

## **HEALTH ANNUAL STATEMENT**

AS OF DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

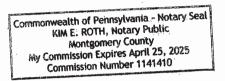
## Aetna Health Inc. (a Maine corporation)

~			corporation	
NAIC Group Code	0001 0001 NAIC (Current) (Prior)	Company Code 95517	Employer's ID Number	01-0504252
Organized under the Laws of	Maine	State of Domicile	or Port of Entry	ME
Country of Domicile		United States of America		
Licensed as business type:	Hea	Ith Maintenance Organization		
Is HMO Federally Qualified? Yes [ ] No [	x ]			
Incorporated/Organized	10/03/1995	Commenced	Business	04/10/1996
Statutory Home Office 1	91 Marginal Way, Suite G		Portland, ME, U	S 04101
	(Street and Number)		(City or Town, State, Cou	ntry and Zip Code)
Main Administrative Office		151 Farmington Avenue,		
		(Street and Number)	······································	
Hartford, CT,	· · · · · · · · · · · · · · · · · · ·	······································	800-872-38	
(City or Town, State, C	ountry and Zip Code)		(Area Code) (Teleph	one Number)
			Hartford, CT, US	
(Street a	nd Number or P.O. Box)		(City or Town, State, Cou	ntry and Zip Code)
Primary Location of Books and Records		191 Marginal Way, Suite G		
		(Street and Number)		
Portland, ME (City or Town, State, C		· · · · · · · · · · · · · · · · · · ·	800-872-34 (Area Code) (Teleph	<u></u>
(ony of Town, State, C	ounay and zip oodey			
Internet Website Address		www.aetna.com		······································
Statutory Statement Contact	Kim E. Roth		215-7	75-6508
	(Name)		(Area Code) (Te	elephone Number)
	ing@aetna.com		860-262-7	
(E-mail A	(ddress)		(FAX Numi	ber)
		OFFICERS		
	Duncan Graeme Stuart	Principal Financial	Officer and Controller	Robert Joseph Parslow
Vice President and Secretary	Edward Chung-I Lee			
		OTHER	,	
Derek Scott Blunt, Senior Investment		ris Chronister III, Assistant Con	troller Peter	Keller, Assistant Controller
Whitney Dorothy Lavole, Assistant Co	ontroller Gregor	y Stephen Martino, Vice Presid	ent Tracy Louise	Smith, Vice President and Treasurer
	DIR	ECTORS OR TRUSTEES		
Vincent John Liscomb, Jr.				Duncan Graeme Stuart
The officers of this reporting entity being duly all of the herein described assets were the a statement, together with related exhibits, scho condition and affairs of the said reporting enti in accordance with the NAIC Annual Stateme rules or regulations require differences in repor Furthermore, the scope of this attestation by (except for formatting differences due to ele enclosed statement.	absolute property of the said re edules and explanations therein ty as of the reporting period stat ent Instructions and Accounting orting not related to accounting p the described officers also inc	porting entity, free and clear for contained, annexed or referred ed above, and of its income and Practices and Procedures mar practices and procedures, accor ludes the related correspondin	om any liens or claims thereon to, is a full and true statement of d deductions therefrom for the p hual except to the extent that: ( ding to the best of their informal g electronic filing with the NAIC	, except as herein stated, and that this of all the assets and liabilities and of the veriod ended, and have been completed 1) state law may differ; or, (2) that state ion, knowledge and belief, respectively. C, when required, that is an exact copy
() ()	р.			
Vin ta			-30	fe_
Duncan Graeme Stuart		Edward Chung-I Lee		Repert Joseph Parslow
President	Vic	e President and Secretary	Principa	I Financial Officer and Controller
State of Pennsylvania	State of C	onnecticut	State of C	Connecticut

County of ..... Montgomery

Subscribed and sworn to before me this 254 da , 2022 a day of

NOTARY PUBLIC (Seal)



County of ..... Hartford

Subscribed and sworn to before me this Str day of Februar

, 2022 Cynthia Montano

NOTARY PUBLIC (Seal)



County of ..... Hartford

Subscribed and sworn to before me this D M , 2022 day of NOTARY PUBLIC TRACY M THERIEAU Notary Public, State of Connecticut 2 Mars My Commission Expires Sept. 30, 2025

a. Is this an original filing? ..... Yes [X] No [] b. If no,

State the amendment number.....
 Date filed .....

3. Number of pages attached.....

	AS	SETS			
		1	Current Year	3	Prior Year 4
		1 Assets	2 Nonadmitted Assets	Net Admitted Assets	4 Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate (Schedule B):	_			_
	3.1 First liens			0	0
		0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less	0	0		0
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)	0	0	0	0
5	Cash (\$0 , Schedule E - Part 1), cash equivalents				
5.	(\$				
	investments (\$	8 869 354	0		9 051 710
6.	Contract loans, (including \$				
7.	Derivatives (Schedule DB)				0
8.	Other invested assets (Schedule BA)				0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets (Schedule DL)				0
11.	Aggregate write-ins for invested assets				0
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers				
	only)	0	0	0	0
14.	Investment income due and accrued		0		
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection				
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$3,692,693 )	4,581,181	0	4,581,181	3,729,165
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				0
	16.2 Funds held by or deposited with reinsured companies 16.3 Other amounts receivable under reinsurance contracts				0
17	Amounts receivable relating to uninsured plans				0
17.	Current federal and foreign income tax recoverable and interest thereon				070,380
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				0
20.	Electronic data processing equipment and software				0
21.	Furniture and equipment, including health care delivery assets				
	(\$0 )	0	0		0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
23.	Receivables from parent, subsidiaries and affiliates				0
24.	Health care (\$				
25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
27.	Protected Cell Accounts (Lines 12 to 25) From Separate Accounts, Segregated Accounts and Protected Cell				40,216,042
	Accounts				
28.	Total (Lines 26 and 27) DETAILS OF WRITE-INS	45,884,113	44,121	45,839,992	40,216,042
1101.					
1102.					
1103.				ļļ	
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0		0	0
2501.	Current state income tax receivable		0		
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	39,994	0	39,994	398,677

ASSETS

# LIABILITIES, CAPITAL AND SURPLUS

			Current Year	, 	Prior Year
	-	1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of	, , ,			,.
	\$				
	Health Service Act	4,007,444	0		
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued		0		
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$0 on realized capital gains (losses))	0	0	0	
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated.				0
14.	Borrowed money (including \$0 current) and	,		·	
	interest thereon \$0 (including				
	\$0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives.				
17.	Payable for securities				
18.	Payable for securities lending				0
19.	Funds held under reinsurance treaties (with \$				0
19.	authorized reinsurers, \$				
	reinsurers and \$	121 051	0	121 051	37 803
20	Reinsurance in unauthorized and certified (\$0 )			121,001	
20.	companies	1 071	0	1 071	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates Liability for amounts held under uninsured plans				
22.		1,030,889		1,030,669	
23.					•
~ .	current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				
31.	Unassigned funds (surplus)	XXX	XXX	13,612,636	
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$0 )	XXX	XXX	0	0
	32.20 shares preferred (value included in Line 27				
	\$0 <u>)</u>				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	45,839,992	40,216,042
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.					
2502.					
	Summary of remaining write-ins for Line 25 from overflow page				0
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
		XXX			
3002					
		XXX	XXX		
3003.	Summary of remaining write-ins for Line 30 from overflow page				

# STATEMENT OF REVENUE AND EXPENSES

		Current Ye		Prior Year		
		1 Uncovered	2 Total	3 Total		
1.	Member Months					
		2007	100 004 500			
2.	Net premium income ( including \$0 non-health premium income)					
3.	Change in unearned premium reserves and reserve for rate credits					
4.	Fee-for-service (net of \$					
5.	Risk revenue			0		
6.	Aggregate write-ins for other health care related revenues					
7.	Aggregate write-ins for other non-health revenues					
8.	Total revenues (Lines 2 to 7)	XXX	131,559,176	108,819,731		
9.	Hospital and Medical:	0,000,706	84 410 026	CE 400 400		
	Hospital/medical benefits					
10.	Other professional services					
11.	Outside referrals			1,476,441		
12.	Emergency room and out-of-area					
13.	Prescription drugs					
14.	Aggregate write-ins for other hospital and medical					
15.	Incentive pool, withhold adjustments and bonus amounts			1, 155, 107		
16.	Subtotal (Lines 9 to 15)	5, 167, 517	113,334,110			
47	Less:		4 007 000	044,070		
17.	Net reinsurance recoveries					
18.	Total hospital and medical (Lines 16 minus 17)					
19.	Non-health claims (net)			0		
20.	Claims adjustment expenses, including \$1,800,857 cost containment expenses					
21.	General administrative expenses	0				
22.	Increase in reserves for life and accident and health contracts (including \$0					
	increase in reserves for life only)					
23.	Total underwriting deductions (Lines 18 through 22)	5, 167, 517	127,071,028			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,488,148	6, 103, 335		
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	0				
26.	Net realized capital gains (losses) less capital gains tax of \$	0	(163,232)	10,049		
27.	Net investment gains (losses) (Lines 25 plus 26)	0				
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered					
	\$0 ) (amount charged off \$	0	0	0		
29.	Aggregate write-ins for other income or expenses	0	0	0		
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)			6,897,157		
31.	Federal and foreign income taxes incurred					
32.	Net income (loss) (Lines 30 minus 31)	XXX	4,318,510	5,217,449		
	DETAILS OF WRITE-INS			, ,		
0601.		XXX				
0602.						
0603						
0698.	Summary of remaining write-ins for Line 6 from overflow page		0	0		
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0		
0701.						
0702.						
0703		XXX				
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0		
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0		
1401.						
1402.						
1403.						
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0		
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0		
2901. 2902.						
20112						
2902. 2903 2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	n		

# **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	22 004 213	10 072 505
	Net income or (loss) from Line 32		
	Change in valuation basis of aggregate policy and claim reserves		
	Change in net unrealized capital gains (losses) less capital gains tax of \$		
	Change in net unrealized foreign exchange capital gain or (loss)		
	Change in net deferred income tax		
	Change in nonadmitted assets		
	Change in unauthorized and certified reinsurance		0
	Change in treasury stock		
	Change in surplus notes		0
	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:	0	0
	44.1 Paid in		_
	44.3 Transferred to surplus		0
			0
	Surplus adjustments: 45.1 Paid in	0	0
	45.1 Paid in		0
	45.2 Transferred to capital (Stock Dividend)		0
	Dividends to stockholders		(1 900 000)
	Aggregate write-ins for gains or (losses) in surplus		
	Net change in capital and surplus (Lines 34 to 47)		2,931,708
	Capital and surplus end of reporting period (Line 33 plus 48)	23,312,636	22,004,213
<del>т</del> <u></u> .	DETAILS OF WRITE-INS	20,012,000	22,007,210
4701.			
4702.			
4702.			
	Summary of remaining write-ins for Line 47 from overflow page		٥
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

# **CASH FLOW**

		1	2
			_
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		
2.	Net investment income		
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	131,260,689	111,484,403
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7.	Commissions, expenses paid and aggregate write-ins for deductions		
8.	Dividends paid to policyholders		0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)		207, 181
10.	Total (Lines 5 through 9)	123,111,738	100,518,069
11.	Net cash from operations (Line 4 minus Line 10)	8,148,951	10,966,334
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		0
	12.3 Mortgage loans		0
	12.4 Real estate		.0
	12.5 Other invested assets		0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
15.	13.1 Bonds	15 1/7 337	0 661 332
	13.2 Stocks		9,001,332
	13.3 Mortgage loans		0
	13.4 Real estate		0
	13.5 Other invested assets		0
	13.6 Miscellaneous applications		0
	13.7 Total investments acquired (Lines 13.1 to 13.6)		9,661,332
14.	Net increase (decrease) in contract loans and premium notes		0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(5,147,478)	(2,531,905
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		0
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	116,171	(5,996,983
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(3, 183, 829)	(7,896,983
	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)	(182,356)	537,446
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	.9,051,710	
	19.2 End of year (Line 18 plus Line 19.1)	8,869,354	9,051,710
		0,000,004	5,001,710
Note: S	upplemental disclosures of cash flow information for non-cash transactions:		
	1 Non-cash investment exchanges	1,561,489	0

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

-											
		1	2	3	4	5	6 Federal Employees	7 Title	8 Title	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	130,364,522		.0	0		.0		(	)	0
2.	Change in unearned premium reserves and reserve for rate credit	.1, 194, 654	(2,967)	0	0		0 0		(	0	0
3.	Fee-for-service (net of \$0 medical expenses)	0	0	0	0		0	0	c.		XXX
4.	Risk revenue	U	U	U.	U		0		۲	) 	
	Aggregate write-ins for other health care related				<u>v</u>				k		
	revenues	0	0	0	۵		.00	0		00	XXX
6.	Aggregate write-ins for other non-health care related revenues	0									0
7.	Total revenues (Lines 1 to 6)		4,147,511	0	0		.0			0	0
8.	Hospital/medical benefits			Q	0		.0			0	XXX
9.	Other professional services	4,992,142	(9,300)	Q	0		.0				XXX
10.	Outside referrals			Q	0		.0	1,992,357			XXX
11.	Emergency room and out-of-area	4,673,242		Q	0		.0			0	XXX
12.	Prescription drugs	14,201,177	1,536,412	0	0		.00			00	XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0		.00	0		00	XXX
14.	Incentive pool, withhold adjustments and bonus amounts		(13,663)	0	0		.00			00	XXX
15.	Subtotal (Lines 8 to 14)			0	0		.00			00	XXX
16.	Net reinsurance recoveries		0	0	0		.00			0	XXX
17.	Total medical and hospital (Lines 15 minus 16)			0	0		.00			0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19.	Claims adjustment expenses including										
	\$1,800,857 cost containment expenses	2,435,220		0	0		.0			0	0
20.	General administrative expenses			0	0		.0			0	0
21.	Increase in reserves for accident and health contracts			0	0		.0			0	XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX				XXX		0
23.	Total underwriting deductions (Lines 17 to 22)			0	0		.0			0	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	4,488,148	(816,895)	0	0		0 0	5,305,043	(	0	0
0501	DETAILS OF WRITE-INS										
0501.											XXX
0502.											XXX
	Summary of remaining write-ins for Line 5 from overflow										
0500	page						0 0		l	,	XXX
	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	U	0	0	0		0	0	,	, v	XXX
0601.				XXX	XXX	XXX	XXX	XXX	XXX		
0602.				XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0		XXX		xxx		XXX		XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.								······			XXX
1302.								······			XXX
1303. 1398.	Summary of remaining write-ins for Line 13 from										XXX
	overflow page	0	0	0	0		.00	0	¢	0	XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0 0	0	(	0	XXX

## UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	4, 150, 478	0	0	4, 150, 478
2.	Medicare Supplement	0	0	0	0
3.	Dental only	0	0	0	0
4.	Vision only	0	0	0	0
5.	Federal Employees Health Benefits Plan	0	0	0	0
6.	Title XVIII - Medicare		0	1,244,570	
7.	Title XIX - Medicaid	0	0	0	0
8.	Other health	0	0	0	0
9.	Health subtotal (Lines 1 through 8)		0	1,244,570	
10.	Life	0	0	0	0
11.	Property/casualty	0	0	0	0
12.	Totals (Lines 9 to 11)	131,609,092	0	1,244,570	130,364,522

## UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

		1	2 Comprehensive	3 Medicare	4	5	6 Federal Employees Health	7 Title XVIII	8 Title XIX	9	10 Other
		Total	(Hospital & Medical)	Supplement	Dental Only	Vision Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
	Payments during the year:	107 000 070	4 050 505					100,071,000			
	1.1 Direct			0	0	0	0		0	0	0
	1.2 Reinsurance assumed		0	0	0	0	0		0	0	0
	1.3 Reinsurance ceded	1,114,973		0	0	0	0	1,114,973	0	0	0
	1.4 Net			0	0	0	0		0	0	0
	Paid medical incentive pools and bonuses	1,208,574		0	0	0	0	1, 194,043	0	0	0
	Claim liability December 31, current year from Part 2A:								_		
	3.1 Direct			0	0	0	0		0	0	0
	3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	3.3 Reinsurance ceded		0	0	0	0	0		0	0	0
	3.4 Net			0	0	0	0		0	0	0
4.	Claim reserve December 31, current year from Part 2D:										
	4.1 Direct			0	0	0	0	0	0	0	0
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	4.4 Net			0	0	0	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current										
	year	2,872,875		0	0	0	0		0	0	0
	Net healthcare receivables (a)			0	0	0	0		0	0	0
7.	Amounts recoverable from reinsurers December 31,										
	current year	0	0	0	0	0	0	0	0	0	0
	Claim liability December 31, prior year from Part 2A:										
	8.1 Direct			0	0	0	0	7,747,626	0	0	0
	8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	8.3 Reinsurance ceded		0	0	0	0	0		0	0	0
	8.4 Net			0	0	0	0	7,718,234	0	0	0
9.	Claim reserve December 31, prior year from Part 2D:										
	9.1 Direct			0	0	0	0	0	0	0	0
	9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	9.4 Net			0	0	0	0	0	0	0	0
	Accrued medical incentive pools and bonuses, prior year	1,067,900	42,737	0	0	0	0	1,025,163	0	0	0
11.	Amounts recoverable from reinsurers December 31,	, 1-	, -				1	, , , ,			
	prior year	0	0	0	0	0	0	0	0	0	0
12.	Incurred Benefits:										
	12.1 Direct			0	0	0	0		0	0	0
	12.2 Reinsurance assumed	0	0	0	0	0	0		0	0	0
	12.3 Reinsurance ceded	1,207,903	0	0	0	0	0	1,207,903	0	0	0
	12.4 Net	109,112,658	4,669,562	0	0	0	0	104,443,096	0	0	0
13	Incurred medical incentive pools and bonuses	3,013,549	(13,663)	0	0	0	0	3,027,212	0	0	0

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

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3		5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	, Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	2,144,692	101,376	0	0	0	0	2,043,316	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	2,144,692	101,376	0	0	0	0	2,043,316	0	0	0
2. Incurred but Unreported:										
2.1 Direct	9,641,513		0	0	0	0	9,063,182	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded		0	0	0	0	0		0	0	0
2.4 Net	9,519,191	578,331	0	0	0	0	8,940,860	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	C
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
3.4 Net	0	0	0	0	0	0	0	0	0	C
4. TOTALS:										
4.1 Direct		679,707	0	0	0	0		0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded		0	0	0	0	0		0	0	0
4.4 Net	11,663,883	679,707	0	0	0	0	10,984,176	0	0	0

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid D	During the Year	Claim Reserve a December 31	nd Claim Liability of Current Year	5	6
	1	2	3	4		Estimated Claim Reserve and Claim
	On Claims Incurred Prior to January 1	On Claims Incurred	On Claims Unpaid December 31 of	On Claims Incurred	Claims Incurred In Prior Years	Liability December 31 of
Line of Business	of Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	Prior Year
1. Comprehensive (hospital and medical)		4, 176, 253	6,265	677,671		
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	5,440,604	96,115,810			5,623,753	7,718,234
7 Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)					6,112,351	8,400,019
10. Healthcare receivables (a)	0		0	0	0	831,794
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts			1,309,214	1,563,661	2,297,272	1,067,900
13. Totals (Lines 9 - 10 + 11 + 12)	6,910,995	99,310,349	1,498,628	13,042,360	8,409,623	8,636,125

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

### Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

	Cumulative Net Amounts Paid					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018						
4. 2019						
5. 2020			XXX			
6. 2021	XXX	XXX	XXX	XXX	4,159	

#### Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bong Outstanding at End of Year						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021		
1. Prior							
2. 2017							
3. 2018							
4. 2019							
5. 2020	XXX		XXX				
6. 2021	XXX	XXX	XXX	XXX	4,852		

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

		1	2	3	4	5	6	7	8	9	10
	Years in which					Claim and Claim Adjustment Expense			Unpaid Claims	Total Claims and Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2017			0				0	0		
2.	2018			0				0	0		
3.	2019			0				0	0		
4.	2020	.2,910		0	0.0			6	0		
5.	2021	4,148	4,159	58	1.4	4,217	101.7	692	10	4,919	118.6

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021		
1. Prior							
2. 2017							
3. 2018	XXX						
4. 2019	XXX	XXX					
5. 2020	XXX	XXX					
6. 2021	XXX	XXX	XXX	XXX			

Section	Incurred Health Claims - Medicare Supplement							
	Sum of Cur	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool Outstanding at End of Year						
	1	2	3	4	5			
Year in Which Losses Were Incurred	201	7 2018	2019	2020	2021			
1. Prior								
2. 2017								
3. 2018		(						
4. 2019		(XXX						
5. 2020		(XXX						
6. 2021	XXX	xxx	XXX	XXX				

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

		1	2	3	4	5	6	7	8	9	10
	Years in which					Claim and Claim Adjustment Expense			Unpaid Claims	Total Claims and Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2017										
2	2018										
3.	2019										
4.	2020										
5.	2021			`							

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

	Cumulative Net Amounts Paid					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018						
4. 2019	XXX	XXX				
5. 2020						
6. 2021	XXX	XXX	XXX	XXX		

Section B - Incurred Health Claims - Dental Only					
	Sum of Cumulative N	let Amount Paid and Cl	laim Liability, Claim Res	erve and Medical Incent	ive Pool and Bonuses
		C	Dutstanding at End of Ye	ear	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018					
4. 2019					
5. 2020					
6. 2021	XXX	XXX	XXX	XXX	

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

		1	2	3	4	5	6	7	8	9	10
	Years in which					Claim and Claim Adjustment Expense			Unpaid Claims	Total Claims and Claims Adjustment	
	Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment	(Col. 3/2) Perc	Payments	(Col. 5/1) Percent	Claims Unpaid	Adjustment Expenses	Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017										
2.	2018										
3.	2019										
4	2020										
5.	2021										

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

	Cumulative Net Amounts Paid					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018	XXX					
4. 2019	XXX	XXX				
5. 2020	XXX	XXX				
6. 2021	XXX	XXX	XXX	XXX		

Section B - Incurred Health Claims - Vision Only								
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse: Outstanding at End of Year							
		C	outstanding at End of Ye	ear				
	1	2	3	4	5			
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021			
1. Prior								
2. 2017								
3. 2018								
4. 2019		XXX						
5. 2020		XXX						
6. 2021	XXX	XXX	XXX	XXX				

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ymer ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1	. 2017										
2	2018										
3	2019										
4	. 2020										
5	i. 2021										

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018					
4. 2019		XXX			
5. 2020		XXX			
6. 2021	XXX	XXX	XXX	XXX	

	Sum of Cumulative N	Net Amount Paid and Cla O	aim Liability, Claim Res outstanding at End of Yo	serve and Medical Incenti ear	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX				
6. 2021	XXX	XXX	XXX	XXX	

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	vense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2017										
2.	2018										
3.	2019										
4	2020										
5.	2021										

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

#### Section A - Paid Health Claims - Title XVIII

		Cumu	Ilative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019					
5. 2020	XXX		XXX		
6. 2021	XXX	XXX	XXX	XXX	95,151

Section B - Incurred Health Claims - Title X	VIII								
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bo Outstanding at End of Year								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021				
1. Prior				3,807					
2. 2017									
3. 2018									
4. 2019									
5. 2020			XXX						
6. 2021	XXX	XXX	XXX	XXX	107,501				

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	. 2017			0	0.0			0	0		
2	. 2018	.53,936		0				0	0		
3	. 2019	.77, 173		0	0.0			0	0		84.5
4.	. 2020			0					0		
5.	. 2021	127,412	95, 151	2,324	2.4	97,475	76.5	12,350	170	109,995	86.3

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Pa	aid Health Cla	aims - Title XIX
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		Cu	mulative Net Amounts	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018					
4. 2019	XXX	XXX			
5. 2020		XXX			
6. 2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX					
	Sum of Cumulative N	et Amount Paid and Cla O	aim Liability, Claim Res outstanding at End of Yo	erve and Medical Incenti ear	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020					
6. 2021	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX
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		1	2	3	4	5	6	7	8	9	10
	Years in which					Claim and Claim Adjustment Expense			Unpaid Claims	Total Claims and Claims Adjustment	
	Premiums were Earned and Claims	D		Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	vense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2017										
2.	2018										
3.	2019										
4.	2020										
5.	2021										

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

	Cumulative Net Amounts Paid					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018	XXX					
4. 2019	XXX					
5. 2020						
6. 2021	XXX	XXX	XXX	XXX		

	Section B - Incurred Health Claims - Other					
		Sum of Cumulative Ne	et Amount Paid and Cla O	aim Liability, Claim Res utstanding at End of Ye	erve and Medical Incenti ear	ve Pool and Bonuses
		1	2	3	4	5
ļ	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior					ŀ
2.	2017					
3.	2018	XXX				
4.	2019	XXX				
5.	2020					
6.	2021	XXX	XXX	XXX	XXX	1

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

	1	2	3	4	5	6	7	8	9	10
Years in which					Claim and Claim Adjustment Expense			Unpaid Claims	Total Claims and Claims Adjustment	
Premiums were Earned an			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

#### (\$000 Omitted)

#### Section A - Paid Health Claims - Grand Total

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020					
6. 2021	XXX	XXX	XXX	XXX	99,310

Section B -	<ul> <li>Incurred Health Claims - Grand Total</li> </ul>

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018	XXX					
4. 2019		XXX				
5. 2020		XXX				
6. 2021	XXX	XXX	XXX	XXX	112,353	

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

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1	. 2017			0	.0.0			.0	0		
2	. 2018	.67,028		0				0	0		
3	. 2019	.80.430	.67,284	0	.0.0		83.7	0	0	67,284	
4	. 2020			0	0.0				0		
5	. 2021	131,560	99,310	2,382	2.4	101,692		13,042	180	114,914	87.3

# **UNDERWRITING AND INVESTMENT EXHIBIT**

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

		JUREGAIE RESER				r			
	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves		1,697	0	0	0	0	0	0	C
2. Additional policy reserves (a)			0	0	0	0	0	0	C
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	C
4. Reserve for rate credits or experience rating refunds (including									
\$			0	0	0	0	3,770,807	0	C
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	C
6. Totals (gross)	4,007,444		0	0	0	0	3,770,807	0	C
7. Reinsurance ceded	0	0	0	0	0	0	0	0	C
8. Totals (Net)(Page 3, Line 4)	4,007,444		0	0	0	0	3,770,807	0	C
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	C
10. Reserve for future contingent benefits		4,230	0	0	0	0	0	0	C
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	c
12. Totals (gross)		4,230	0	0	0	0	0	0	C
13. Reinsurance ceded	0	0	0	0	0	0	0	0	C
14. Totals (Net)(Page 3, Line 7)	4,230	4,230	0	0	0	0	0	0	(
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	C
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	C
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	C

### **UNDERWRITING AND INVESTMENT EXHIBIT** PART 3 - ANALYSIS OF EXPENSES

		PART 3 - ANAL Claim Adjustme	YSIS OF EXPENSE	<b>3</b>	4	5
		1	2	-	4	5
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$0 for occupancy of					
	own building)					
2.	Salary, wages and other benefits				18	4 , 137 , 739
3.	Commissions (less \$0					
	ceded plus \$0 assumed)	0	0		0	4,955,920
4.	Legal fees and expenses	0			0	61,775
5.	Certifications and accreditation fees	0	0	0	0	0
6.	Auditing, actuarial and other consulting services	0		1,290,737		1,352,885
7.	Traveling expenses				15	
8.	Marketing and advertising				0	
9.	Postage, express and telephone				4	
10.	Printing and office supplies	0			9	
11.	Occupancy, depreciation and amortization			(25,321)		49
12.	Equipment	0	(4,812)		0	
13.	Cost or depreciation of EDP equipment and software	112	12 095	242 150	116	257 272
14						
14.	Outsourced services including EDP, claims, and other services			1,457,258	1,790	2, 178, 514
15.	Boards, bureaus and association fees				53	
16.	Insurance, except on real estate				0	
17.	Collection and bank service charges	0	1, 191			17,047
18.	Group service and administration fees	0	0	0	0	0
19.	Reimbursements by uninsured plans	0	0	0	0	0
20.	Reimbursements from fiscal intermediaries	0	0	0	0	0
21.	Real estate expenses		1		0	
22.	Real estate taxes	0	0		0	
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes	0	0		0	
	23.2 State premium taxes	0	0	0	0	0
	23.3 Regulatory authority licenses and fees	0	0	1,041	0	1,041
	23.4 Payroll taxes				0	
	23.5 Other (excluding federal income and real estate taxes)	0	0	1 465	0	1 465
04	Investment expenses not included elsewhere					
24.				51,540		
25.	Aggregate write-ins for expenses Total expenses incurred (Lines 1 to 25)		· · · · ·		Ť	71,096
26.	Less expenses unpaid December 31, current year					(a)14,939,010
27.						
28.	Add expenses unpaid December 31, prior year				0	127,740
29.	Amounts receivable relating to uninsured plans, prior year	0	0		0	676,586
30.	Amounts receivable relating to uninsured plans, current year	0	0	437,734	0	437,734
31.	Total expenses paid (Lines 26 minus 27 plus 28	1,760,335	601 201	12,243,264	21,827	14 646 747
	minus 29 plus 30) DETAILS OF WRITE-INS	1,700,333	621,321	12,243,204	21,02/	14,646,747
2501.		80	3 281	(3.364)	٥	(3)
2501.					0	
2502.	Interest expense					
2598.	Summary of remaining write-ins for Line 25 from					
	overflow page	0	0	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	80	19,476	51,540	0	71,096

## ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Aetna Health Inc. (a Maine corporation) EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Yea	Earned During Year
1.	U.S. government bonds		
1.1	Bonds exempt from U.S. tax	. (a)0	0
1.2	Other bonds (unaffiliated)	(a)776,994	
1.3	Bonds of affiliates	(a)0	0
2.1	Preferred stocks (unaffiliated)	(b)0	0
2.11	Preferred stocks of affiliates	(b)0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans		
4.	Real estate	(d)0	0
5	Contract Loans		0
6	Cash, cash equivalents and short-term investments	(e)14,262	
7	Derivative instruments	(f)0	0
8.	Other invested assets		0
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	918,084	929,879
11.	Investment expenses		. (g)21,827
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Agregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		908,052
	DETAILS OF WRITE-INS		
0901.	Miscellaneous interest income	8	8
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	8	8
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes \$		amortization of premium and less \$	
(b) Includes \$	0	amortization of premium and less \$0 paid for accrued dividends on purchases.	
(c) Includes \$	0	amortization of premium and less \$0 paid for accrued interest on purchases.	
(d) Includes \$	0	for company's occupancy of its own buildings; and excludes \$	
(e) Includes \$		amortization of premium and less \$0 paid for accrued interest on purchases.	
(f) Includes \$	0	amortization of premium.	
	and Separate Acco	nvestment expenses and \$	
(h) Includes \$	0	nterest on surplus notes and \$0 interest on capital notes.	
(i) Includes \$	0	depreciation on real estate and \$	

