

### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

## Harvard Pilgrim Health Care, Inc.

NAIC Group C		ompany Code <u>96911</u> Employer's ID	Number 04-2452600
Organized under the Laws of		, State of Domicile or Port of En	try MA
Country of Domicile	Ur	nited States of America	
Licensed as business type:	Health	Maintenance Organization	
Is HMO Federally Qualified? Yes [ X	] No [ ]		
Incorporated/Organized	02/11/1969	Commenced Business	02/11/1969
Organized under the Laws of Massachusetts State of Domicile or Port of Entry Massachusetts State of Domicile United States of America  Licensed as business type:  Health Maintenance Organization  Is HMO Federally Qualified? Yes [ X ] No [ ]  Incorporated/Organized  One Wellness Way  Canton, MA, US 02021-11969  (City or Town, State, Country and Zip Code)  (City or Town, Stat			
			, ,
Main Administrative Office			
Canton,		,	781-263-6000
(City or Town, S	State, Country and Zip Code)		rea Code) (Telephone Number)
	•		
(S	Street and Number or P.O. Box)	(City or	Town, State, Country and Zip Code)
Primary Location of Books and Record			
	MA, US 02021-1166	<u> </u>	
, ,	State, Country and Zip Code)	(Ai	rea Code) (Telephone Number)
Internet Website Address		www.hphc.org	
Statutory Statement Contact		. 1	
	nor@point32health.org	·	617-509-1778
(E	-mail Address)		(FAX Number)
Dragidant and CEO	Coin Aton Hayes #		Torona (Tipa) Kramar Hughan, Eng
		Clerk/Secretary	Telesa (Tisa) Maillei Hugiles, Esq.
		OTHER	
Umesh Anantharam Kurpad, #, Chi	ief Financial Officer Joy		Gregory Davison Tranter, #, Vice Chair
Thomas Phillip O'Nei	I, III #	Raymond Pawlicki	Bertram Lee Scott #
			•
County of N	ortolk		
all of the herein described assets wer statement, together with related exhibit condition and affairs of the said reporti in accordance with the NAIC Annual S rules or regulations require differenc respectively. Furthermore, the scope exact copy (except for formatting differ	re the absolute property of the said reports, schedules and explanations therein cong entity as of the reporting period statec Statement Instructions and Accounting Press in reporting not related to accounting this attestation by the described office	orting entity, free and clear from any liens ontained, annexed or referred to, is a full at a bove, and of its income and deductions ractices and Procedures manual except to a practices and procedures, according practices and procedures, accordingers also includes the related corresponding	or claims thereon, except as herein stated, and that this not true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief g electronic filing with the NAIC, when required, that is ar
		·	
	is	b. If no,  1. State the amendment	ent number

