both primary and sub-advisors. 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.....	

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 its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

GENERAL INTERROGATORIES

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?.... 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

92.8 %

1.2 A&H cost containment percent

0.1 %

1.3 A&H expense percent excluding cost containment expenses

6.9 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

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 ☒

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 ☒

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 ☒



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
	Active Status (a)	2	3	4	5	6	7	8	9	10
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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	29,452,260	.0	1,844,652,491	.0	.0	.0	1,874,104,751	.0
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
59. Subtotal .....	XXX	29,452,260	.0	1,844,652,491	.0	.0	.0	.0	1,874,104,751	.0
60. Reporting entity contributions for Employee Benefit Plans .....	XXX								.0	
61. Total (Direct Business) .....	XXX	29,452,260	0	1,844,652,491	0	0	0	0	1,874,104,751	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

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Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.1

	Granite State Health Plan, Inc.									45-4792498	NH	14226
	California Health and Wellness Plan									46-0907261	CA	
	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
	Ambetter Health of Pennsylvania, Inc.									33-3859301	PA	
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	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	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.2

	Envolve Holdings, LLC										22-3889471	DE	
		Cenpatico Behavioral Health, LLC									68-0461584	CA	
		Envolve, Inc.									37-1788565	DE	
		Envolve Benefit Options, Inc.									61-1846191	DE	
			Envolve Vision Benefits, Inc.								20-4730341	DE	
				Envolve Vision of Texas, Inc.							75-2592153	TX	95302
				Envolve Vision, Inc.							20-4773088	DE	
				Envolve Vision 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	
		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								20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.								20-8420512	DE	
	Health Net, LLC										47-5208076	DE	
		Health Net of California, Inc.									95-4402957	CA	



Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.3

			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	
			Network Providers, LLC							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
			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	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.4

			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	
			Access Medical Group of Lauderdale Lakes, LLC								92-0261029	FL	
			Access Medical Group of Sand Lake, LLC								33-2792794	FL	
			Access Medical Group of Miami Medicare, LLC								39-2435871	FL	
			Access Medical Group of Hillsborough Peds, LLC								39-2463326	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	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.5

		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 Health Plans of Massachusetts, Inc.							84-3547689	MA	16970
			WellCare Health Insurance Company of Oklahoma, Inc.							84-4449030	OK	16752
			WellCare Health Plans of Missouri, Inc.							84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.							20-2383134	AZ	10155
			WellCare Health Insurance of Hawaii, Inc.							84-4664883	HI	17002
			WellCare Health Plans of Rhode Island, Inc.							84-4627844	RI	16766
			WellCare of Illinois, Inc.							84-4649985	IL	16765
			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	IA	16514

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

15.6

				WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
				WellCare of Washington, Inc.					83-2069308	WA	16571
				WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
				WellCare of Alabama, Inc.					82-1301128	AL	16239
				WellCare of Maine, Inc.					82-3114517	ME	16344
				Harmony Health Systems, Inc.					22-3391045	NJ	
				Harmony Health 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
				One Care by Care1st Health Plan of Arizona, Inc.					06-1742685	AZ	
				WellCare Health Insurance Company of Washington, Inc.					83-3166908	WA	16570
				WellCare of North Carolina, Inc.					82-5488080	NC	16547
				WellCare Health Insurance Company of America					82-4247084	AR	16343
				WellCare National Health Insurance Company					82-5127096	TX	16342
				WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
				Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
				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	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

							SelectCare of Texas, Inc.				62-1819658	TX	10096
							Heritage Health Systems of Texas, Inc.				76-0459857	TX	
	QCA Health Plan, Inc.										71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company, Inc.										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	
	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	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.