# **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds		(127,964)	(127,964)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)		.0		(197,718)	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	.0	0
2.21	Common stocks (unaffiliated) Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	.0	0	0	0
4.	Real estate	0	.0	.0	.0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	(142)	0	(142)	0	0
7.	Derivative instruments		.0		0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	6,243	(127,964)	(121,721)	(197,718)	0
-	DETAILS OF WRITE-INS	,	, , ,	, , ,	, , ,	
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,					
	above)	0	0	0	0	0

### ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Aetna Health Inc. (a Maine corporation) EXHIBIT OF NON-ADMITTED ASSETS

	EXHIBIT OF NON-ADMITTE	DAUSEIS	r	1
		1	2	3 Change in Total
		Current Year Total	Prior Year Total	Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	
1.	Bonds (Schedule D)	0	0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks		0	0
	2.2 Common stocks	0	0	0
	Mortgage loans on real estate (Schedule B):			
	3.1 First liens		0	0
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company		0	
	4.2 Properties held for the production of income		0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)		0	
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
	Reinsurance:			
	16.1 Amounts recoverable from reinsurers	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			0
17.	Amounts receivable relating to uninsured plans			
	Current federal and foreign income tax recoverable and interest thereon		0	0
	Net deferred tax asset		0	0
	Guaranty funds receivable or on deposit		0	0
20.	Electronic data processing equipment and software			0
	Furniture and equipment, including health care delivery assets		0	0
	Net adjustment in assets and liabilities due to foreign exchange rates		0	0
	Receivable from parent, subsidiaries and affiliates			
	Health care and other amounts receivable			
	Aggregate write-ins for other than invested assets		0	(5)
25. 26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			538 630
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			,
28.	Total (Lines 26 and 27)	44,121	582,751	538,630
20.	DETAILS OF WRITE-INS	, 121	302,731	000,000
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.				
2502.				
2002.				
2503				
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page		.0	0

# EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			Т	otal Members at End of	f		6
		1	2	3	4	5	Current Year
	Source of Enrollment	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Member Months
1.	Health Maintenance Organizations	13,512					
2.	Provider Service Organizations	0	0	0	0	0	0
3.	Preferred Provider Organizations	0	0	0	0	0	0
4.	Point of Service	43			1,039	1, 157	10,251
5.	Indemnity Only	0	0	0	0	0	0
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	13,555	14,242	14,432	14,843	15,138	174,662
	DETAILS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

### 1. Summary of Significant Accounting Policies and Going Concern

### A. Accounting Practices

The accompanying statutory financial statements of Aetna Health Inc. (a Maine corporation) (the "Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Maine Department of Professional and Financial Regulation, Bureau of Insurance ("Maine Department") ("Maine Accounting Practices"). The Maine Department recognizes statutory accounting practices prescribed or permitted by the State of Maine for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Maine for the years ending December 31, 2021 and 2020 is as follows:

		SSAP #	F/S Page	F/S Line #	2021	2020
NET II	NCOME				 	 
(1)	Aetna Health Inc. (a Maine corporation) state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 4,318,510	\$ 5,217,449
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:				_	_
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 4,318,510	\$ 5,217,449
SURPL	US					
(5)	Aetna Health Inc. (a Maine corporation) state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 23,312,636	\$ 22,004,213
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:				_	_
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 23,312,636	\$ 22,004,213

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

The preparation of these financial statements in conformity with Maine Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

### C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability.

(2) <u>Bonds</u>

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not

material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2021 and 2020. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS") discussed in Note 1 C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-thantemporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) Common Stocks

The Company did not own any common stock at December 31, 2021 or 2020.

(4) Preferred Stocks

The Company did not own any preferred stock at December 31, 2021 or 2020.

(5) Mortgage Loans

The Company did not have any mortgage loans at December 31, 2021 or 2020.

(6) Loan-Backed and Structured Securities

LB&SS are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

(7) Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2021 or 2020.

(8) Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2021 or 2020.

(9) <u>Derivatives</u>

The Company did not have any derivatives at December 31, 2021 or 2020.

(10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The UEP balances of \$1,697 and \$0 were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2021 or 2020, respectively.

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company's results for full year 2021 and 2020 include estimates of \$1,450,195 and \$2,646,545, respectively, of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

For Medicare plans, the Company's annual contract with Centers for Medicare & Medicaid Services ("CMS") provides a risk-sharing arrangement to limit exposure to unexpected expenses. The risk-sharing arrangement provides a risk corridor whereby the amount the Company received in premiums from members and CMS based on its annual bid is compared to actual drug costs incurred during the contract year. Based on the risk corridor provision and Part D activity-to-date, estimated risk-sharing payables of \$9,722 and \$9,508 were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2021 and 2020, respectively.

The Company reported liabilities associated with contracts subject to redetermination as aggregate health policy reserves in accordance with SSAP No. 54 - Revised - *Individual and Group and Accident Health Contracts* ("SSAP No. 54"). Liabilities associated with estimated adjustments to premium payments to the Company's Medicare plans based on the health status of its Medicare members are included as part of the Company's contracts subject to redetermination. Amounts related to these liabilities are \$2,324,860 and \$2,072,476 and are included in aggregate health policy reserves at December 31, 2021 and 2020, respectively.

### (11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) Capitalization Policy

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

### (13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the

quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Note 28.

### (14) Premiums and Amounts Due and Unpaid

Premium revenue for prepaid health or dental care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

Through the Company's Medicare Advantage Part D annual contract with CMS, the Company receives monthly premium payments from CMS and members, as determined by the Company's annual bid process. The Company recognizes the revenue related to the CMS contract ratably over the term of its annual contract.

The CMS payment is subject to risk sharing provisions through the CMS risk corridor provision, which is accounted for as a retrospectively rated contract in accordance with SSAP No. 66 - *Retrospectively Rated Contracts*. Receivables related to the CMS risk corridor provision are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

The Company's CMS payment is also subject to the CMS risk adjustment process for each member, which is accounted for as a contract subject to redetermination in accordance with SSAP No. 54. Receivables related to the CMS risk adjustment process are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(15) Aggregate Health Claim Reserves

The reserve for future contingent benefits includes the estimated cost of services that will continue to be incurred after the Statutory Statements of Liabilities, Capital and Surplus date if the Company is obligated to pay for such services in accordance with contract provisions or regulatory requirements. These balances are recorded in aggregate health claim reserves in the Statutory Statements of Liabilities, Capital and Surplus and are estimated using a percentage of current hospital and medical costs, which is based on the Company's historical cost experience.

(16) Investment Income Due and Accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2021 and 2020, the Company did not have any nonadmitted investment income due and accrued.

(17) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(18) <u>The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's</u> (collectively, the "ACA") <u>Risk Adjustment</u>

The ACA established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue in accordance with SSAP No. 107 - Risk-Sharing Provisions of the Affordable Care Act ("SSAP No. 107"). ACA Risk Adjustment payables are included in aggregate health policy reserves on the Statutory Statements of Liabilities, Capital and Surplus. ACA Risk Adjustment receivables are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(19) <u>Reinsurance</u>

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk

with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

(20)) Federal and State Income Taxes

Aetna Inc. ("Aetna") and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in various states. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2021 and 2020, the Company incurred state income tax expenses of \$113,026 and \$235,491, respectively.

The Company had \$39,994 and \$398,677 of state income tax receivables at December 31, 2021 and 2020, respectively. These balances were included as aggregate write-ins for other than invested assets in the Statutory Statements of Assets.

### D. Going Concern

As of February 24, 2022, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

### 2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2021 or 2020.

### 3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2021 and 2020.

### 4. <u>Discontinued Operations</u>

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2021 and 2020.

### 5. Investments

- A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2021 or 2020.
- B. The Company did not have any debt restructuring in the years ending December 31, 2021 or 2020.
- C. The Company did not have any reverse mortgages at December 31, 2021 or 2020.
- D. Loan-Backed Securities
  - (1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.
  - (2) The Company did not recognize any other-than-temporary impairments ("OTTI") on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R *Loan-Backed and Structured Securities* ("SSAP No. 43R") at December 31, 2021.
  - (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2021.
  - (4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2021 is as follows:

a.	The aggregate amount of unrealized losses:	
	1. Less than 12 Months	\$ (6,464)
	2. 12 Months or Longer	—
b.	The aggregate related fair value of securities with unrealized losses:	
	1. Less than 12 Months	\$ 1,245,190
	2. 12 Months or Longer	_

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2021 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.
- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2021.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2021.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2021.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2021.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2021.
- J. The Company did not have any real estate at December 31, 2021.
- K. The Company did not have any low-income housing tax credits at December 31, 2021 or 2020.
- L. Restricted Assets
  - (1) Restricted assets (including pledged):

r		1	1	1			
	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Nonadmitted) Restricted	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown						_	_
b. Collateral held under security lending agreements							_
c. Subject to repurchase agreements						_	_
d. Subject to reverse repurchase agreements							_
e. Subject to dollar repurchase agreements							_
f. Subject to dollar reverse repurchase agreements							_
g. Placed under option contracts						_	—
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						_	_
i. FHLB capital stock						—	—
j. On deposit with states	\$ 399,330	\$ 399,120	\$ 210		\$ 399,330	0.870	0.871
k. On deposit with other regulatory bodies						_	_
1. Pledged collateral to FHLB (including assets backing funding agreements)						_	_
m. Pledged as collateral not captured in other categories						_	_
n. Other restricted assets						_	_
o. Total Restricted Assets	\$ 399,330	\$ 399,120	\$ 210	\$ —	\$ 399,330	0.870	0.871

(a) Column 1 divided by Asset Page, Column 1, Line 28(b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2021 or 2020.
- (3) The Company did not have any other restricted assets at December 31, 2021 or 2020.
- (4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2021.
- M. The Company did not have any working capital finance investments at December 31, 2021.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2021.
- O. The Company did not have any 5GI securities at December 31, 2021 or 2020.
- P. The Company did not have any short sales within the reporting period.
- Q. Prepayment Penalty and Acceleration Fees at December 31, 2021:

Prepayment Penalty and Acceleration Fees

	Gene	ral Account
1. Number of CUSIPs		6
2. Aggregate Amount of Investment Income	\$	191,989

- R. The Company did not participate in any qualified cash pools at December 31, 2021.
- 6. Joint Ventures, Partnerships, and Limited Liability Companies
  - A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2021 or 2020.
  - B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2021 or 2020.
- 7. Investment Income
  - A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.

B. There was no amount excluded at December 31, 2021 or 2020.

### 8. <u>Derivative Instruments</u>

The Company did not have any derivative instruments at December 31, 2021 or 2020.

### 9. Income Taxes

А.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

				12	2/31/2021				1	12/31/2020			Change					
	(1) (2) (3) (Col. $1 + 2$ )		(4)			(5)		(6) (Col. 4 + 5)		(7) Col. 1 - 4)	(8) (Col. 2 - 5)		(C	(9) ol. 7 + 8)				
		1	Ordinary		Capital	Total	Ordinary Capital			Total		Ordinary		Capital		Total		
(a)	Gross Deferred Tax Assets	\$	100,459	\$	258,196	\$ 358,655	\$	199,169	\$	149,484	\$	348,653	\$	(98,710)	\$	108,712	\$	10,002
(b)	Statutory Valuation Allowance Adjustment		_		15,872	15,872		_		_		_		_		15,872		15,872
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)		100,459		242,324	342,783		199,169		149,484		348,653		(98,710)		92,840		(5,870)
(d)	Deferred Tax Assets Nonadmitted		_		_	_		_		_		_		_		_		_
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)		100,459		242,324	342,783		199,169		149,484		348,653		(98,710)		92,840		(5,870)
(f)	Deferred Tax Liabilities		30,999		173,336	204,335		27,721		132,756		160,477		3,278		40,580		43,858
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$	69,460	\$	68,988	\$ 138,448	\$	171,448	\$	16,728	\$	188,176	\$	(101,988)	\$	52,260	\$	(49,728)

### (2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

			12/31/2021			12/31/2020			Change	
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
	ission Calculation Components P No. 101		- up			F			- IF III	
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 100,026	\$ 68,987	\$ 169,013	\$ 198,822	\$ 27,359	\$ 226,181	\$ (98,796)	\$ 41,628	\$ (57,168)
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	433		433	347		347	86	_	86
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	433	_	433	347	_	347	86	_	86
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XX	XX	3,476,128	XX	XX	3,272,406	XX	XX	203,722
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	_	173,337	173,337		122,125	122,125	_	51,212	51,212
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total $(2(a) + 2(b) + 2(c))$	\$ 100,459	\$ 242,324	\$ 342,783	\$ 199,169	\$ 149,484	\$ 348,653	\$ (98,710)	\$ 92,840	\$ (5,870)

### (3)

 (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
 2021
 2020

 461 %
 542 %

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. \$ 23,174,188 \$ 21,816,037

(4) The impact of tax planning strategies is as follows:

	12/31	/2021	12/31	/2020	Cha	inge
	(1)	(2)	(3)	(4)	(5) (Col. 1 - 3)	(6) (Col. 2 - 4)
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 100,459	\$ 242,324	\$ 199,169	\$ 149,484	\$ (98,710)	\$ 92,840
<ol><li>Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies</li></ol>	%	%	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	100,459	242,324	199,169	149,484	(98,710)	92,840
<ol> <li>Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies</li> </ol>	— %	— %	— %	— %	— %	— %

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

Yes [] No [X]

B. There are no DTLs that were not recognized at December 31, 2021 or 2020.

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

				(1)	(2)	(3	3)
	-					(Col.	1 - 2)
1.		ent Income Tax		12/31/2021	12/31/2020		inge
	(a)	Federal	\$	914,458	\$ 1,679,708	\$	(765,250)
	(b)	Foreign			1 (70 700		(7(5,250)
	(c)	Subtotal		914,458	1,679,708		(765,250)
	(d)	Federal income tax on net capital gains		41,511	27,358		14,153
	(e)	Utilization of capital loss carry-forwards Other			_		_
	(f) (g)	Federal and foreign income taxes incurred		955,969	1,707,066		(751,097)
	(g)	rederar and roleign meone taxes medired		955,909	1,707,000		(751,097)
2.	Defe	rred Tax Assets:					
	(a)	Ordinary:					
		(1) Discounting of unpaid losses		43,282	34,664		8,618
		(2) Unearned premium reserve		1,492	1,301		191
		(3) Policyholder reserves		46,349	40,545		5,804
		(4) Investments		_	_		—
		(5) Deferred acquisition costs		—	_		—
		(6) Policyholder dividends accrual		—	_		—
		(7) Fixed Assets		_	_		—
		(8) Compensation and benefits accrual		_	_		—
		(9) Pension accrual		0.264	100.279		(112,114)
		<ul><li>(10) Receivables - nonadmitted</li><li>(11) Net operating loss carry-forward</li></ul>		9,264	122,378		(113,114)
		(12) Tax credit carry-forward		—			_
		(12) Tax creat carly-torward (13) Other (including items <5% of total ordinary tax assets)		72	281		(209)
		(19) Subtotal		100,459	199,169		(98,710)
	(b)	Statutory valuation allowance adjustment		100,457			()0,/10)
	(c)	Nonadmitted					
	(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)		100,459	199,169		(98,710)
	(e)	Capital:		100,109	177,107		(30,710)
		(1) Investments		258,196	149,484		108,712
		(2) Net capital loss carry-forward			_		_
		(3) Real estate		_	_		_
		(4) Other (including items <5% of total ordinary tax assets)		_	_		_
		(99) Subtotal		258,196	149,484		108,712
	(f)	Statutory valuation allowance adjustment		15,872	_		15,872
	(g)	Nonadmitted		_	_		—
	(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)		242,324	149,484		92,840
	(i)	Admitted deferred tax assets (2d + 2h)		342,783	348,653		(5,870)
3.	Defe	rred Tax Liabilities:					
	(a)	Ordinary:					
		(1) Investments		16,573	16,573		_
		(2) Fixed assets			_		_
		(3) Deferred and uncollected premium		_	_		_
		(4) Policyholder reserves		_	_		_
		(5) Other (including items <5% of total ordinary tax liabilities)		14,426	11,148		3,278
		(99) Subtotal		30,999	27,721		3,278
	(b)	Capital:					
		(1) Investments		173,336	132,756		40,580
		(2) Real estate		—	_		_
		(3) Other (including items <5% of total capital tax liabilities)		—	—		_
		(99) Subtotal		173,336	132,756		40,580
	(c)	Deferred tax liabilities (3a99 + 3b99)		204,335	160,477		43,858
4.	Net o	deferred tax assets/liabilities (2i - 3c)	\$	138,448	\$ 188,176	\$	(49,728)