## **ASSETS**

		OLIO	Current Year		Drior Voor
		1	2	3	Prior Year 4
		•	_	Net Admitted Assets	Net Admitted
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)	234,241,442		234,241,442	320,412,768
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	0
	2.2 Common stocks	485,967,162	3,618,234	482,348,928	445,696,410
3.	Mortgage loans on real estate (Schedule B):	, ,	, ,	, ,	, ,
0.	3.1 First liens			0	0
					0
	3.2 Other than first liens.			0	
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	20,052,896		20,052,896	21,253,886
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)			0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)			0	0
				0	0
5.	Cash (\$85,629,547 , Schedule E - Part 1), cash equivalents				
	(\$18,661,421 , Schedule E - Part 2) and short-term				
	investments (\$, Schedule DA)	104,290,968		104,290,968	138,967,304
6.	Contract loans, (including \$ premium notes)			0	0
7.	Derivatives (Schedule DB)			_	0
8.	Other invested assets (Schedule BA)			178,699,091	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets	402,847	0	402,847	402,847
12.	Subtotals, cash and invested assets (Lines 1 to 11)	1,023,654,406	3,618,234	1,020,036,172	1,069,962,684
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued				
15.	Premiums and considerations:				, , , , , , , , , , , , , , , , , , , ,
13.	15.1 Uncollected premiums and agents' balances in the course of collection.	7 610 100	202 622	7 225 540	7 620 201
	·	1,010,100	202,032	1,330,340	1,020,201
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$	37,351,761		37,351,761	13,462,912
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	6 263 898		6 263 898	2 460 438
	16.2 Funds held by or deposited with reinsured companies				
	· · · · · · · · · · · · · · · · · · ·				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets	,.		, ,	, , ,
21.	(\$	2 166 474	2 166 474	0	٥
00					
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$37,369,615 ) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	18,540,819	11,349,337	7, 191, 482	6,168,929
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	1,313,058,137	96,418,745	1,216,639,392	1,209,316,564
27.	From Separate Accounts, Segregated Accounts and Protected Cell			_	_
	Accounts				
28.	Total (Lines 26 and 27)	1,313,058,137	96,418,745	1,216,639,392	1,209,316,564
	DETAILS OF WRITE-INS				
1101.	Deposits	402,847		402,847	402,847
1102.				· · · · · · · · · · · · · · · · · · ·	·
1103.				0	
	Summary of remaining write-ins for Line 11 from overflow page				
1198.					
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	402,847		402,847	402,847
2501.	Prepaid Expenses and Other Assets	18,540,819	11,349,337	7, 191, 482	6,168,929
2502.				0	0
2503.				_	0
2598.	Summary of remaining write-ins for Line 25 from overflow page				
		18,540,819			
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	10,040,019	11,349,33/	1,191,482	0, 100,929

## LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAF		Current Year		Prior Year
	<u> </u>	1	2	3	4
					T-1-1
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	2,461,279		2,461,279	1,760,403
4.	Aggregate health policy reserves, including the liability of				
	\$8,952,618 for medical loss ratio rebate per the Public				
	Health Service Act	19,285,964		19,285,964	32,464,434
5.	Aggregate life policy reserves.			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1					
	(including \$ on realized capital gains (losses))			0	0
10.2	Net deferred tax liability.				0
11.	Ceded reinsurance premiums payable.				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$40,000,000 current) and				
	interest thereon \$8,067 (including				
	\$8,067 current)	40,008,067		40,008,067	0
15.	Amounts due to parent, subsidiaries and affiliates			0	58,687
16.	Derivatives			0	0
17.	Payable for securities.				1,500,000
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
10.	authorized reinsurers, \$				
	reinsurers and \$			0	0
00					
20.	Reinsurance in unauthorized and certified (\$			0	
	companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans	83,205,013		83,205,013	124,550,627
23.	Aggregate write-ins for other liabilities (including \$				
	current)				
24.	Total liabilities (Lines 1 to 23)	493,324,993	0	493,324,993	482,440,529
25.	Aggregate write-ins for special surplus funds	xxx	XXX	0	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	xxx	xxx		
28.	Gross paid in and contributed surplus	xxx	XXX	70,000,000	
29.	Surplus notes.				
30.	Aggregate write-ins for other than special surplus funds				
31.	Unassigned funds (surplus)				
				030,014,099	720,070,000
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	723,314,399	726,876,035
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,216,639,392	1,209,316,564
	DETAILS OF WRITE-INS				
2301.	Accrued Long Term Expenses	12,663,670		12,663,670	16,823,040
2302.	Deferred Rent				396,514
2303.	Security Deposits				,
2398.	Summary of remaining write-ins for Line 23 from overflow page		0	·	•
2399.		13,075,052	0	13,075,052	17,309,247
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		xxx	XXX		0
3002.		xxx	xxx		0
3003.			xxx		0
3098.	Summary of remaining write-ins for Line 30 from overflow page				0
	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
5000.	. State (Enico dos Faira doso pias doso)(Enic do above)	/VV\	/VV\	v	U