			Magellan of Maryland, LLC							92-0642038	MD	
	Magnolia Joint Venture Holding Company, Inc.									92-0679069	DE	
	Ambetter Health of Texas, Inc.									33-1995487	TX	17804
	Ambetter Health of Florida, Inc.									33-2010592	FL	17793
	Idaho Complete Health, Inc.									39-4149441	ID	

SCHEDULE Y  
PART 1A – DETAILS 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..... Bankers Reserve Life Insurance Company of Wisconsin.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors.....	100.0.....	Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Health Plan Real Estate Holding, Inc.....	WI.....	IA.....	Centene Corporation..... Bankers Reserve Life Insurance Company of Wisconsin.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Peach State Health Plan, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Peach State Health Plan, Inc.....	Ownership.....	17.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Iowa Total Care, Inc..... Buckeye Community Health Plan, Inc.....	GA.....	IA.....	Centene Corporation..... Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Iowa Total Care, Inc..... Buckeye Community Health Plan, Inc.....	IA.....	RE.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Health Plan Real Estate Holding, Inc.....	OH.....	IA.....	Centene Corporation..... Buckeye Community Health Plan, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Absolute Total Care, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Absolute Total Care, Inc.....	Ownership.....	18.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Coordinated Care Corporation..... Health Plan Real Estate Holding, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Healthy Washington Holdings, Inc..... Coordinated Care of Washington, Inc.....	MO.....	NIA.....	Centene Corporation..... Coordinated Care Corporation.....	Ownership.....	1.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Managed Health Services Insurance Corp..... Health Plan Real Estate Holding, Inc.....	DE.....	IA.....	Centene Corporation..... Healthy Washington Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Managed Health Services Insurance Corp..... Health Plan Real Estate Holding, Inc.....	WA.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Superior HealthPlan, Inc..... Health Plan Real Estate Holding, Inc.....	WI.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Healthy Louisiana Holdings LLC..... Louisiana Healthcare Connections, Inc.....	MO.....	NIA.....	Centene Corporation..... Superior HealthPlan, Inc.....	Ownership.....	2.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Magnolia Health Plan Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Sunshine Health Holding LLC.....	MO.....	NIA.....	Centene Corporation..... Healthy Louisiana Holdings LLC.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Sunshine State Health Plan, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....					LA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13923.....	20-8570212.....					MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-0557093.....					FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13148.....	20-8937577.....					FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....

SCHEDULE Y  
PART 1A – DETAILS 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.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16351.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3292245.....				University Health Plans, Inc.....	NJ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	33-3859301.....				Ambetter Health of Pennsylvania, Inc.....	PA.....	NIA.....	Pennsylvania Health & Wellness, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	VA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16130.....	81-1282251.....				Arkansas Health & Wellness Health Plan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	16256.....	82-2649097.....				Arkansas Total Care, Inc.....	AR.....	IA.....	Arkansas Total Care Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16310.....	20-4980818.....				Bridgeway Health Solutions of Arizona Inc.....	AZ.....	IA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	36-2979209.....				Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....



SCHEDULE Y  
PART 1A – DETAILS 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.....	.0.....
01295.....	Centene Corporation.....	15729.....	36-4802632.....	.....	.....	.....	Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	17514.....	92-3523808.....	.....	.....	.....	Ambetter Health of Louisiana, Inc.....	LA.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-2221367.....	.....	.....	.....	Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	39-1864073.....	.....	.....	.....	Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	82-2761995.....	.....	.....	.....	Illinois Health Practice Alliance, LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....	.....	.....	.....	Lifeshare Management Group, LLC.....	NH.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3889471.....	.....	.....	.....	Envolve Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	68-0461584.....	.....	.....	.....	Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	37-1788565.....	.....	.....	.....	Envolve, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	61-1846191.....	.....	.....	.....	Envolve Benefits Options, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4730341.....	.....	.....	.....	Envolve Vision Benefits, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95302.....	75-2592153.....	.....	.....	.....	Envolve Vision of Texas, Inc.....	TX.....	IA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4773088.....	.....	.....	.....	Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	65-0094759.....	.....	.....	.....	Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4861241.....	.....	.....	.....	Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2783884.....	.....	.....	.....	Envolve Dental, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	81-2969330.....	.....	.....	.....	Envolve Dental of Florida, Inc.....	FL.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16106.....	81-2796896.....	.....	.....	.....	Envolve Dental of Texas, Inc.....	TX.....	IA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	77-0578529.....	.....	.....	.....	Centene Pharmacy Services, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-1339224.....	.....	.....	.....	MeridianRx, LLC.....	MI.....	NIA.....	Centene Pharmacy Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-3617766.....	.....	.....	.....	Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	80-0856383.....	.....	.....	.....	Presonix, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-2780334.....	.....	.....	.....	AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