The change in net deferred income taxes is comprised of the following:

	 12/31/2021	12/31/2020	Change
Total Deferred Tax Assets	\$ 342,783 \$	348,653 \$	(5,870)
Total Deferred Tax Liabilities	 (204,335)	(160,477)	(43,858)
Net Deferred Tax Assets/(Liabilities)	138,448	188,176	(49,728)
Tax Effect of Unrealized Gains/(Losses)			(41,521)
Change in Net Deferred Income Tax		\$	(91,249)

There was no valuation allowance adjustment to gross DTAs as of December 31, 2021 or 2020. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

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

	 12/31/2021	Effective Tax Rate	 12/31/2020	Effective Tax Rate
Provision computed at statutory rate	\$ 1,107,639	21.0 %	\$ 1,454,146	21.0 %
Health insurer fee		0.0 %	319,032	4.7 %
Transfer pricing adjustment	(189,216)	(3.6)%	(177,800)	(2.6)%
Tax-exempt interest	—	0.0 %	_	0.0 %
Change in nonadmitted assets	113,114	2.2 %	(119,668)	(1.7)%
Prior year true-up	(192)	0.0 %	71,945	1.0 %
Change in valuation allowance adjustment	15,872	0.3 %	—	0.0 %
Penalties	 _	0.0 %	 	0.0 %
Total	\$ 1,047,218	19.9 %	\$ 1,547,655	22.4 %
Federal and foreign income taxes incurred	\$ 955,969	18.2 %	\$ 1,707,066	24.7 %
Change in net deferred income taxes	 91,249	1.7 %	 (159,411)	(2.3)%
Total statutory income taxes	\$ 1,047,218	19.9 %	\$ 1,547,655	22.4 %

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

Е.

- (1) At December 31, 2021 and 2020, the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	 Ordinary	Capital	Total
2021	\$ 918,842 \$	41,629	\$ 960,471
2020	1,603,626	27,358	1,630,984
2019	 N/A	—	_
Total	\$ 2,522,468 \$	68,987	\$ 2,591,455

(3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2021 and 2020.

F.

(1) At December 31, 2021, the Company's Federal Income Tax Return was consolidated with the following entities:

@ Credentials Inc.	CORAM HEALTHCARE CORPORATION OF NORTHERN CALIFORNIA
ACCENDO INSURANCE COMPANY	CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA
ACS ACQCO CORP.	CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA
Active Health Management, Inc.	CORAM HEALTHCARE CORPORATION OF UTAH
Adminco, Inc.	Coventry Consumer Advantage, Inc.
Administrative Enterprises, Inc.	Coventry Health and Life Insurance Company
ADVANCED CARE SCRIPTS, INC	Coventry Health Care National Accounts, Inc.
Aetna Better Health Inc. (Georgia)	Coventry Health Care National Network, Inc.
Aetna Better Health Inc. (NJ)	Coventry Health Care of Illinois, Inc.
Aetna Better Health Inc. (NY)	Coventry Health Care of Kansas, Inc.
Aetna Better Health Inc. (OH)	Coventry Health Care of Missouri, Inc.
Aetna Better Health of California, Inc.	Coventry Health Care of Nebraska, Inc.
Aetna Better Health of Florida, Inc. (F/K/A Coventry Health Care of Aetna Better Health of Illinois, Inc. (F/K/A IlliniCare Health Plan, Inc.)	Coventry Health Care of Virginia. Inc. Coventry Health Care of West Virginia, Inc.
Aetna Better Health of Indiana Inc	Coventry Health Plan of Florida, Inc.
Aetna Better Health of Kansas Inc.	Coventry HealthCare Management Corporation
Aetna Better Health of Kentucky Insurance Co.	Coventry Prescription Management Services, Inc.
Aetna Better Health of Michigan, Inc.	Coventry Transplant Network, Inc.
Aetna Better Health of Missouri LLC	CVS AOC Corporation

Aetna Better Health of Nevada Inc. Aetna Better Health of North Carolina. Inc. Aetna Better Health of Oklahoma Inc Aetna Better Health of Tennessee Inc. (F/K/A Aetna Better Health Inc. Aetna Better Health of Texas, Inc. Aetna Better Health of Washington, Inc. Aetna Better Health Premier Plan MMAI Inc. (f/n/a Aetna Better Health Aetna Better Health, Inc. (Connecticut) Aetna Better Health, Inc. (LA) Aetna Better Health, Inc. (PA) Aetna Corporate Services LLC Aetna Dental Inc. (New Jersey) Aetna Dental Inc. (Texas) Aetna Dental of California, Inc. Aetna Florida, Inc. AETNA HEALTH AND LIFE INSURANCE COMPANY Aetna Health Inc. (Connecticut) Aetna Health Inc. (Florida) Aetna Health Inc. (Georgia) Aetna Health Inc. (LA) Aetna Health Inc. (Maine) Aetna Health Inc. (New Jersey) Aetna Health Inc. (NY) Aetna Health Inc. (Pennsylvania) Aetna Health Inc. (Texas) Aetna Health Insurance Co Aetna Health Insurance Company of New York Aetna Health of California Inc. Aetna Health of Iowa, Inc. Aetna Health of Michigan Inc. (F/K/A Aetna Health Inc. (Michigan)) Aetna Health of Ohio, Inc. (F/K/A Aetna Better Health of Iowa, Inc.) Aetna Health of Utah, Inc. Aetna HealthAssurance Pennsylvania, Inc Aetna Inc. Aetna Integrated Informatics, Inc. Aetna Ireland Inc. Aetna Risk Assurance Company of Connecticut Aetna Student Health Agency, Inc. ALABAMA CVS PHARMACY, L.L.C. American Health Holding, Inc. APRIA FINANCE HOLDINGS, INC. AUSHC Holdings, Inc. (CT) BRUIN ACQUISITION CO., INC. bswift, LLC Carefree Insurance Services. Inc. CAREMARK ULYSSES HOLDING CORP. Claims Administration Corporation Cofinity. Inc. CONNECTICUT CVS PHARMACY, L.L.C. CORAM ALTERNATE SITE SERVICES, INC. CORAM HEALTHCARE CORPORATION OF ALABAMA CORAM HEALTHCARE CORPORATION OF FLORIDA CORAM HEALTHCARE CORPORATION OF GREATER D.C. CORAM HEALTHCARE CORPORATION OF GREATER NEW CORAM HEALTHCARE CORPORATION OF INDIANA CORAM HEALTHCARE CORPORATION OF MASSACHUSETTS CORAM HEALTHCARE CORPORATION OF MISSISSIPPI CORAM HEALTHCARE CORPORATION OF NEVADA CORAM HEALTHCARE CORPORATION OF NORTH TEXAS

CVS ARCLIGHT, INC. CVS CAREMARK INDEMNITY LTD. CVS FOREIGN, INC. CVS INTERNATIONAL, L.L.C. CVS PHARMACY, INC. CVS PR CENTER, INC CVS RX SERVICES. INC CVS WWRE, INC. DELAWARE CVS PHARMACY, L.L.C. Delaware Physicians Care, Inc. E.T.B., INC. Echo Merger Sub, Inc ECKERD CORPORATION OF FLORIDA, INC. First Health Group Corp. First Health Life and Health Insurance Company Florida Health Plan Administrators, LLC Group Dental Service of Maryland, Inc. Group Dental Service, Inc. Health and Human Resource Center, Inc. Health Data & Management Solutions, Inc. Health Re. Inc. HealthAssurance Pennsylvania, Inc. HOLIDAY CVS, L.L.C. IOWA CVS PHARMACY, L.L.C. KENTUCKY CVS PHARMACY, L.L.C. Managed Care Coordinators, Inc. MARYLAND CVS PHARMACY, L.L.C. MASSACHUSETTS CVS PHARMACY, INC. MELVILLE REALTY CO., INC. Mental Health Associates, Inc Mental Health Network of New York IPA, Inc. Meritain Health, Inc. MHNet of Florida, Inc. MINUTECLINIC DIAGNOSTIC OF ILLINOIS, L.L.C. MinuteClinic Physician Practice of Texas MinuteClinic Telehealth Services of Texas Association Niagara Re Inc. NORTH CAROLINA CVS PHARMACY, L.L.C. OKLAHOMA CVS PHARMACY, L.L.C. PayFlex Holdings, Inc. PayFlex Systems USA, Inc. Performax, Inc. Precision Benefit Services, Inc. PrimeNet, Inc. Prodigy Health Group, Inc. Professional Risk Management, Inc. Resources for Living, LLC RETRAC. INC. RICHMOND HEIGHTS ACQUISITION CORP. Schaller Anderson Medical Administrators Inc SILVERSCRIPT INSURANCE COMPANY SKY ACQUISITION LLC T2 MEDICAL, INC TENNESSEE CVS PHARMACY, L.L.C. The Vasquez Group, Inc. U.S. Health Care Properties, Inc. UAC HOLDING, INC. VIRGINIA CVS PHARMACY, L.L.C.

Work & Family Benefits, Inc.

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- H. The Company was not subject to the Repatriation Transition Tax at December 31, 2021.
- I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2021.

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

### A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than  $\frac{1}{2}$  of 1% of the Company's total admitted assets and cost allocation transactions follow:

December 31, 2021

				Assets received by insurer		ed by insurer	Assets transfer		rred by insurer
Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate		Statement value	Statement description		Statement value	Statement description
May 18, 2021	Extraordinary Dividend	Aetna Health Inc. (a Maine corporation)	Aetna Health Holdings, LLC	\$	_		\$	3,300,000	Cash

December 31, 2020

				Assets received by insurer		Assets transfe	rred by insurer
Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Statement value	Statement description	Statement value	Statement description
December 4, 2020	Extraordinary Dividend	Aetna Health Inc. (a Maine corporation)	Aetna Health Holdings, LLC	\$ —		\$ 1,900,000	Cash

C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2021.

D. At December 31, 2021 and 2020, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	December 31,				
	 2021	2020			
Amounts due to affiliates					
Aetna Health Management, LLC	\$ 2,497,935 \$	2,577,813			
Aetna Better Health, Inc. (a Louisiana corporation)	 109,477				
Total due to affiliates	 2,607,412	2,577,813			

At December 31, 2021 and 2020, the Company had no amounts due from affiliates.

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. As of and for the years ended December 31, 2021 and 2020, the Company had the following significant transactions with affiliates:

The Company is a party to an agreement which enables the Company to receive manufacturers' pharmacy rebates from AHM. The Company earned pharmaceutical rebates of \$11,480,676 and \$8,442,381, which were recorded as a reduction of medical costs, in 2021 and 2020, respectively.

These agreements also provide for interest on all intercompany balances. Interest earned on amounts due from affiliates was \$1,558 in 2021 and \$7,629 in 2020. Interest incurred on amounts due to affiliates was \$2,887 in 2021 and \$7,011 in 2020.

The Company and Aetna Health Management, LLC ("AHM") are parties to an administrative services agreement, under which AHM provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned commercial and Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15th of the following contract year (which is January 1 to December 31 annually). The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. The agreement was amended effective January 1, 2020 and approved by the the State of Maine Department of Professional and Financial Regulation, Bureau of Insurance on October 1, 2019. The amendment allows other affiliates to provide services in accordance to a schedule of services and pricing. For these services, the Company was charged \$14,725,720 and \$13,017,083 in 2021 and 2020, respectively.

As explained in Note 1, Aetna and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

F. At December 31, 2021, the Company has a guarantor agreement with Aetna. The agreement provides that the Company will maintain a minimum capital and surplus as required by law and any additional surplus the Superintendent of the Maine Department may require so that the Company's surplus is reasonable in relation to its outstanding liabilities. The Company is obligated to maintain the minimum capital and surplus in funds and investments which are admitted assets. The Company will maintain this minimum capital and surplus so long as it has any obligations to enrollees.

The Company has an insolvency agreement with Aetna Health Insurance Company ("AHIC"), a wholly-owned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any members until the end of the contract period for which premium has been paid. AHIC will also make available to members, for a period of thirty-one days, replacement insurance policies.

- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.
- H. At December 31, 2021, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.
- I. At December 31, 2021, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.
- J. At December 31, 2021, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2021, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2021, the Company did not hold any investments in a downstream noninsurance holding company.
- M. At December 31, 2021, the Company did not have any SCA investments.
- N. At December 31, 2021, the Company did not have any investments in an insurance SCA.
- O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.
- 11. <u>Debt</u>
  - A. The Company did not have any items related to debt, including capital notes at December 31, 2021.
  - B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2021.
- 12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement</u> <u>Benefit Plans</u>

A.- I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2021 or 2020.

- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
  - A. The Company had 1,000,000 shares of common capital stock authorized, issued and outstanding with a par value of \$1 per share at December 31, 2021 and 2020.
  - B. The Company had no shares of preferred stock issued and outstanding at December 31, 2021 or 2020.
  - C. Dividend Restrictions

Based on certain undertakings with the Maine Department following the Aetna Acquisition, the entity is required to obtain prior regulatory approval of all dividends for a five-year period.

Under the laws of the State of Maine, the Company shall not pay any extraordinary dividend or make any other extraordinary distribution until sixty days after the Maine Department has received notice of the declaration thereof and has not within such period disapproved such payment or the Maine Department has approved such payment within such sixty day period. An extraordinary dividend or distribution includes any dividend or distribution that exceeds the greater of: 10% of such insurer's surplus as regards policyholders as of December 31st of the preceding year; or the net gain from operations for the twelve month period ending December 31st of the preceding year.Ordinary dividends are ultimately limited to earned surplus.

The Company may make a non-extraordinary dividend with prior notification to the Maine Department within five business days following the declaration of any non-extraordinary dividend and at least ten days prior to the payment of any non-extraordinary dividend.

In addition, any dividend or distribution declared at any time within five years following any acquisition of control of a domestic insurer or by any person controlling that insurer is an extraordinary dividend if it has not been approved by a number of continuing directors equal to a majority of the continuing directors in office immediately preceding the acquisition of control.