## STATEMENT OF REVENUE AND EXPENSES

		Current	Year	Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months.			2,979,079
2.	Net premium income ( including \$ non-health premium income)	XXX	1,822,202,591	1,738,913,211
3.	Change in unearned premium reserves and reserve for rate credits	xxx	8,796,438	(7,535,026)
4.	Fee-for-service (net of \$ medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	xxx	0	0
7.	Aggregate write-ins for other non-health revenues			0
8.	Total revenues (Lines 2 to 7)			
	Hospital and Medical:			
9.	Hospital/medical benefits	-	1,271,076,529	1,074,387,873
10.	Other professional services		63,961,620	53,897,997
11.	Outside referrals		41, 175, 981	37,424,218
12.	Emergency room and out-of-area		21,249,497	17,315,162
13.	Prescription drugs		235,648,176	227,037,970
14.	Aggregate write-ins for other hospital and medical.	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)			
	Less:			
17.	Net reinsurance recoveries		25,102,729	22,511,114
18.	Total hospital and medical (Lines 16 minus 17)	0	1,650,283,907	1,428,222,802
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$41,460,579 cost containment expenses		70,181,254	63,562,461
21.	General administrative expenses		232,984,208	210,114,940
22.	Increase in reserves for life and accident and health contracts (including \$			
	increase in reserves for life only)		(9,740,570)	2,730,327
23.	Total underwriting deductions (Lines 18 through 22)	0	1,943,708,799	1,704,630,530
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	(112,709,770)	26,747,655
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$		61,305,961	6,038,242
27.	Net investment gains (losses) (Lines 25 plus 26)	0	79,520,429	20,933,618
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$			
29.	Aggregate write-ins for other income or expenses	0	(13,609,998)	(43,243,157)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)		(46,799,339)	4,438,116
31.	Federal and foreign income taxes incurred			
32.	Net income (loss) (Lines 30 minus 31)	xxx	(46,799,339)	4,438,116
	DETAILS OF WRITE-INS			
0601.		xxx		0
0602.				0
0603		XXX		0
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		xxx		0
0702.		XXX		0
0703				0
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX		0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				0
1402.				0
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	(13 600 998)	(14, 280, 858)
2901.	Miscellaneous & other income/(expense)  Transaction costs			(14,280,858)
2902. 2903	Transaction costs			(20,902,299)
2303	Summary of remaining write-ins for Line 29 from overflow page			0
2998.	Summary of remaining write-ine for Line 20 from overflow page			

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

34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha	CAPITAL AND SURPLUS ACCOUNT	Current Year	Prior Year
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha	CAPITAL AND SURPLUS ACCOUNT		
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha	CAPITAL AND SURPLUS ACCOUNT		
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha	CAPITAL AND SURPLUS ACCOUNT		
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha			
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha			
34. Net 35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha			
35. Cha 36. Cha 37. Cha 38. Cha 39. Cha 40 Cha 41. Cha	pital and surplus prior reporting year	726,876,035	638,006,918
36. Cha 37. Cha 38. Cha 39. Cha 40. Cha 41. Cha 42. Cha	et income or (loss) from Line 32	(46,799,339)	4,438,116
37. Cha 38. Cha 39. Cha 40 Cha 41. Cha 42. Cha	nange in valuation basis of aggregate policy and claim reserves		
37. Cha 38. Cha 39. Cha 40 Cha 41. Cha 42. Cha	nange in net unrealized capital gains (losses) less capital gains tax of \$	(10.771.072)	73.529.306
38. Cha 39. Cha 40 Cha 41. Cha 42. Cha	nange in net unrealized foreign exchange capital gain or (loss)		
39. Cha 40 Cha 41. Cha 42. Cha	nange in net deferred income tax		
40 Cha 41. Cha 42. Cha	nange in nonadmitted assets		
41. Cha	lange in unauthorized and certified reinsurance		
42. Cha	lange in treasury stock		
43. Cur	ange in surplus notes		
	Imulative effect of changes in accounting principles		
	ipital Changes:		
	.1 Paid in		0
44.:	.2 Transferred from surplus (Stock Dividend)	0	0
44.:	.3 Transferred to surplus.		
45. Sur	rplus adjustments:		
45.	1 Paid in	70,000,000	0
45.2	.2 Transferred to capital (Stock Dividend)		
45.3	.3 Transferred from capital		
46. Div	vidends to stockholders		
47. Agg	gregate write-ins for gains or (losses) in surplus	(712,362)	958 , 733
48. Net	et change in capital and surplus (Lines 34 to 47)	(3,561,636)	88,869,117
49. Car	pital and surplus end of reporting period (Line 33 plus 48)	723,314,399	726,876,035
DE	ETAILS OF WRITE-INS		
4701. Cha	ange in net prior service costs and recognized gain/loss for postretirement medical plan	(712,362)	958,733
4702			
4703			
4799. Tot	ımmary of remaining write-ins for Line 47 from overflow page	0	0
4798. Sur			