SCHEDULE Y  
PART 1A – DETAILS 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.....	27-1599047.....				AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	20-8192615.....				AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	27-2765424.....				AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	26-0226900.....				AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	13-4262384.....				AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	27-3707698.....				HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	20-0873587.....				Foundation Care LLC.....	MO.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	20-8420512.....				AcariaHealth Pharmacy #26, Inc.....	DE.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Health Net, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	95-4402957.....				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	66141.....	73-0654885.....				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	98-0409907.....				Health Net Life Reinsurance Company.....	CYM.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	83-1570018.....				MEB Ventures II, LLC.....	DE.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	83-1576137.....				BLR Properties, LLC.....	DE.....	NIA.....	MEB Ventures II, LLC.....	Ownership.....	80.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	95-4117722.....				Managed Health Network, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	95-3817988.....				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	95-4146179.....				MHN Services, LLC.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	68-0214809.....				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	95800.....	93-1004034.....				Health Net Health Plan of Oregon, Inc.....	OR.....	IA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	54-2174068.....				Health Net Community Solutions, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	95206.....	36-3097810.....				Health Net of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	15895.....	81-1348826.....				Health Net Community Solutions of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0

SCHEDULE Y  
PART 1A – DETAILS 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.....	82-1172163.....				Centene Health Plan Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16395.....	82-5032556.....				Ambetter of North Carolina, Inc.....	NC.....	IA.....	Centene Health Plan Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	16526.....	82-2699332.....				Carolina Complete Health, Inc.....	NC.....	IA.....	Carolina Complete Health Holding Company Partnership.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16352.....	82-3380290.....				New York Quality Healthcare Corporation.....	NY.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95310.....	06-1405640.....				WellCare of Connecticut, Inc.....	CT.....	IA.....	New York Quality Healthcare Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	47-4179393.....				Community Medical Holdings Corp.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-3485489.....				Access Medical Acquisition, LLC.....	DE.....	NIA.....	Community Medical Holdings Corp.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-3191719.....				Access Medical Group of Miami, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-3192283.....				Access Medical Group of Hialeah, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-3199819.....				Access Medical Group of Westchester, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-3192955.....				Access Medical Group of Perrine, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	00000.....	82-1737078.....				Access Medical Group of Tampa, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	00000.....	84-2750188.....				Access Medical Group of Lakeland, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....
01295.....	Centene Corporation.....	00000.....	88-2263310.....				Access Medical Group of Margate, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	88-2284518.....				Access Medical Group of Riverview, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	92-0235557.....				Access Medical Group of Kendall, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
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.....	.0.....

SCHEDULE Y  
PART 1A – DETAILS 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.....	33-2792794.....				Access Medical Group of Sand Lake, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	39-2435871.....				Access Medical Group of Miami Medicare, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	39-2463326.....				Access Medical Group of Hillsborough Peds, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	82-4883921.....				Interpreta Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	80.1.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5517858.....				Interpreta, Inc.....	DE.....	NIA.....	Interpreta Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	32-2434596.....				Next Door Neighbors, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	83-2381790.....				Next Door Neighbors, Inc.....	DE.....	NIA.....	Next Door Neighbors, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
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.....	0.....
01295.....	Centene Corporation.....	16505.....	83-2425735.....				Centene Venture Company Illinois.....	IL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16528.....	83-2409040.....				Centene Venture Company Kansas.....	KS.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16499.....	83-2434596.....				Centene Venture Company Florida.....	FL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16773.....	84-3679376.....				Centene Venture Company Indiana, Inc.....	IN.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16770.....	84-3724374.....				Centene Venture Company Tennessee.....	TN.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16990.....	86-1543217.....				Centene Venture Insurance Company Texas.....	TX.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16613.....	83-2446307.....				Centene Venture Company Michigan.....	MI.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	59-3547616.....				Comprehensive Health Management, LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	83-4405939.....				WellCare Health Plans, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	04-3669698.....				WCG Health Management, Inc.....	DE.....	NIA.....	WellCare Health Plans, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY.....	NIA.....	WCG Health Management, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16329.....	81-5442932.....				WellCare of Mississippi, Inc.....	MS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	VA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
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.....	0.....
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.....	0.....