D. The Company paid \$3,300,000 as an extraordinary dividend to its parent on May 18, 2021. The Maine Department approved this dividend on May 11, 2021.

The Company paid \$1,900,000 as an extraordinary dividend to its parent on December 4, 2020. The Maine Department approved this dividend on November 25, 2020.

- E. Within the limitations of (C) above, there are no other restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The Company had no advances to surplus not repaid.
- H. The Company did not hold any stock for any special purposes at December 31, 2021 or 2020.
- I. There were no changes in the balances of special surplus funds from the prior year.
- J. At December 31, 2021, there was \$(156,197) of unassigned funds that was represented or reduced by unrealized gains and losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2021 or 2020.
- L. The Company did not participate in any quasi-reorganizations during the statement year.
- M. The Company did not participate in any quasi-reorganizations in the past 10 years.

### 14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2021 or 2020.
- B. Assessments

Guaranty Fund Assessments

(1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2021 or 2020.

- C. The Company did not have any gain contingencies at December 31, 2021 or 2020.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2021 or 2020.
- E. The Company did not have any joint and several liability arrangements at December 31, 2021 or 2020.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

15. Leases

The Company did not have any material lease obligations at December 31, 2021 or 2020.

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

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2021 or 2020.

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2021 or 2020.

- B. Transfer and Servicing of Financial Assets
  - (1) The Company did not have any loaned securities at December 31, 2021 or 2020.
  - (2) and (3):

The Company did not have any servicing assets or liabilities at December 31, 2021 or 2020.

- (4) The Company did not have any securitized financial assets at December 31, 2021 or 2020.
- (5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2021 or 2020.
- (6) The Company did not have any transfers of receivables with recourse at December 31, 2021 or 2020.
- (7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2021 or 2020.
- C. Wash Sales
  - (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
  - (2) The Company had no securities sold during the year for the year ended December 31, 2021 and reacquired within 30 days of the sale date.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2021.
  - B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2021.
  - C. Medicare or Similarly Structured Cost Based Reimbursement Contract:
    - (1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2021 was \$127,411,665.
    - (2) As of December 31, 2021, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

Centers for Medicare and Medicaid Services \$437,734

- (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowance and reserves for adjustment of recorded revenues as and if applicable.
- (4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2021 and 2020.

### 20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2021 and 2020.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2021 or 2020.

(3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.

- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at December 31, 2021 or 2020.
- B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
  - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
  - Level 2 Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
  - Level 3 Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2021 and 2020 were as follows:

December 31, 2021

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 38,810,468	\$ 38,763,933	\$ 7,189,016	\$ 31,621,452	\$ —	\$ —	\$ —

December 31, 2020

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 35,048,037	\$ 34,121,409	\$ 4,544,098	\$ 30,503,939	\$ —	\$ —	\$ —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

### 21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2021 and 2020.

### B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2021 and 2020.

C. Other Disclosures

### Minimum Capital and Surplus

Under the laws of the State of Maine, the Company is required to maintain a minimum capital and surplus equal to the greater of (1) \$1,000,000; (2) 2% of the annual premium revenues as reported by the Company on its most recent annual financial statement filed with the Superintendent for the first \$150,000,000 of premium reported and 1% of the annual premium in excess of the first \$150,000,000 of premium reported; (3) an amount equal to the sum of three months of uncovered health

care expenditures as reported on the financial statement covering the Company's immediately preceding fiscal year as filed with the superintendent; or (4) an amount equal to the sum of 8% of the annual health care expenditures, except those paid on a capitated basis as reported on the financial statement covering the Company's immediately preceding fiscal year as filed with the superintendent. At December 31, 2021 and 2020, the Company's capital and surplus exceeded all such requirements.

The NAIC utilizes risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2021 and 2020, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

### COVID-19

The Coronavirus Disease 2019 ("COVID-19") pandemic continues to evolve. The Company believes COVID-19's impact on the Company's businesses, operating results, cash flows and/or financial condition primarily will be driven by the geographies impacted and the severity and duration of the pandemic; the pandemic's impact on the U.S. and global economies and consumer behavior and health care utilization patterns; and the timing, scope and impact of stimulus legislation as well as other federal, state and local governmental responses to the pandemic. Those primary drivers are beyond the Company's knowledge and control. As a result, the impact COVID-19 will have on the Company's businesses, operating results, cash flows and/or financial condition is uncertain, but the impact could be adverse and material. COVID-19 also may result in legal and regulatory proceedings, investigations and claims against the Company.

### Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the "ACA"), made broad-based changes to the United States health care system. In June 2021, the United States Supreme Court dismissed a challenge on procedural grounds that argued the ACA is unconstitutional in its entirety and issued an opinion preserving the ACA and its consumer protections in its current form. Even though the ACA was deemed constitutional, there may nevertheless be continued efforts to invalidate, modify, repeal or replace portions of it. In addition to litigation, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance at the federal or state level. The Company expects the ACA, including potential changes thereto, to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios ("MBRs") and the geographies in which the Company's products are available.

### Medicare

The Company's Medicare Advantage products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the ACA requirements that Medicare Advantage plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. Payments the Company receives from CMS for its Medicare Advantage business also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice, the Office of Inspector General of the HHS (the "OIG") and CMS itself. Substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could materially affect the amount of the Company's Medicare reimbursement, require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries, and potentially limit the Company's (and the industry's) participation in the Medicare program.

The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company's Medicare or Medicare-Medicaid demonstration (historically known as "dual eligible") plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2021 or 2020.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2021 or 2020.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2021 or 2020.
- G. The Company did not have any retained assets at December 31, 2021 or 2020.
- H. The Company did not have any insurance-linked securities contracts at December 31, 2021 or 2020.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2021.
- 22. Events Subsequent

Type I - Recognized Subsequent Events

Subsequent events have been considered through February 24, 2022 for the statutory statement issued on February 25, 2022.

The Company had no known reportable recognized subsequent events.

### Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 24, 2022 for the statutory statement issued on February 25, 2022.

The Company had no known reportable nonrecognized subsequent events.

### 23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

If yes, give full details. N/A

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

Yes () No (X)

If yes, give full details. N/A

Section 2 - Ceded Reinsurance Report - Part A

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

Yes () No (X)

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

Yes () No (X)

If yes, give full details. N/A

Section 3 - Ceded Reinsurance Report - Part B

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

Yes ( ) No (X)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? N/A.

- B. The Company did not have uncollectible reinsurance at December 31, 2021 or 2020.
- C. The Company did not have any commutation of ceded reinsurance at December 31, 2021 or 2020.
- D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2021 or 2020.
- E. The Company had no reinsurance contracts to which the reinsurance credit disclosure applies at December 31, 2021.
- 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination
  - A. Through annual contracts with CMS, the Company's Medicare Advantage revenues ultimately received for each member are based on that member's health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company's Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

Premium revenue subject to the minimum MLR rebate requirements of the ACA is recorded net of the estimated minimum MLR rebates for the current calendar year. The Company estimates the minimum MLR rebates by projecting MLRs for certain markets, as defined by the ACA, for each state in which the Company operates. The claims and premiums used in estimating such rebates are modified for certain adjustments allowed by the ACA and include a statistical credibility adjustment for those states with a number of members that is not statistically credible.

- B. Accrued retrospective are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target.
- C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$130,364,522 that were subject to retrospective rating features for the year ending December 31, 2021 representing 100% of total net premiums written.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with rebates	5 Total
Prior	Reporting Year					
(1)	Medical Loss Ratio Rebates Incurred	\$	\$ 1,154	\$	\$ 2,633,845	\$ 2,634,999
(2)	Medical Loss Ratio Rebates Paid	_		_	_	_
(3)	Medical Loss Ratio Rebates Unpaid	_	12,700	_	2,633,845	2,646,545
(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	2,646,545
Curr	ent Reporting Year-to-Date					
(1)	Medical Loss Ratio Rebates Incurred	\$	\$ 1,270	\$	\$ (1,197,620)	\$ (1,196,350)
(2)	Medical Loss Ratio Rebates Paid	_	_	_	_	—
(3)	Medical Loss Ratio Rebates Unpaid	_	13,970	_	1,436,225	1,450,195
(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	1,450,195

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

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [X] No []
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 3,490
	Liabilities (including high-risk pool payments)	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	19
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool payments)	260
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(26,892)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	15
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	_
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	—
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA Reinsurance	
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	_
	9. ACA Reinsurance contributions - not reported as ceded premium	_
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors	_
	Liabilities	
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	—
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	—

### (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During on Busine	g the Prior Year ss Written		Paid as of the r on Business	Diffe	rences	А	djustments	istments		Unsettled Balances as of the Reporting Date	
		nber 31 of the Year		e December 31 rior Year			To Prior Year To Prior Year Balances 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)	Ref	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable (including high-risk)	\$ 93,465	\$ —	\$ 63,537	\$ —	\$ 29,928	s —	\$ (29,929)	\$ —	А	\$ (1)	\$ —	
2. Premium adjustments (payable) (including high-risk pool payments)	_	675	_	868	_	(193)	_	193	В	_	—	
3. Subtotal ACA Permanent Risk Adjustment Program	93,465	675	63,537	868	29,928	(193)	(29,929)	193		(1)	_	
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	_	—	_	_	_	_	_	_	С	_	—	
2. Amounts recoverable for claims unpaid (contra liability)	_	—	_	_	—	_	—	_	D	_	—	
3. Amounts receivable relating to uninsured plans	_	—	_	_	—	_	—	_	Е	_	—	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	_	_	_	_	_	_	_	_	F	_	_	
5. Ceded reinsurance premiums payable	_	_	_	_	_	_	_	_	G	_	_	
6. Liability for amounts held under uninsured plans	_	—	_	_	—	_	—	_	Н	_	—	
7. Subtotal ACA Transitional Reinsurance Program	_	_	_	_	_	_	_	_		_	_	
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	—	_	—	_	—	_	—		Ι	_	—	
2. Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	J	_	_	
3. Subtotal ACA Risk Corridors Program	_	_	_	_	_	_	_	_		_	_	
d. Total for ACA Risk Sharing Provisions	\$ 93,465	\$ 675	\$ 63,537	\$ 868	\$ 29,928	\$ (193)	\$ (29,929)	\$ 193		\$ (1)	\$ —	

Explanations of Adjustments

A. Due to updates to the data available to the Company to calculate the risk adjustment.B. Due to updates to the data available to the Company to calculate the risk adjustment.

C.

D. E. F. G. H. I. J.

(4) There is no roll-forward of Risk Corridor Asset and Liability Balances by Program Benefit Year.

(5) There is no roll-forward of ACA Risk Corridors Receivable as of Reporting Date.

### 25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2021 and 2020.

	2021		2020
Balance, January 1	\$	9,594,260 \$	7,086,882
Health care receivable		(831,794)	(614,292)
Balance, January 1, net of health care receivable		8,762,466	6,472,590
Incurred related to:			
Current year		115,619,723	91,276,837
Prior years		(1,058,296)	(1,532,745)
Total incurred		114,561,427	89,744,092
Paid related to:			
Current year		102,767,894	82,362,508
Prior years		7,037,336	5,091,708
Total paid		109,805,230	87,454,216
Balance, December 31, net of health care receivable		13,518,663	8,762,466
Health care receivable		1,202,230	831,794
Balance, December 31	\$	14,720,893 \$	9,594,260

- A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$1,058,296 in 2021 and \$1,532,745 in 2020. Changes in prior periods' estimates represents the effect of favorable development of prior period health care cost estimates on current year net income, at each financial statement date. The favorable development of these reserves is primarily a result of the actual claim submission times for health care claims being shorter than the Company had anticipated, as well as lower than expected health care cost trends in determining claims unpaid at prior financial statement date for both 2021 and 2020. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
- B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

### 26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2021 or 2020.

27. Structured Settlements

The Company did not have any structured settlements at December 31, 2021 or 2020.

### 28. Health Care Receivables

A. <u>Pharmaceutical Rebate Receivables</u>

The Company receives pharmaceutical rebates through an agreement with AHM. AHM has contractual agreements with pharmaceutical companies for rebates, which cover the Company's membership as well as the membership of other affiliates. The Company receives those rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2021 and 2020, the Company had pharmaceutical rebate receivables of \$1,001,301 and \$781,282, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing		Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 2,979,102	\$	\$ 1,973,939	1	\$ —	\$
9/30/2021	2,930,806	2,867,406	2,868,453		_	_
6/30/2021	2,897,194	2,872,501	2,874,178		_	—
3/31/2021	2,679,877	2,712,067	2,713,206		_	_
12/31/2020	2,233,853	2,260,675	2,260,675		_	—
9/30/2020	2,235,520	2,261,687	2,261,687		_	_
6/30/2020	2,012,808	2,027,614	2,027,614			_
3/31/2020	1,968,812	1,967,361	1,967,361		_	—
12/31/2019	1,527,144	1,503,126	1,503,126			_
9/30/2019	1,575,022	1,557,869	1,557,869		_	_
6/30/2019	1,490,706	1,464,134	1,464,134		_	_
3/31/2019	1,324,100	1,359,552	1,359,552		_	_

<sup>1</sup> Represents a portion of the estimated rebates for the quarter ending December 31, 2021, which were paid by AHM to the Company prior to December 31, 2021 and invoicing in 2022.

### B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2021 or 2020.

### Other receivables

Pharmacy Direct and Indirect Remuneration ("DIR") Generic

The Company receives retrospective generic performance network rebates ("PNR") on its Medicare business through an agreement with AHM. AHM has contractual agreements with network pharmacies for PNR. The PNR is performance based upon whether the participating pharmacies have met certain pre-established rates specified in the contract. The PNR is calculated by multiplying the applicable claims with a variable network rate based on the actual performance. The PNR receivables fit the category of other health care receivables per SSAP No. 84 - *Health Care and Government Insured Plan Receivables*.

### Pharmacy DIR Brand

The Company receives retrospective brand PNR on its Medicare business through an agreement with AHM. As mentioned above, AHM has contractual agreements with network pharmacies for PNR. The program collects varying percentages of brand ingredient cost from pharmacies, depending how well they perform on adherence measures, including stars-related measures. The PNR agreement for 2020 has three performance measurement periods ending April 30, August 31 and December 31, respectively. The PNR receivables fit the category of other health care receivables per SSAP No. 84- *Health Care and Government Insured Plan Receivables*.

### 29. Participating Policies

The Company did not have any participating policies at December 31, 2021 or 2020.

### 30. Premium Deficiency Reserves

	December 31, 2021
1. Liability carried for premium deficiency reserves	\$220,709
2. Date of the most recent evaluation of this liability	12/31/2021
3. Was anticipated investment income utilized in the calculation?	Yes 🗆 No 🗹

### 31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2021 or 2020 as the Company records salvage and subrogation on a paid basis when cash is received.