## **CASH FLOW**

	2,13.1.12011		
		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		1,767,888,865
2.	Net investment income		
3.	Miscellaneous income	4,535,731	(17,567,900)
4.	Total (Lines 1 through 3)	1,813,213,263	1,766,852,513
5.	Benefit and loss related payments	1,631,281,243	1,430,777,924
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	328,193,570	238,687,188
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10.	Total (Lines 5 through 9)	1,959,474,813	1,669,465,112
11.	Net cash from operations (Line 4 minus Line 10)	(146,261,550)	97,387,401
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	148,910.173	68,797.004
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		0
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		1,500,000
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
40		209,301,391	121, 134, 161
13.	Cost of investments acquired (long-term only):	00 000 070	44 040 000
	13.1 Bonds		
	13.2 Stocks		, ,
	13.3 Mortgage loans		0
	13.4 Real estate		228,234
	13.5 Other invested assets		
	13.6 Miscellaneous applications		0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	209,536,526	78,026,992
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	60,024,865	43, 127, 168
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	70,000,000	0
	16.3 Borrowed funds	40,008,067	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)		(2,949,981)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(2,949,981)
	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)	(34,676,336)	137,564,589
19.		(04,070,000)	107,000,000
19.	Cash, cash equivalents and short-term investments:	138,967,304	1,402,715
	19.1 Beginning of year		, ,
	19.2 End of year (Line 18 plus Line 19.1)	104,290,968	138,967,304

Note: Supplemental disclosures of cash flow information for non-cash transactions:	

## **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

		1	2	3	4	5	6 Federal	7	8	9	10
		T. (.)	Comprehensive	Medicare	Dental	Vision	Employees Health	Title XVIII	Title XIX	Other Health	Other
	Not according to a constant	Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
1.	Net premium income	1,822,202,591	1,716,287,217					105,915,374			
2.	Change in unearned premium reserves and reserve for rate credit	8,796,438	8,796,438								
3.	Fee-for-service (net of \$										
	medical expenses)	0									XXX
4.	Risk revenue	0									XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	00	0	0	0	xxx
6.	Aggregate write-ins for other non-health care related revenues	0	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	0
7.	Total revenues (Lines 1 to 6)	1,830,999,029	1,725,083,655	0	0	L0	0	105.915.374	0	0	0
8.	Hospital/medical benefits	1,271,076,529	1, 183, 165, 934					.87,910,595			XXX
9.	Other professional services	63,961,620	61,963,766					1,997,854			XXX
10.	Outside referrals	41, 175, 981						3,202,690			XXX
11.	Emergency room and out-of-area	21,249,497	19,596,700					1.652.797			XXX
12.	Prescription drugs	235,648,176	231,058,499					4,589,677			XXX
13.	Aggregate write-ins for other hospital and medical		0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	42,274,833	40,437,075					1,837,758			XXX
15.	Subtotal (Lines 8 to 14)	1,675,386,636	1,574,195,265	Λ	n	0	0	101, 191, 371	0	0	XXX
16.	Net reinsurance recoveries	25, 102, 729	25, 102, 729	ν	u	u	νυ				XXX
17.	Total medical and hospital (Lines 15 minus 16)	1,650,283,907	1,549,092,536	Λ				101, 191, 371			XXX
18.	Non-health claims (net)		1,549,092,550	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	Claims adjustment expenses including		······								
19.		70 404 054	04 007 004					0 470 000			
00		70, 181, 254	61,007,361					9,173,893			
20.	General administrative expenses	232,984,208	166,353,022					14,252,341		52,378,845	
21.	Increase in reserves for accident and health contracts	(9,740,570)	(5,999,171)					(3,741,399)			XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	1,943,708,799	1,770,453,748	0	0	0	00	120,876,206	0	52,378,845	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	(112,709,770)	(45, 370, 093)	0	0	0	0	(14,960,832)	0	(52, 378, 845)	0
0501.	DETAILS OF WRITE-INS										xxx
0502.											XXX
0503.											XXX
	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	n	n	0	0	n n	0	n l	n	XXX
0601.	Totals (Lines 0001 till 0000 plus 0000) (Line 3 above)	•	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7000
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	Summary of remaining write-ins for Line 6 from overflow										
0090.	page	n	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	n
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	 0
1301.	Totals (Lines 0001 tillu 0000 pius 0000) (Line 0 above)	0	7000	////	////	////	7000	////	////	////	XXX
1301.			†			T	†				XXX
1302.			†			†	†				XXX
	Summary of remaining write-ins for Line 13 from		†			†					
1398.	overflow page	0	0	0	0	0	ا ر	0	0	0	xxx
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	n	n	0	0	ñ	n l	0	XXX
1000.	Totals (Emiles 1001 tille 1000 place 1000) (Emile 10 above)		• 1	٠			• 1	v I	<u> </u>	٠	7001