SCHEDULE Y  
PART 1A – DETAILS 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.....	10760.....	20-2103320.....				WellCare of Georgia, Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	12964.....	20-8058761.....				WellCare of Texas, Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	10155.....	20-2383134.....				WellCare Prescription Insurance, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	16765.....	84-4649985.....				WellCare of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16533.....	45-5154364.....				Rhythm Health Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
01295.....	Centene Corporation.....	00000.....	27-0386122.....				Ohana Health Plan, Inc.....	HI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	IA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
01295.....	Centene Corporation.....	16571.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
01295.....	Centene Corporation.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0

SCHEDULE Y  
PART 1A – DETAILS 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.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	NJ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	11229.....	36-4050495.....				Harmony Health Plan, Inc.....	IL.....	IA.....	Harmony Health Systems Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
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.....	.0
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.....	.0
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.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
01295.....	Centene Corporation.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
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.....	.0
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	50.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
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.....	.0
01295.....	Centene Corporation.....	00000.....	62-1517194.....				Heritage Health Systems, Inc.....	TX.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0

SCHEDULE Y  
PART 1A – DETAILS 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.....	10096.....	62-1819658.....				SelectCare of Texas, Inc..... Heritage Health Systems of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	76-0459857.....					TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	95448.....	71-0794605.....				QCA Healthplan, Inc..... Qualchoice Life and Health Insurance Company.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	70998.....	71-0386640.....					AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	16814.....	84-4119570.....				District Community Care Inc..... Oklahoma Complete Health Holding Company, LLC.....	DC.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	86-2318658.....					OK.....	NIA.....	Centene Corporation..... Oklahoma Complete Health Holding Company, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	16904.....	81-3121527.....				Oklahoma Complete Health Inc.....	OK.....	IA.....		Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	86-2694770.....				RI Health & Wellness, Inc.....	RI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	88-3410060.....				Delaware First Health, Inc..... Delaware First Health Complete, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	88-4145615.....					DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	58-1076937.....				Magellan Health, Inc..... Magellan Pharmacy Services, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	47-5588795.....				Magellan Behavioral Health of New Jersey, LLC.....	DE.....	NIA.....	Magellan Health, Inc..... Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	12632.....	52-2310906.....				Magellan Health Services of California, Inc. - Employer Services.....	NJ.....	IA.....		Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	95-2868243.....					CA.....	NIA.....	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	52-2135463.....				Magellan Healthcare, Inc..... Human Affairs International of California.....	DE.....	NIA.....	Magellan Health, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	93-0999350.....					CA.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	15550.....	46-4188169.....				Magellan Complete Care of Louisiana, Inc..... Magellan Behavioral Health of Florida, Inc.....	LA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	20-1919978.....					FL.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	20-1728452.....				Magellan Health Services of Arizona, Inc.....	AZ.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	85-0420095.....				Magellan Health Services of New Mexico, Inc.....	NM.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	85-4065417.....				Magellan of Idaho, LLC.....	ID.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	15924.....	46-4457706.....				Magellan Complete Care of Pennsylvania, Inc.....	PA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	97292.....	57-0724249.....				Magellan Life Insurance Company.....	DE.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0

## 16.9

[illegible]

Asterisk	Explanation
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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.