**GENERAL INTERROGATORIES** 

## PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company Syste is an insurer?				s [ X	] No [	1		
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.				5 [ X	] 110 [	1		
1.2	If yes, did the reporting entity register and file with its domiciliary State In- such regulatory official of the state of domicile of the principal insurer in t providing disclosure substantially similar to the standards adopted by the its Model Insurance Holding Company System Regulatory Act and mode subject to standards and disclosure requirements substantially similar to	he Holding Company System, a r National Association of Insurand I regulations pertaining thereto, o	egistration statement e Commissioners (NAIC) in r is the reporting entity		No [	] N/A	[]		
1.3	State Regulating?			Maine					
1.4	Is the reporting entity publicly traded or a member of a publicly traded gro	Yes [X] No []							
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code is:	(	. 0000064803						
2.1	Has any change been made during the year of this statement in the char reporting entity?				s [	] No [	X ]		
2.2	If yes, date of change:								
3.1	State as of what date the latest financial examination of the reporting ent	ity was made or is being made			12/31/	2020			
3.2	State the as of date that the latest financial examination report became a entity. This date should be the date of the examined balance sheet and r				12/31/2017				
3.3	State as of what date the latest financial examination report became ava domicile or the reporting entity. This is the release date or completion da examination (balance sheet date).	te of the examination report and	not the date of the	<u>.</u> (	)8/09/	2019			
3.4	By what department or departments? Maine Bureau of Insurance								
3.5	Have all financial statement adjustments within the latest financial exami statement filed with Departments?			Yes [ ]	No [	] N/A	[X]		
3.6	Have all of the recommendations within the latest financial examination r	eport been complied with?		Yes [ X ]	No [	] N/A	[]		
4.1 4.2	4.12 renew During the period covered by this statement, did any sales/service organ receive credit or commissions for or control a substantial part (more than	es of the reporting entity), receive easured on direct premiums) of: of new business? als? ization owned in whole or in part	e credit or commissions for c	or control Υε Υε affiliate,		] No [ ] No [			
	premiums) of: 4.21 sales 4.22 renew		-	] No [ ] No [	-				
5.1	Has the reporting entity been a party to a merger or consolidation during If yes, complete and file the merger history data file with the NAIC.	the period covered by this staten	ient?	Υε	s [	] No [	X ]		
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	domicile (use two letter state abl	previation) for any entity that	has					
	1 Name of Entity	2 NAIC Company Co	3 de State of Domicile						
6.1	Has the reporting entity had any Certificates of Authority, licenses or regirevoked by any governmental entity during the reporting period?				s [	] No [	X ]		
6.2	If yes, give full information:								
7.1	Does any foreign (non-United States) person or entity directly or indirectly	y control 10% or more of the repo	rting entity?	Υε	s [	] No [	X ]		
7.2	If yes, 7.21 State the percentage of foreign control;				(	0.0	%		
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the e attorney-in-fact; and identify the type of entity(s) (e.g., individual, co	entity is a mutual or reciprocal, the	e nationality of its manager of						
	1 Nationality		2 of Entity						
	1								

## GENERAL INTERROGATORIES

8.1 8.2	Is the company a subsidiary of a depository institution holding compare If the response to 8.1 is yes, please identify the name of the DIHC.	ny (DIHC) or a DIHC itself, regulated by the Federal				Yes [	]	No [	X ]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities f If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commiss	irms? n (city and state of the main office) of any affiliates re o Office of the Comptroller of the Currency (OCC), th	egulated ne Feder	by a fe al Depo	deral	Yes [	]	No [	X ]
	1	2	3	4	5	6	1		
	Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC	_		
				<u></u>					
8.5 8.6	Is the reporting entity a depository institution holding company with sig Federal Reserve System or a subsidiary of the reporting entity? If response to 8.5 is no, is the reporting entity a company or subsidiary	y of a company that has otherwise been made subje	ct to the			Yes [	-	-	-
	Federal Reserve Board's capital rule?				fes [	] No [	X ]	N/A	[]
9.	What is the name and address of the independent certified public acc								
10.1	Ernst & Young LLP; 200 Clarendon Street; Boston, MA 02116 Has the insurer been granted any exemptions to the prohibited non-au requirements as allowed in Section 7H of the Annual Financial Report law or regulation?	udit services provided by the certified independent p ting Model Regulation (Model Audit Rule), or substa	ublic acc ntially sir	countan milar sta	t ate	Yes [	]	No [	X ]
10.2	If the response to 10.1 is yes, provide information related to this exem	•							
10.3 10.4	Has the insurer been granted any exemptions related to the other req allowed for in Section 18A of the Model Regulation, or substantially si If the response to 10.3 is yes, provide information related to this exem	uirements of the Annual Financial Reporting Model I milar state law or regulation? ption:	Regulatio	on as		Yes [	]	No [	X ]
40 5							_		
10.5 10.6	Has the reporting entity established an Audit Committee in compliance If the response to 10.5 is no or n/a, please explain	e with the domiciliary state insurance laws?			Yes [ X	] No [	]	N/A	[]]
10.0									
11.	What is the name, address and affiliation (officer/employee of the rep firm) of the individual providing the statement of actuarial opinion/certi Paul Conlin, F.S.A., M.A.A.A.; CVS; 3200 Highland Ave., F640; Dowr	orting entity or actuary/consultant associated with ar ification?	n actuaria	al consu	Ilting				
12.1	Does the reporting entity own any securities of a real estate holding co	ompany or otherwise hold real estate indirectly?				Yes [	]	No [	X ]
	12.11 Name of real	estate holding company							
		rcels involved							
		ljusted carrying value				\$			0
12.2	If, yes provide explanation:								
13. 13.1	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTIT What changes have been made during the year in the United States r N/A	IES ONLY: nanager or the United States trustees of the reportir	ng entity?	?					
13.2	Does this statement contain all business transacted for the reporting e					Yes [	1	No [	1
13.3	Have there been any changes made to any of the trust indentures dur	, ,				Yes [	-	-	i
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved t					] No [	]	N/A	[]
14.1	Are the senior officers (principal executive officer, principal financial o similar functions) of the reporting entity subject to a code of ethics, wh a. Honest and ethical conduct, including the ethical handling of actual relationships;	ich includes the following standards? or apparent conflicts of interest between personal a	nd profe			Yes [ X	]	No [	]
	<ul> <li>b. Full, fair, accurate, timely and understandable disclosure in the period.</li> <li>c. Compliance with applicable governmental laws, rules and regulation</li> <li>d. The prompt internal reporting of violations to an appropriate person</li> </ul>	ns;	ity;						
14.11	e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:								
14.0	Line the ends of athing for anning managers been amonded?					V	,	N. 7	,
	Has the code of ethics for senior managers been amended? If the response to 14.2 is yes, provide information related to amendment					Yes [ X	]	NO [	]
17.21	The "Maintaining Trust" section that contained Corporate Integrity Agr The index was removed.		expired.						
	Annual benchmarking exercise performed resulting in the following up addition of accessibility channels, colleague intro letter, Diversity and throughout, etc.	Inclusion, MGE, Social Media, misc. definitions and	revision	s .					
	Have any provisions of the code of ethics been waived for any of the s If the response to 14.3 is yes, provide the nature of any waiver(s).	specified officers?				Yes [	]	No [	X ]

## **GENERAL INTERROGATORIES**

15.1		entity the beneficiary of a Letter of Credit that is unrelated to r			Yes [	] No [ X
15.2	If the response	to 15.1 is yes, indicate the American Bankers Association (Afer of Credit and describe the circumstances in which the Letter	3A) Routing Number and	the name of the issuing or confirming		] 10 [ X
	1 American Bankers Association (ABA) Routing	2		3		4
	Number	Issuing or Confirming Bank Name		Can Trigger the Letter of Credit	Am	ount
		BOARD O	F DIRECTORS			
16.		or sale of all investments of the reporting entity passed upon			Yes [ X	] No [
17.	Does the report	ing entity keep a complete permanent record of the proceedir	igs of its board of director	s and all subordinate committees		
18.	Has the reportir	ig entity an established procedure for disclosure to its board c officers, directors, trustees or responsible employees that is	f directors or trustees of	any material interest or affiliation on the		
		FIN	ANCIAL			
19.		ent been prepared using a basis of accounting other than Sta ciples)?	tutory Accounting Princip		Yes [	1 No [ X
20.1	Total amount lo	aned during the year (inclusive of Separate Accounts, exclusion	ve of policy loans): 20	11 To directors or other officers	\$	
			20.	12 To stockholders not officers	\$	
			20.	13 Trustees, supreme or grand		
				(Fraternal Only)	\$	
20.2		loans outstanding at the end of year (inclusive of Separate A		21 To directors or other officers	¢	
	policy loans):					
				22 To stockholders not officers 23 Trustees, supreme or grand		
			20.	(Fraternal Only)	¢	
21.1	Were any asset	s reported in this statement subject to a contractual obligation reported in the statement?	n to transfer to another pa	rty without the liability for such		
21.2		amount thereof at December 31 of the current year:	21	21 Rented from others		
	-	,		22 Borrowed from others		
				23 Leased from others		
				24 Other	-	
22.1	guaranty associ	nent include payments for assessments as described in the A ation assessments?	nnual Statement Instruct	ions other than guaranty fund or	Yes [ X	] No [
22.2	If answer is yes			Amount paid as losses or risk adjustment Amount paid as expenses		
				Other amounts paid		
23.1	Does the report	ing entity report any amounts due from parent, subsidiaries or				
23.2		any amounts receivable from parent included in the Page 2 ar				
24.1	Does the insure	r utilize third parties to pay agent commissions in which the a	mounts advanced by the	third parties are not settled in full within		] No [ X
24.2		to 24.1 is yes, identify the third-party that pays the agents and			100 [	JINULA
			Is the	]		
			Third-Party Agent			
		Name of Third David	a Related Party			
		Name of Third-Party	(Yes/No)			

### INVESTMENT

## **GENERAL INTERROGATORIES**

25.02 If no, give full and complete information relating thereto

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

25.04	For the reporting entity's securities lending program, report amount of collateral for confor Instructions.	ming programs as outlined in the Risk-Based Capital	\$				0
25.05	For the reporting entity's securities lending program, report amount of collateral for other p	programs.	\$				0
25.06	Does your securities lending program require 102% (domestic securities) and 105% (fore outset of the contract?		] No	[	] N/A	A [ X	]
25.07	Does the reporting entity non-admit when the collateral received from the counterparty fall	Is below 100%? Yes [	] No	[	] N/A	A [ X	]
25.08	Does the reporting entity or the reporting entity 's securities lending agent utilize the Master conduct securities lending?	er Securities lending Agreement (MSLA) to Yes [	] No	[	] N/A	A [ X	]
25.09	For the reporting entity's securities lending program state the amount of the following as o	of December 31 of the current year:					
	<ul><li>25.091 Total fair value of reinvested collateral assets reported on Schedu</li><li>25.092 Total book adjusted/carrying value of reinvested collateral assets</li><li>25.093 Total payable for securities lending reported on the liability page.</li></ul>	reported on Schedule DL, Parts 1 and 2\$					0
26.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December control of the reporting entity, or has the reporting entity sold or transferred any assets su force? (Exclude securities subject to Interrogatory 21.1 and 25.03).	31 of the current year not exclusively under the bject to a put option contract that is currently in			No [		
26.2	If yes, state the amount thereof at December 31 of the current year: 26.2	1 Subject to repurchase agreements	\$				.0
	26.2	2 Subject to reverse repurchase agreements	\$				.0
	26.2	3 Subject to dollar repurchase agreements	\$				.0
	26.2	4 Subject to reverse dollar repurchase agreements	\$				0
	26.2	5 Placed under option agreements	\$				0
	26.2	6 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock					
	26.2	7 FHLB Capital Stock	\$				0
	26.2	8 On deposit with states	\$		3	399.33	30
	26.2	9 On deposit with other regulatory bodies	\$			,	0
		0 Pledged as collateral - excluding collateral pledged to an FHLB					
	26.3	1 Pledged as collateral to FHLB - including assets backing funding agreements					
		2 Other	.ቅ ቀ				0
	26.3		φφ.				U

### 26.3 For category (26.26) provide the following:

	1 Nature of Restriction	2 Description		3 ount	
27.1	Does the reporting entity have any hedging transactions reported on Sc	hedule DB?	Yes [	] No	[X]
27.2	If yes, has a comprehensive description of the hedging program been n If no, attach a description with this statement.	nade available to the domiciliary state? Yes [	] No [	] N/	'A [ X ]
LINES 2	7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONI	-Y:			
27.3	Does the reporting entity utilize derivatives to hedge variable annuity gu	arantees subject to fluctuations as a result of interest rate sensitivity?	Yes [	] No	[X]
27.4	27.42 Per	cial accounting provision of SSAP No. 108 mitted accounting practice er accounting guidance	Yes [	] No ] No ] No	i i
27.5	<ul> <li>The reporting entity has obtained explicit approval from the doi</li> <li>Hedging strategy subject to the special accounting provisions i</li> <li>Actuarial certification has been obtained which indicates that the reserves and provides the impact of the hedging strategy within</li> <li>Financial Officer Certification has been obtained which indicates</li> </ul>	niciliary state. s consistent with the requirements of VM-21. he hedging strategy is incorporated within the establishment of VM-21	Yes [	] No	[]
28.1	Were any preferred stocks or bonds owned as of December 31 of the c issuer, convertible into equity?	urrent year mandatorily convertible into equity, or, at the option of the	Yes [	] No	[X]
28.2	If yes, state the amount thereof at December 31 of the current year.		\$		0
29.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, r offices, vaults or safety deposit boxes, were all stocks, bonds and other custodial agreement with a qualified bank or trust company in accordan Outsourcing of Critical Functions, Custodial or Safekeeping Agreement	securities, owned throughout the current year held pursuant to a	Yes [ )	(] No	[]

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

1	2
Name of Custodian(s)	Custodian's Address
State Street Bank and Trust Company	State Street Financial Center; One Lincoln Street; Boston, MA 02111-2900

## **GENERAL INTERROGATORIES**

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

Ē	1	2	3
	Name(s)	Location(s)	Complete Explanation(s)
Γ			

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

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

Yes [ ] No [ X ]

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

1	2	
Name of Firm or Individual	Affiliation	
Derek S. Blunt as Senior Investment Officer	A	

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

1	2	3	4	5
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
N/A	Derek S. Blunt	N/A	Not registered	NO
			-	

# 30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? 30.2 If yes, complete the following schedule:

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

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

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

## **GENERAL INTERROGATORIES**

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

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds			
31.2 Preferred stocks	0	0	0
31.3 Totals	38,763,501	38,810,039	46,538

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

	Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.				
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [	]	No [ X ]	
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes [	]	No [ ]	
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:				
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? If no, list exceptions:	Yes [ X	[]	No [ ]	
34.	<ul> <li>By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:</li> <li>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.</li> <li>b. Issuer or obligor is current on all contracted interest and principal payments.</li> <li>c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.</li> </ul>				
	Has the reporting entity self-designated 5GI securities?	Yes [	]	No [ X ]	
35.	<ul> <li>By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: <ul> <li>a. The security was purchased prior to January 1, 2018.</li> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.</li> <li>c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.</li> <li>d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.</li> </ul> </li> </ul>	Yes [	]	No [ X ]	
36.	<ul> <li>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: <ul> <li>a. The shares were purchased prior to January 1, 2019.</li> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.</li> <li>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.</li> <li>d. The fund only or predominantly holds bonds in its portfolio.</li> <li>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.</li> <li>f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.</li> </ul> </li> <li>Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?</li> </ul>	Yes [	]	No [ X ]	
37.	<ul> <li>By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following: <ul> <li>a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.</li> <li>b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.</li> <li>c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.</li> </ul> </li> </ul>				

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

· · · · · · · · · · · · · · · · · · ·						
Has the reporting entity rolled/renewed	short-term or cash equivalent investments in accordance with these criteria?	Yes [ X ]	No [	] N.	/A [	]

## **GENERAL INTERROGATORIES**

### OTHER

38.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$	2,741
38.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trad service organizations and statistical or rating bureaus during the period covered by this statement.	e associations,	
	1     2       Name     Amount Paid		
39.1	Amount of payments for legal expenses, if any?	\$	
39.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenduring the period covered by this statement.	ses	
	1     2       Name     Amount Paid		
40.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government,	if any?\$	0
40.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement	ent.	