7

# UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS	4	2	2	4
Line of Business	Direct Business	2 Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
Comprehensive (hospital and medical)	1,731,369,611		15,082,394	1,716,287,217
Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	105,915,374			105,915,374
7. Title XIX - Medicaid	0			0
Other health	1.837.284.985	0	15.082.394	1,822,202,591
10. Life	1,057,254,900		13,002,004	0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	1,837,284,985	0	15,082,394	1,822,202,591

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - CLAIMS INCURRED DURING THE YEAR

Page				PART 2 - CLAI	M2 INCORRED DO	KING THE TEAK					
Perfect during the year		1	2	3	4	5	Federal	•	Ü	9	10
1.1 Direct		Total			Dental Only	Vision Only	Health	XVIII	XIX	Other Health	
1.1 Direct	Payments during the year:					•					
1.2 Reinsurance assumed 1.3 Reinsurance caded 2.5 (\$5), 97		1,617,117,926	1,520,858,319					96,259,607			
1.4 Net	1.2 Reinsurance assumed	0									
1.4 Net	1.3 Reinsurance ceded	25,253,597	25,253,597								
2. Paid medical incentive pools and bonuses			1,495,604,722	0	0	0	0	96,259,607	0	0	0
3. Claim lability Deember 31, current year from Part 2A: 3.1 Direct 3.2 Reinsurance assumed 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Paid medical incentive pools and bonuses										
3.1 Priect		, ,	, ,					, ,			
3.2 Reinsurance assumed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			150,633,362	0	0	0	0	16,335,321	0	0	0
3.4 Net 4 Claim reserve December 31, current year from Part 2D: 4.1 Direct 0 4.2 Reinsurance assumed 0 4.3 Reinsurance ceded 0 4.3 Reinsurance ceded 0 4.4 Net 4 Claim reserve December 31, current year from Part 2D: 4.5 Reinsurance ceded 0 4.5 Recrusion reserve the problems of the probl		0	0	0	0	0	0	0	0	0	
3.4 Net 4 Claim reserve December 31, current year from Part 2D: 4.1 Direct 0 4.2 Reinsurance assumed 0 4.3 Reinsurance ceded 0 4.3 Reinsurance ceded 0 4.4 Net 4 Claim reserve December 31, current year from Part 2D: 4.5 Reinsurance ceded 0 4.5 Recrusion reserve the problems of the probl	3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 4.2 Reinsurance assumed 4.3 Reinsurance assumed 4.3 Reinsurance assumed 5. Accrued medical incentive pools and bonuses, current year  year  28, 044, 315 25, 992, 895  21, 124, 700 19, 774, 697  7. Amounts recoverable from reinsurers December 31, current year  8. Claim liability December 31, prior year from Part 2A: 8.1 Direct 8.2 Reinsurance assumed 9.3 Reinsurance assumed 9.3 Reinsurance assumed 9.4 Net 9.1 Direct 9.2 Reinsurance assumed 9.4 Net 9.5 Reinsurance assumed 9.5 Reinsurance assumed 9.6 Reinsurance assumed 9.7 Reinsurance assumed 9.8 Reinsurance assumed 9.9 Reinsurance assumed 9.1 Tis, 892, 782 9.1 Direct 9.2 Reinsurance assumed 9.4 Net 9.5 Reinsurance assumed 9.5 Reinsurance assumed 9.6 Reinsurance assumed 9.7 Reinsurance assumed 9.8 Reinsurance assumed 9.9 Reinsurance assumed 9.1 Reinsurance assumed 9.1 Reinsurance assumed 9.2 Reinsurance assumed 9.3 Reinsurance assumed 9.4 Net 1.4 Reinsurance assumed 9.5 Reinsurance assumed 9.5 Reinsurance assumed 9.6 Reinsurance assumed 9.7 Reinsurance assumed 9.8 Reinsurance assumed 9.9 Reinsurance assumed 9.0 Reinsurance assurance assumed 9.0 Rein			150,633,362	0	0	0	0	16,335,321	0	0	0
4.2 Reinsurance assumed 4.3 Reinsurance ceded 4.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4. Claim reserve December 31, current year from Part 2D:		, ,					, ,			
4.3 Reinsurance ceded		0									
A 4. Net		0									
5. Accrued medical incentive pools and bonuses, current year 29,044,315 25,992,895 32,282,134 3,051,420 3,			0	0	n	0	0	n	0	0	<u> </u>
year		0				0					
6. Net healthcare receivables (a) 2.1,124,700 1.9,774,697 2		29.044.315	25.992.895					3.051.420			
7. Amounts recoverable from reinsurers December 31, current year											