15713202536500003

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	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

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	5,147,060	4,955,072
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....	944,014	549,677
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....	(282,241)	31,296
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....	771,894	388,985
8. Deduct amortization of premium, depreciation and proportional amortization .....		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) .....	5,036,939	5,147,060
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	5,036,939	5,147,060

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	209,534,338	243,066,628
2. Cost of bonds and stocks acquired .....	17,901,182	0
3. Accrual of discount .....	368,432	506,848
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	8,844	6,040
6. Deduct consideration for bonds and stocks disposed of .....	23,736,316	33,511,931
7. Deduct amortization of premium .....	392,751	533,248
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	203,683,730	209,534,338
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	203,683,730	209,534,338

STATEMENT AS OF SEPTEMBER 30, 2025 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a).....	143,367,674	2,275,160	40,828,694	136,894	147,223,482	143,367,674	104,951,034	145,252,220
2. NAIC 2 (a).....	15,864,441			14,998	15,949,752	15,864,441	15,879,439	19,485,029
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 ICO	159,232,115	2,275,160	40,828,694	151,892	163,173,234	159,232,115	120,830,473	164,737,249
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1 .....	88,777,501		5,365,012	559	86,557,206	88,777,501	83,413,048	81,832,496
9. NAIC 2 .....	1,743,495		3,286		1,746,782	1,743,495	1,740,209	1,750,068
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 ABS.....	90,520,996	0	5,368,298	559	88,303,987	90,520,996	85,153,256	83,582,564
PREFERRED STOCK								
15. NAIC 1 .....	0				0	0	0	0
16. NAIC 2 .....	0				0	0	0	0
17. NAIC 3 .....	0				0	0	0	0
18. NAIC 4 .....	0				0	0	0	0
19. NAIC 5 .....	0				0	0	0	0
20. NAIC 6 .....	0				0	0	0	0
21. Total Preferred Stock.....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	249,753,111	2,275,160	46,196,992	152,451	251,477,221	249,753,111	205,983,730	248,319,813

(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 \$ .....2,300,000 ; NAIC 2 \$ .....0 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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
7709999999 Totals	2,300,000	XXX	2,275,160		

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.....	7,765,100	16,902,938
2. Cost of short-term investments acquired .....	19,867,868	70,483,809
3. Accrual of discount .....	217,032	978,353
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	25,550,000	80,600,000
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).....	2,300,000	7,765,100
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	2,300,000	7,765,100

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.....	44,404,998	113,775,506
2. Cost of cash equivalents acquired .....	1,246,592,902	1,811,130,785
3. Accrual of discount .....	742,295	922,423
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	1,241,523,162	1,881,423,716
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) .....	50,217,033	44,404,998
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	50,217,033	44,404,998