	1	2
	Name	Amount Paid
ſ		

## **GENERAL INTERROGATORIES**

### PART 2 - HEALTH INTERROGATORIES

1	Does the reporting entity have any direct Medicare Supplement Insurance in for		
	If yes, indicate premium earned on U.S. business only What portion of Item (1.2) is not reported on the Medicare Supplement Insurance		
0	1.31 Reason for excluding		
1 -	Indicate amount of earned premium attributable to Canadian and/or Other Alien		
5	Indicate total incurred claims on all Medicare Supplement Insurance.		\$
6	Individual policies:	Most current three years:	¢
		1.61 Total premium earned	
		1.62 Total incurred claims 1.63 Number of covered lives	
		All years prior to most current three years: 1.64 Total premium earned	
		1.65 Total incurred claims	
		1.66 Number of covered lives	
	Group policies:	Most current three years:	
		1.71 Total premium earned	\$
		1.72 Total incurred claims	
		1.73 Number of covered lives	
		All years prior to most current three years:	
		1.74 Total premium earned	
		1.75 Total incurred claims	
		1.76 Number of covered lives	
	Health Test:		
		Current Year Prior Year	
	2.1 Premium Numerator		
	2.2 Premium Denominator		
	2.3 Premium Ratio (2.1/2.2)     2.4 Reserve Numerator		
	2.5     Reserve Denominator       2.6     Reserve Ratio (2.4/2.5)	1 000 1 000	
	2.0 Reserve Rallo (2.4/2.3)	1.000	
	Has the reporting entity received any endowment or gift from contracting hospitareturned when, as and if the earnings of the reporting entity permits?		Yes [ ] No [X]
			Yes [ ] No [X]
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and	
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and	Yes [X] No []
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency?	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered?	Yes [ X ] No [ ] Yes [ ] No [ X ]
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance?	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered?	Yes [ X ] No [ ] Yes [ ] No [ X ]
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance?	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered?	Yes [ X ] No [ ] Yes [ ] No [ X ]
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance? If no, explain: The company does not have any stop loss agreements	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered?	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ]
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance?	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered?	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$9,999,9
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance? If no, explain: The company does not have any stop loss agreements	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance? If no, explain: The company does not have any stop loss agreements	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance? If no, explain: The company does not have any stop loss agreements	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits? If yes, give particulars: Have copies of all agreements stating the period and nature of hospitals', physi dependents been filed with the appropriate regulatory agency? If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the Does the reporting entity have stop-loss reinsurance? If no, explain: The company does not have any stop loss agreements	cians', and dentists' care offered to subscribers and use agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other 5.36 Other	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other rs and their dependents against the risk of insolvency including with providers to continue rendering services, and any other	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other 	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other rs and their dependents against the risk of insolvency including with providers to continue rendering services, and any other . In addition, the HMO maintains an insolvency protection ce date basis?	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other . In addition, the HMO maintains an insolvency protection ce date basis? 8.1 Number of providers at start of reporting year	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$ 
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other rs and their dependents against the risk of insolvency including with providers to continue rendering services, and any other . In addition, the HMO maintains an insolvency protection ce date basis?	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$ 
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other 	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$
	returned when, as and if the earnings of the reporting entity permits?	cians', and dentists' care offered to subscribers and see agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other 	Yes [ X ] No [ ] Yes [ ] No [ X ] Yes [ ] No [ X ] Yes [ ] No [ X ] .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$ .\$

## **GENERAL INTERROGATORIES**

40.4		. D							1 N- 7	1
10.1	Does the reporting entity have Incenti	ve Pool, Withr	hold or Bonus Arr	angements in its p	orovider contracts?			Yes [ X	] NO [	1
10.2	If yes:			1	0.21 Maximum amo	unt pavable bonus	es	\$	2.872	.875
					0.22 Amount actual					
					0.23 Maximum amo					
					0.24 Amount actual					
				I.	0.24 Amount actual	y paid for year with	inolus	φ		0
11.1	Is the reporting entity organized as:									
					11.12 A Medical	Group/Staff Mode	I,	Yes [	] No [ X	(]
						ual Practice Assoc		Yes [	] No [ X	(1
						lodel (combination	( ), ,	Yes [	] No [ X	
								•		
11.2	Is the reporting entity subject to Statu			•				-	] No [	]
11.3	If yes, show the name of the state rec	uiring such mi	nimum capital ar	nd surplus					М	aine
11.4	If yes, show the amount required							\$	10,043	,210
11.5	Is this amount included as part of a co	ontingency res	erve in stockhold	ler's equity?				Yes [	] No [ X	]
11.6	If the amount is calculated, show the	calculation								
	See Notes to Financial Statement - N	ote 21, Other	Items, C., Other I	Disclosures						
12.	List service areas in which reporting e	entity is license	ed to operate:							
				4						
				Name of Service	Area					
		The Comp	anv is licensed		in the State of Mai	ne				
			,							
10.1	De you get as a sustadian for bealth a		ata 0					V I	1 N. F.V	1
13.1	Do you act as a custodian for health s	avings accour	IIS ?					res [	JNO[X	1
13.2	If yes, please provide the amount of c	ustodial funds	hold as of the re	porting data				¢		0
13.2	in yes, please provide the amount of c		field as of the re	porting date				Ψ		0
13.3	Do you act as an administrator for he	alth savings ac	counts?					ا عملا	1 No [ X	1
		and out ingo at						100 [	] 100 [ 7	1
13.4	If yes, please provide the balance of f	unds administ	ered as of the rep	porting date				\$		0
14.1	Are any of the captive affiliates report	ed on Schedul	le S, Part 3, auth	orized reinsurers?			Yes [	] No [	] N/A	[X]
14.2	If the answer to 14.1 is yes, please pr	ovide the follow	wing:							
	1		2	3	4	Acceta	Supporting Reserve	o Cradit		
	· ·		NAIC	5	-	5	6	7		
			Company	Domiciliary	Reserve	Letters of	Trust			
	Company Name		Code	Jurisdiction	Credit	Credit	Agreements	Othe	r	
					0	0	0		0	
					0	0	0		0	
					·····					
15.	Provide the following for individual or	dinary life insu	rance* policies (l	J.S. business only	) for the current year	r (prior to reinsurar	nce assumed or			
	ceded):							¢		0
							ten			
							S			
					15.3 Ni	umper of Covered	Lives			0
			*Ordin	ary Life Insurance	Includes					
	Term()	whether full un			issue, "short form a	nn")				
			0,	0,1	ig, jet issue, "short f	1 /				
			without seconda		3, jet leede, onorth					
			r without second	/ /						
				t secondary gurar	antee)					

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

		1 2021	2 2020	3 2019	4 2018	5 2017
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)		40,216,042			
2.	Total liabilities (Page 3, Line 24)					
3.	Statutory minimum capital and surplus requirement					
4.	Total capital and surplus (Page 3, Line 33)					
	Income Statement (Page 4)			, ,		
5.	Total revenues (Line 8)	131.559.176	108.819.731	80.430.475	66.818.063	77.806.6
6.	Total medical and hospital expenses (Line 18)					
7.	Claims adjustment expenses (Line 20)					
8.	Total administrative expenses (Line 21)					
9.	Net underwriting gain (loss) (Line 24)					
0. 10.	Net investment gain (loss) (Line 27)					
11.	Total other income (Lines 28 plus 29)					
12.	Net income or (loss) (Line 32)					
12.	Cash Flow (Page 6)					
10	Net cash from operations (Line 11)	9 149 051	10 066 224	(214, 167)	2 271 011	2 622 5
13.			10,900,334	(314,107)		
	Risk-Based Capital Analysis Total adjusted capital	00 010 606	22 004 212	10, 070, 505	00 575 074	17 547 -
14.						
15.	Authorized control level risk-based capital	5,021,605	4,027,046		2,4/3,231	2,8/9,4
	Enrollment (Exhibit 1)	45,400	40.555	0.040	0.007	
16.	Total members at end of period (Column 5, Line 7)					
17.	Total members months (Column 6, Line 7)	1/4,662	150,983		104 , 140	
	<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)					
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)					
20.	Cost containment expenses					
21.	Other claims adjustment expenses					
22.	Total underwriting deductions (Line 23)					
23.	Total underwriting gain (loss) (Line 24)	3.4	5.6	1.1	9.3	
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	8,409,623	5,472,486	3,928,069	4,463,639	5,935,
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	8,636,125	6,390,939	5,049,243	7,696,770	8,190,5
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	
30	Affiliated mortgage loans on real estate					
30. 21	Affiliated mortgage loans on real estate					
31.	All other affiliated Total of above Lines 26 to 31					
32.						
33.	Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	

## SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories 2 3 4 5 6 8 9 10 Federal Employees Life and Annuity Active Accident and Benefits Premiums & Other Property/ Casualty Total Program Premiums Columns 2 Through 8 Status Health Medicare Medicaid CHIP Title Deposit-Type Contracts States, etc. Premiums Title XVIII Title XIX Premiums (a) XXI nsideration 1 Alabama AI Ν 0 0 0 0 0 0 0 0 0 2. Alaska AK Ν 0 0 0 0 0 0 0 0 0 3. Arizona ΑZ Ν 0 0 0 0 0 0 0 0 0 4. Arkansas AR ..0 .0 .0 .0 .0 0 0 N ..0 .0 5. California CA ..0 ..0 .0 .0 ..0 .0 .0 .0 0. N 6. Colorado 0 .0 0 .0 0 со Ν 0 0 0 0 Connecticut 7. СТ .0 .0 .0 .0 .0 .0 .0 .0 0. N 8. Delaware DE N 0 0 0 0 0 0 0 0 0 9. District of Columbia DC Ν 0 0 0 0 0 0 0 0 0 0 10. Florida FL Ν. .0 ..0 .0 .0 ..0 .0 .0 .0 .0 0 0 11. Georgia GA N ..0 .0 .0 .0 .0 0 12. ..0 .0 .0 .0 .0 .0 .0 .0 0. Hawaii HI .Ν 13. Idaho ID N .0 .0 .0 .0 .0 .0 .0 .0 .0 14. Illinois 0 .0 0 .0 0 .0 .0 .0 0 IL N 15 Indiana IN N. ٥ .0 .0 .0 ٥ ٥ ٥ ٥ 0 16. lowa IA Ν 0 0 0 0 0 0 0 0 0 0 17. Kansas ĸs Ν 0 0 0 0 0 0 0 0 18. Kentucky KΥ N ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 19. Louisiana 0 0 .0 .0 .0 .0 .0 0 .0 LA Ν. ME ...4, 150, 478 20. Maine L .127,458,614 .0 .0 .0 .0 .0 131,609,092 .0 21. Maryland MD 0 .0 0 .0 .0 .0 0 0 0 N 22 Massachusetts MA .N. 0 0 0 0 0 0 0 0 0 23 Michigan М Ν 0 0 0 0 0 0 0 0 0 0 24. Minnesota MN Ν .0 0 0 .0 0 0 .0 0 25. Mississippi MS .0 .Ν. ..0 ..0 .0 .0 ..0 .0 ..0 .0 26 Missouri МО 0 .0 .0 .0 .0 .0 .0 0 0 N .0 .0 27. Montana MT N .0 .0 .0 .0 .0 .0 .0 28 Nebraska NE .0 .0 .0 .0 ..0 .0 .0 .0 .0 N 29. Nevada NV N 0 0 0 .0 0 0 0 0 0 30. New Hampshire NH Ν 0 0 0 0 0 0 0 0 0 0 31. New Jersey NJ N .0 ..0 .0 .0 ..0 .0 0 0 32. New Mexico ..0 ..0 .0 .0 .0 .0 .0 .0 0 NM .Ν. 33. New York NY ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 N. North Carolina .0 0 0 .0 34 NC N 0 .0 .0 0 0 35 North Dakota ND .0 .0 .0 .0 ..0 .0 .0 .0 0. N 36 Ohio ОН Ν 0 0 0 0 0 0 0 0 0 37. Oklahoma OK Ν 0 0 0 0 0 0 0 0 0 38. Oregon OR Ν 0 0 0 0 0 0 0 0 0 39. Pennsylvania PA ..0 .0 .0 .0 .0 .0 0 0 N ..0 40. Rhode Island RI ..0 ..0 .0 .0 ..0 .0 .0 .0 0. ..N. South Carolina 41. 0 .0 0 .0 0 0 SC Ν 0 0 0 42. South Dakota SD .0 .0 .0 .0 .0 .0 .0 .0 0. N Tennessee 43. ΤN N 0 0 0 0 0 0 0 0 0 44. Texas τх Ν 0 0 0 0 0 0 0 0 0 45. Utah UT Ν. .0 ..0 .0 .0 ..0 .0 .0 .0 0 46. .0 0 0 Vermont VT ..0 .0 .0 .0 .0 0 N 47 Virginia ..0 .0 .0 .0 .0 .0 .0 .0 0. VA ..N. Washington 48. WA ..N. .0 .0 .0 .0 .0 .0 .0 .0 .0 49. West Virginia WV N 0 .0 0 .0 .0 .0 .0 .0 0 50 Wisconsin \//I N. ٥ .0 .0 .0 ٥ ٥ ٥ ٥ 0 51. Wyoming WY Ν 0 0 0 0 0 0 0 0 0 American Samoa 0 52. AS Ν 0 0 0 0 0 0 0 0 53. Guam GU .0 .0 N ..0 ..0 .0 .0 ..0 .0 .0 54 Puerto Rico . .0 .0 .0 .0 .0 .0 .0 .0 .0 PR N U.S. Virgin Islands 55. VI ..N .0 ..0 .0 .0 .0 .0 .0 .0 .0 56. Northern Mariana .0 .0 0. 0 MP N 0 0 .0 .0 0 Islands 57. .0 .0 .0 .0 .0 Canada CAN Ν. .0 ..0 .0 .0 58. Aggregate Other OT XXX. .0 0 .0 .0 0 0 0 0 .0 Aliens 59 Subtotal XXX .4, 150, 478 .127,458,614 .0 .0 ..0 .0 .0 .131,609,092 .0 60 Reporting Entity Contributions for Employee XXX .0 .0 .0 .0 .0 **Benefit Plans** 0 0 .0 .0 Totals (Direct Business) 4,150,478 127,458,614 131,609,092 61 0 0 0 0 0 0 XXX DETAILS OF WRITE-INS 58001 ххх 58002 XXX 58003 XXX. Summary of remaining write-ins for Line 58 from 58998 overflow page ..... Totals (Lines 58001 through 58003 plus 58998)(Line 58 0 .0 ..0 .0 .0 .0 .0 0 XXX .0 58999 ٥ 0 0 0 above) XXX ٥ ٥ ٥

(a) Active Status Counts

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.