8. Claim liability December 31, prior year from Part 2A: 8. 1 Direct 9. Claim reserve December 31, prior year from Part 2D: 9. Claim reserve December 31, prior year from Part 2D: 9.1 Direct 9.2 Reinsurance assumed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. Amounts recoverable from reinsurers December 31,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8.1 Direct	Claim liability December 31, prior year from Part 2A:	, ,,	, , ,								
8.2 Reinsurance assumed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		129.850.110	116.837.147	0	0	0	0	13.012.963	0	0	0
8.3 Reinsurance ceded 3,954,328 3,954,328 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0	0	0	C
8.4 Net		3.954.328	3.954.328	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D: 9.1 Direct 9.2 Reinsurance assumed 9.3 Reinsurance ceded 9.4 Net  10. Accrued medical incentive pools and bonuses, prior year 11. Amounts recoverable from reinsurers December 31, prior year 12.1 Direct 1,633,111,799 1,534,879,837 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	0	0	0	13.012.963	0	0	0
9.2 Reinsurance assumed 0 0 9.3 Reinsurance ceded 0.0 9.4 Net 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9. Claim reserve December 31, prior year from Part 2D:	0									
9.3 Reinsurance ceded       0		0									
9.4 Net		0									
10. Accrued medical incentive pools and bonuses, prior year 11. Amounts recoverable from reinsurers December 31, prior year 12. Incurred Benefits: 12.1 Direct 12.2 Reinsurance assumed 12.3 Reinsurance ceded 12.4 Net 12.4 Net 12.5 Netron temperature assumed significant of the state of the st		0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year     2,460,438     2,460,438     2,460,438     2,460,438     2,460,438     2,460,438     2,460,438     3,460,438     <		35 926 958	32 282 134					3 644 824			······································
prior year     2,460,438     2,460,438     2,460,438       12. Incurred Benefits:     12.1 Direct     1,633,111,799     1,534,879,837     0     0     0     98,231,962     0     0       12.2 Reinsurance assumed     0     0     0     0     0     0     0     0     0     0       12.3 Reinsurance ceded     25,102,729     25,102,729     0     0     0     0     0     0     0     0       12.4 Net     1,608,009,070     1,509,777,108     0     0     0     0     98,231,962     0     0	11 Amounts recoverable from reinsurers December 31	00,020,000	0E,E0E, 10+					3,311,024			
12. Incurred Benefits:     12.1 Direct     1,633,111,799     1,534,879,837     0     0     0     0     98,231,962     0     0       12.2 Reinsurance assumed     0     0     0     0     0     0     0     0     0     0       12.3 Reinsurance ceded     25,102,729     25,102,729     0     0     0     0     0     0     0     0       12.4 Net     1,608,009,070     1,509,777,108     0     0     0     0     98,231,962     0     0		2,460,438	2,460,438								
12.1 Direct     1,633,111,799     1,534,879,837     0     0     0     98,231,962     0     0       12.2 Reinsurance assumed     0     0     0     0     0     0     0     0     0       12.3 Reinsurance ceded     25,102,729     25,102,729     0     0     0     0     0     0     0     0       12.4 Net     1,608,009,070     1,509,777,108     0     0     0     0     98,231,962     0     0		, , , -	, , , ,								
12.2 Reinsurance assumed     0		1,633,111.799	1,534,879.837	0 l	0 l	0	0	98,231.962	0	0	0
12.3 Reinsurance ceded     25,102,729     25,102,729     0     0     0     0     0     0     0       12.4 Net     1,608,009,070     1,509,777,108     0     0     0     0     98,231,962     0     0			0	0 [	0	0	0	0	0 [	0 [	0
12.4 Net		25.102.729	25.102.729	0	0	0	0	0	0	0	C
			1,509,777.108	0	0	0	0	98,231.962	0	0	C
TO THE HIGH THE UNITED HE WAS AND CONTRACT TO THE WAY THE TOTAL TO	13. Incurred medical incentive pools and bonuses	44,043,019	41,083,608	0	0	0	0	2,959,411	0	0	0