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE



STATEMENT AS OF SEPTEMBER 30, 2025 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	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	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. (10+11-12)	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
Issuer Credit Obligations - Corporate Bonds (Unaffiliated)																				
437076-CR-1	HOME DEPOT INC.....	09/15/2025..	Maturity @ 100.00.....	XXX.....	400,000	400,000	399,856	399,964		36		36		400,000			.0	16,000	09/15/2025..	1.F FE.....
65558R-AC-3	NORDEA BANK ABP.....	09/22/2025..	Maturity @ 100.00.....	XXX.....	1,000,000	1,000,000	997,130	999,274		726		726		1,000,000			.0	47,500	09/22/2025..	1.D FE.....
95000U-3C-5	WELLS FARGO & CO.....	08/15/2025..	Call @ 100.00.....	XXX.....	2,000,000	2,000,000	1,983,500	1,985,217		476		476		1,985,693		14,307	14,307	90,800	08/15/2026..	1.E FE.....
0089999999 - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					3,400,000	3,400,000	3,380,486	3,384,455		1,238	0	1,238	0	3,385,693	0	14,307	14,307	154,300	XXX	XXX
0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated)					3,400,000	3,400,000	3,380,486	3,384,455	0	1,238	0	1,238	0	3,385,693	0	14,307	14,307	154,300	XXX	XXX
0509999997 - Subtotals - Issuer Credit Obligations - Part 4					3,400,000	3,400,000	3,380,486	3,384,455	0	1,238	0	1,238	0	3,385,693	0	14,307	14,307	154,300	XXX	XXX
0509999999 - Subtotals - Issuer Credit Obligations					3,400,000	3,400,000	3,380,486	3,384,455	0	1,238	0	1,238	0	3,385,693	0	14,307	14,307	154,300	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC)																				
3132DN-4U-4	FH SD1735 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	104,352	104,352	99,982	100,415		3,937		3,937		104,352			.0	3,269	10/01/2052..	1.A.....
31339S-PS-8	FH QA3133 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	648	648	668	662		(14)		(14)		648		.0		15	09/01/2049..	1.A.....
3133KG-K3-1	FH RA1214 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	617	617	640	634		(17)		(17)		617		.0		14	08/01/2049..	1.A.....
3133KY-U9-8	FH RB5108 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	30,064	30,064	30,764	30,609		(545)		(545)		30,064		.0		399	04/01/2041..	1.A.....
3133KY-V7-1	FH RB5138 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	33,428	33,428	33,940	33,847		(419)		(419)		33,428		.0		446	12/01/2041..	1.A.....
3133KY-WA-3	FH RB5141 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	42,787	42,787	43,349	43,245		(458)		(458)		42,787		.0		568	01/01/2042..	1.A.....
3140AM-NG-2	FN DCO390 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	17,332	17,332	17,199	133		133		133		17,332		.0		329	09/01/2054..	1.A.....
3140KF-NL-5	FN BP7594 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	43,796	43,796	44,911	44,578		(782)		(782)		43,796		.0		439	11/01/2035..	1.A.....
3140KN-KN-7	FN BQ3000 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	8,216	8,216	8,514	8,457		(241)		(241)		8,216		.0		107	10/01/2050..	1.A.....
3140KP-JP-9	FN BQ3869 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	15,872	15,872	16,413	16,307		(435)		(435)		15,872		.0		212	09/01/2050..	1.A.....
3140KQ-A6-8	FN BQ4528 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	49,018	49,018	50,359	49,975		(956)		(956)		49,018		.0		483	02/01/2036..	1.A.....
3140KQ-N3-1	FN BQ4909 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	20,323	20,323	21,060	20,920		(596)		(596)		20,323		.0		278	09/01/2050..	1.A.....
3140QF-S2-6	FN CA7736 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	60,815	60,815	64,103	63,481		(2,666)		(2,666)		60,815		.0		980	11/01/2050..	1.A.....
3140QQ-VS-1	FN CB5124 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	18,993	18,993	18,642	18,669		323		323		18,993		.0		567	11/01/2052..	1.A.....
3140QR-UP-6	FN CB5989 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	41,310	41,310	41,174	41,173		137		137		41,310		.0		1,544	03/01/2053..	1.A.....
3140W0-XH-3	FN FA0679 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	52,384	52,384	51,416	49,546		968		968		52,384		.0		855	02/01/2055..	1.A.....
3140W1-DZ-3	FN FA1019 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	49,188	49,188	48,786	402		402		402		49,188		.0		491	03/01/2055..	1.A.....
3140X8-BN-6	FN FM4544 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	14,930	14,930	15,457	15,365		(435)		(435)		14,930		.0		182	10/01/2050..	1.A.....