R - Registered - Non-domiciled RRGs..... Q - Qualified - Qualified or accredited reinsurer. 0

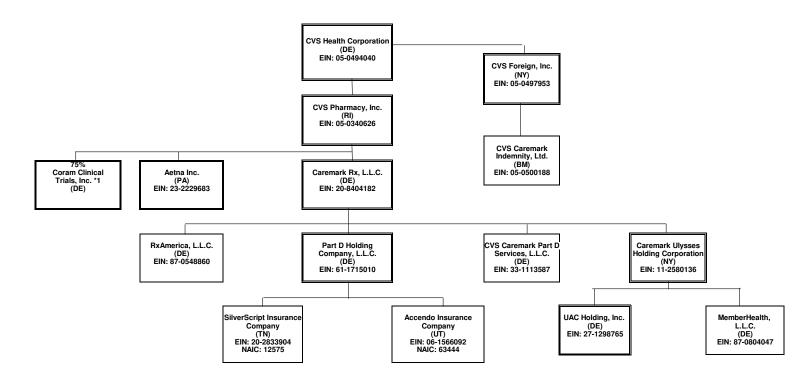
0

N - None of the above - Not allowed to write business in the state.....

(b) Explanation of basis of allocation by states, premiums by state, etc Allocation by state is based on the employer group's state of domicile. 0

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



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities. (1) Insurers/HMO's Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

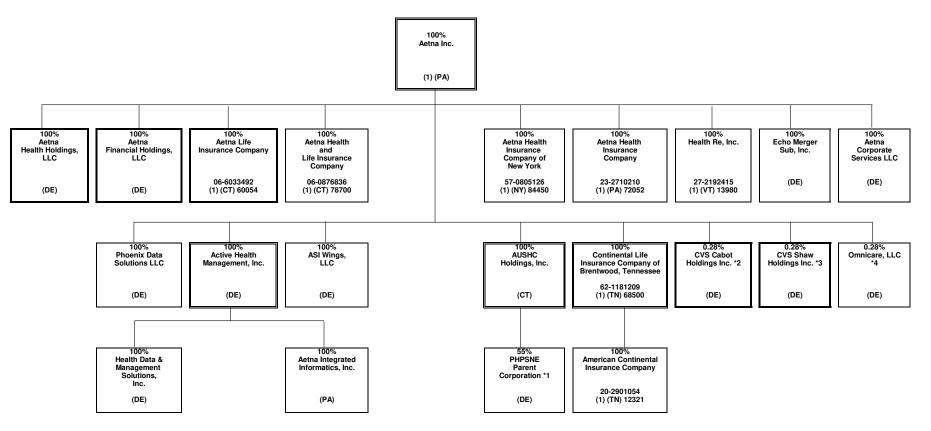
Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

\*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

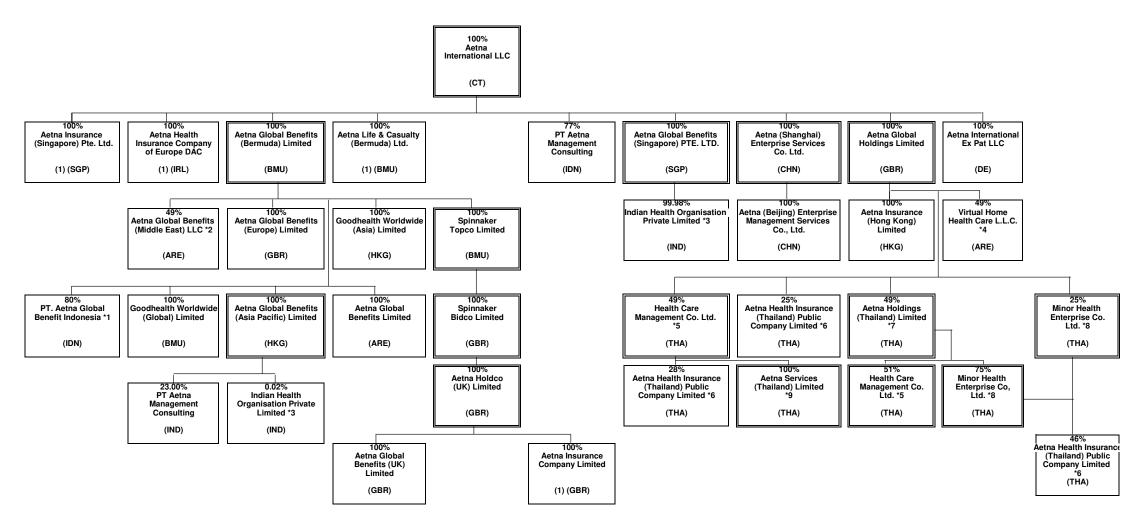
PART 1 - ORGANIZATIONAL CHART



\*1 PHPSNE Parent Corporation is also 45% owned by third parties.
 \*2 CVS Cabot Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 \*3 CVS Shaw Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 \*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdngs Inc., each with 49.86% ownership.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 

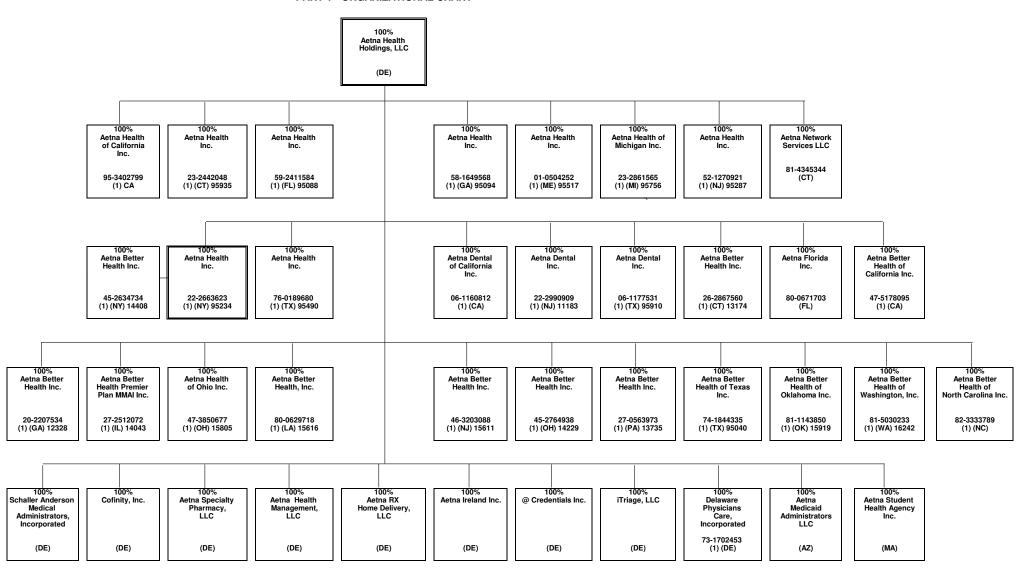


\*1 PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

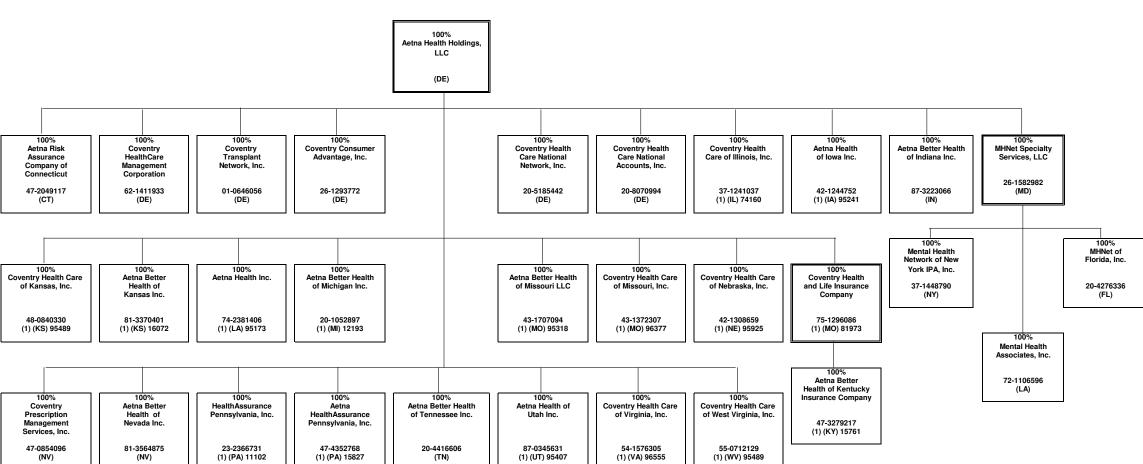
- \*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.
- \*3 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
- \*4 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee
- \*5 Health Care Management Co. Ltd. Is also 31% owned by Actna Global Benefits (Bermuda) Limited (1 share).
   \*6 Actna Health Insurance (Thailand) Public Company Limited is also owned by Actna Global Benefits (Bermuda) Limited (1 share), Actna Health Holdings (Thailand) Limited (1 share), Actna Services (Thailand) Limited (1 share), Ms. Saifon Khongjitngam (1 share), and Mr. Buncha Tanphragorn (1 share)
- \*7 Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.
- \*8 Minor Health Enterprise Co, Ltd is is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited
- \*9 Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 



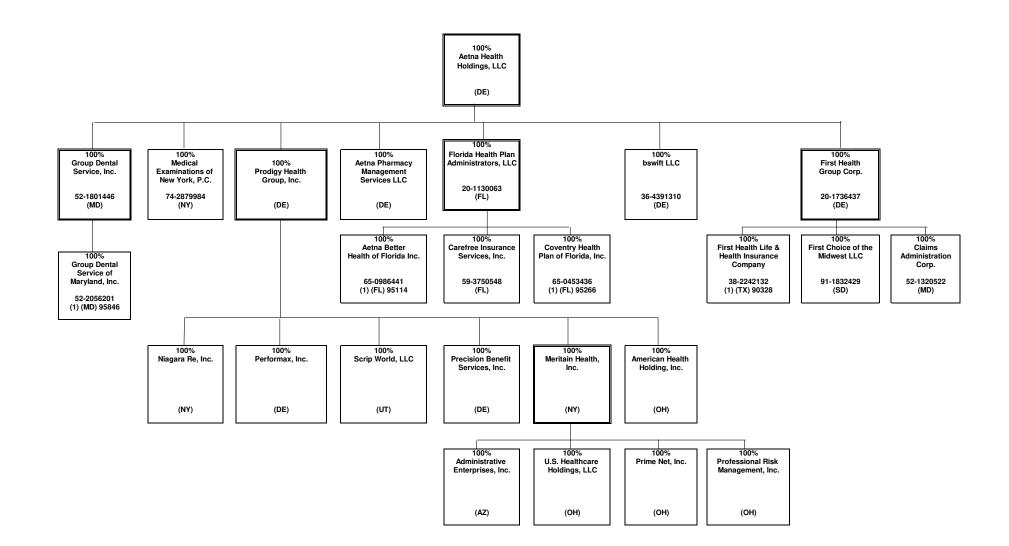
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP



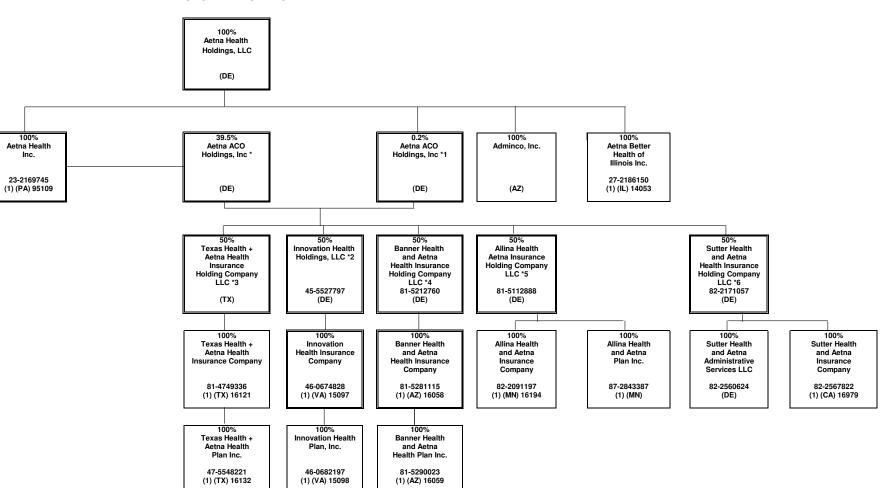
**PART 1 - ORGANIZATIONAL CHART** 

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 



#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP



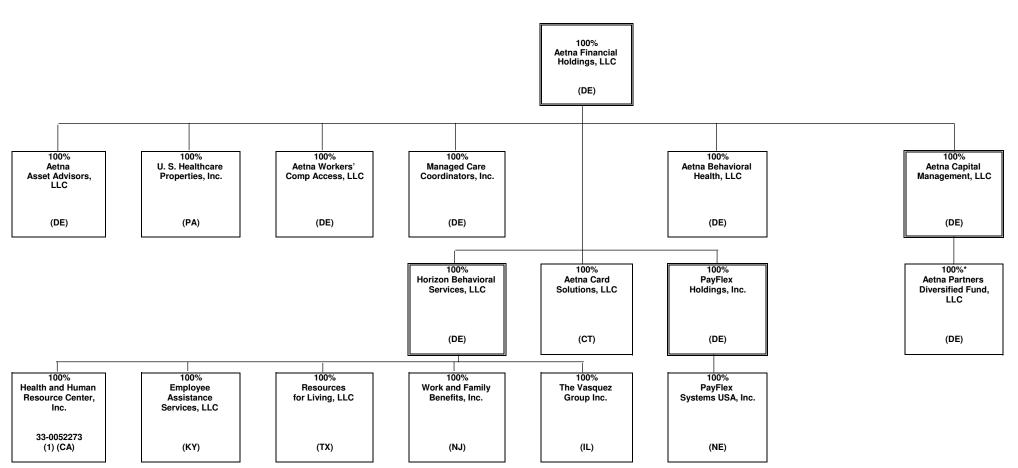
**PART 1 - ORGANIZATIONAL CHART** 

\*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

\*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

\*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources. \*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

\*5 Allina Health and Aetha Insurance Holding Company LLC is also 50% owned by Allina Health. \*6 Sutter Health and Aetha Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.



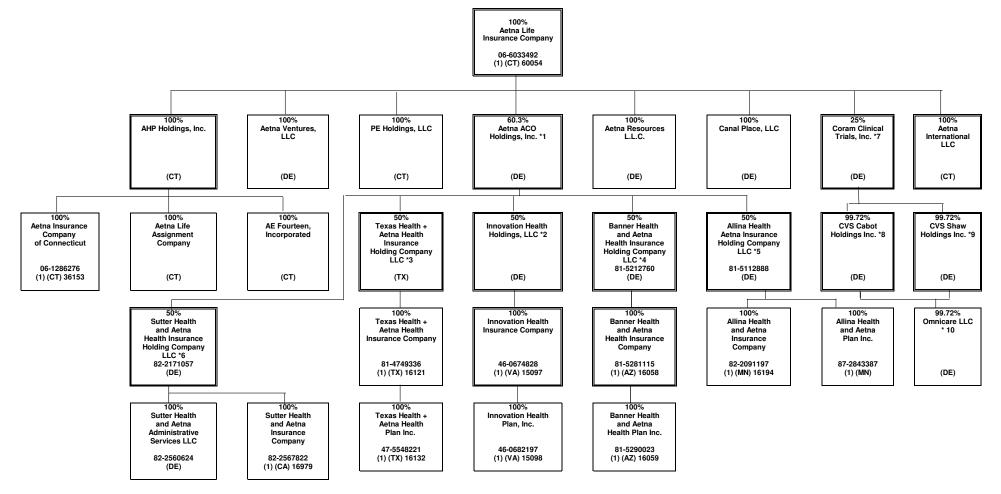
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 

\* Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.

#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 



\*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

\*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

\*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

\*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

\*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

\*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC. \*7 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

\*8 CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

\*9 CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

\*10 Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

## **OVERFLOW PAGE FOR WRITE-INS**