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

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

			FAILT ZA - CLAIM	S LIABILITY LIND			,			
	1	2	3	4	5	6 Federal	7 Title	8 Title	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Employees Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
Reported in Process of Adjustment:										
1.1 Direct	38,518,416	38,518,416								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	38,518,416	38,518,416	0	0	0	0	0	0	0	0
Incurred but Unreported:										
2.1 Direct	126,642,799	110,307,478					16,335,321			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	126,642,799	110,307,478	0	0	0	0	16,335,321	0	0	0
Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	1,807,468	1,807,468								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	1,807,468	1,807,468	0	0	0	0	0	0	0	0
4. TOTALS:	400 000 222	450 000 000	0	_	_	_	40.005.007		_	
4.1 Direct	166,968,683	, ,		0	0	0	16,335,321	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	166,968,683	150,633,362	0	0	0	0	16,335,321	0	0	0

### **UNDERWRITING AND INVESTMENT EXHIBIT**

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

TAKE 25 - AMALION OF GLANING ON ALD - I NO	Claims Paid During the Year		Claim Reserve a December 31 o	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
Comprehensive (hospital and medical)	65,345,127	1,424,687,950	4,263,298	146,370,066	69,608,425	112,882,819
Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	5,306,378	90,953,229	411,316	15,924,005	5,717,694	13,012,963
7 Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	70,651,505	1,515,641,179	4,674,614	162,294,071	75,326,119	125,895,782
10. Healthcare receivables (a)	2,023	46,686,592			2,023	25,563,915
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	28,462,444	22,463,218	1,422,070	27,622,246	29,884,514	35,926,958
13. Totals (Lines 9 - 10 + 11 + 12)	99,111,926	1,491,417,805	6,096,684	189,916,317	105,208,610	136,258,825