3140X8-KJ-5	FN FM4796 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	4,174	4,174	4,350	4,321		(147)		(147)		4,174		.0		56	11/01/2050..	1.A.....
3140XB-TR-1	FN FM7759 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	132,176	132,176	136,802	135,607		(3,431)		(3,431)		132,176		.0		1,815	07/01/2036..	1.A.....
3140XK-H4-5	FN FS3850 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	49,057	49,057	49,639	49,546		(489)		(489)		49,057		.0		1,672	02/01/2043..	1.A.....
3140XL-AA-0	FN FS4526 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	25,497	25,497	25,856	25,812		(314)		(314)		25,497		.0		859	05/01/2053..	1.A.....
31418D-6L-1	FN MA4474 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	70,550	70,550	72,116	71,792		(1,242)		(1,242)		70,550		.0		938	11/01/2041..	1.A.....
31418D-HD-7	FN MA3827 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	5,465	5,465	5,512	5,493		(28)		(28)		5,465		.0		91	11/01/2034..	1.A.....
31418D-LL-4	FN MA3930 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	10,638	10,638	10,834	10,763		(125)		(125)		10,638		.0		176	02/01/2035..	1.A.....
31418D-SM-5	FN MA4123 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	18,111	18,111	18,830	18,607		(495)		(495)		18,111		.0		241	09/01/2035..	1.A.....
31418D-TM-4	FN MA4155 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	16,197	16,197	16,810	16,617		(420)		(420)		16,197		.0		215	10/01/2035..	1.A.....
31418E-AW-0	FN MA4520 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	28,213	28,213	28,549	28,488		(275)		(275)		28,213		.0		376	01/01/2042..	1.A.....
3142GS-6G-7	FH RJ2666 - RMBS.....	09/01/2025..	Paydown.....	XXX.....	55,596	55,596	55,572	24		24		24		55,596		.0		1,430	10/01/2054..	1.A.....
1039999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC)					1,019,745	1,019,745	1,032,246	855,380	0	(8,607)	0	(8,607)	0	1,019,745	0	0	0	19,047	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)																				
60416U-QK-4	MINNESOTA HOUSING FINANCE AGENCY.....	07/01/2025..	Call @ 100.00.....	XXX.....	5,000	5,000	5,171			(6)		(6)		5,164		(164)	(164)	111	07/01/2055..	1.B FE.....
1059999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					5,000	5,000	5,171	0	0	(6)	0	(6)	0	5,164	0	(164)	(164)	111	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated)																				
03880X-AA-4	ARCLO 2022-FL1 A - CMBS.....	08/15/2025..	Paydown.....	XXX.....	109,991	109,991	109,991	109,991				0		109,991		.0		4,313	01/15/2037..	1.A FE.....
055983-AA-8	BSPT 2022-FL8 A - CMBS.....	09/15/2025..	Paydown.....	XXX.....	9,486	9,486	9,486	9,486				0		9,486		.0		339	02/17/2037..	1.A FE.....
21873A-AA-5	CAFL 2020-4 A - CMBS.....	09/01/2025..	Paydown.....	XXX.....	99,345	99,345	99,343	99,307		38		38		99,345		.0		801	12/17/2052..	1.A.....
33768J-AA-9	FKH 21SFR3 A - CMBS.....	08/28/2025..	Paydown.....	XXX.....	8,366	8,366	8,366	8,362		4		4		8,366		.0		113	12/17/2038..	1.A FE.....
33768N-AA-0	FKH 2022-SFR1 A - CMBS.....	09/01/2025..	Paydown.....	XXX.....	20,645	20,645	19,524	19,990		655		655		20,645		.0		583	05/19/2039..	1.A FE.....
40441L-AA-4	HGI 21FL1 A - CMBS.....	07/21/2025..	Paydown.....	XXX.....	267,235	267,235	267,235	267,235				0		267,235		.0		8,645	06/19/2036..	1.A FE.....
43732V-AA-4	HPA 2021-2 B - CMBS.....	08/01/2025..	Paydown.....	XXX.....	378	378	378	378		0		0		378		.0		5	12/17/2038..	1.B FE.....
55284J-AA-7	MF1 2022-FL8 A - CMBS.....	09/19/2025..	Paydown.....	XXX.....	10,821	10,821	10,821	10,821				0		10,821		.0		416	02/19/2037..	1.A FE.....
61766E-BD-6	MSBAM 2016-C29 A3 - CMBS.....	09/01/2025..	Paydown.....	XXX.....	208,585	208,585	216,929	209,772		(1,187)		(1,187)		208,585		.0		4,656	05/17/2049..	1.A.....
74332Y-AA-7	PROG 22SFR5 A - CMBS.....	09/01/2025..	Paydown.....	XXX.....	7,091	7,091	6,826	7,091		166		166		7,091		.0		203	06/17/2039..	1.A FE.....
743330-AA-3	PROG 21SFR9 A - CMBS.....	09/17/2025..	Paydown.....	XXX.....	3,240	3,240	3,240	3,240		0		0		3,240		.0		43	11/26/2040..	1.A FE.....
89614Y-AA-4	TCN 2021-SFR1 A - CMBS.....	08/01/2025..	Paydown.....	XXX.....	669	669	669	669		0		0		669		.0		9	07/19/2038..	1.A FE.....

## E05.1

## E05.1

## E05.1

## 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

**STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Iowa Total Care, Inc.**

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14