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

### **UNDERWRITING AND INVESTMENT EXHIBIT**

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

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

		•	Cumu	lative Net Amounts P	aid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior	110,408	119,171	120,908	120,908	120,908
2.	2017	1,297,774	1,384,845	1,397,681	1,400,719	1,400,719
3.	2018	XXX	1,342,689	1,436,989	1,447,530	1,447,507
4.	2019	XXX	XXX	1,265,820	1,339,450	1,341,506
5.	2020	XXX	XXX	XXX	1,255,231	1,345,335
6.	2021	XXX	XXX	XXX	XXX	1,445,373

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

		Sum of Cumulative N	et Amount Paid and Claim Outs	n Liability, Claim Rese standing at End of Ye		ve Pool and Bonuses
	Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	Total III TITION 20000 TITO III MALTO	122,254	121,848	120,908	121,784	121,784
2. 2017		1,432,262	1,393,621	1,399,682	1,400,719	1,401,595
3. 2018		XXX	1,500,298	1,452,493	1,451,222	1,447,507
4. 2019		XXX	XXX	1,398,978	1,341,939	1,342,896
5. 2020		XXX	XXX	XXX	1,393,340	1,347,853
6. 2021		XXX	XXX	XXX	XXX	1,617,214

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

		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	1,585,842	1,400,719	40,767	2.9	1,441,486	90.9	876	11	1,442,373	91.0
2.	2018	1,764,821	1,447,507	44,490	3.1	1,491,997	84.5			1,491,997	84.5
3.	2019	1,611,486	1,341,506	48,772	3.6	1,390,278	86.3	1,390	18	1,391,686	86.4
4.	2020	1,630,376	1,345,335	55,503	4.1	1,400,838	85.9	2,518	32	1,403,388	86.1
5.	2021	1,725,084	1,445,373	52,869	3.7	1,498,242	86.9	171,842	2,188	1,672,272	96.9

### **UNDERWRITING AND INVESTMENT EXHIBIT**

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

Section A - Paid Health Claims - Title XVIII

		Cur	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior	2,238	(3,786)	(3,768)	(3,768)	(3,768)
2. 2017	54,475	68,765	69,449	69,458	69,458
3. 2018	XXX	64,490	73,157	73,201	71,934
4. 2019	XXX	XXX	75,439	84,253	84,253
5. 2020	XXX	XXX	XXX	81, 153	81,153
6. 2021	XXX	XXX	XXX	XXX	92,732

#### Section B - Incurred Health Claims - Title XVIII

	Sum of Cumulative Net A		Liability, Claim Rese tanding at End of Yea		e Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior	2,871	(3,710)	(3,768)	(3,768)	(3,768)
2. 2017	62,757	68,765	69,449	69,458	69,458
3. 2018	XXX	73,901	73,216	73,201	71,934
4. 2019	XXX	XXX	87,931	84,645	84,384
5. 2020	XXX	XXX	XXX	97,418	90,988
6. 2021	XXX	XXX	XXX	XXX	110,806

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	64,037	69,458	4,871	7.0	74,329	116.1			74,329	116.1
2.	2018		71,934	6,638	9.2	78,572	112.0			78,572	112.0
3.	2019	85,347	84,384	7,952	9.4	92,336	108.2			92,336	108.2
4.	2020		89,676	8,565	9.6	98,241	97.3	1,312		99,553	98.6
5.	2021	105,915	92,732	7,947	8.6	100,679	95.1	18,075	213	118,967	112.3

### **UNDERWRITING AND INVESTMENT EXHIBIT**

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

Section A - Paid Health Claims - Grand Total

			Cumu	lative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior	112,646	115,385	117, 140	117,140	117, 140
2.	2017	1,352,249	1,453,610	1,467,130	1,470,177	1,470,177
3.	2018	XXX	1,407,179	1,510,146	1,520,731	1,519,441
4.	2019	XXX	XXX	1,341,259	1,423,703	1,425,759
5.	2020	XXX	XXX	XXX	1,336,384	1,426,488
6.	2021	XXX	XXX	XXX	XXX	1,538,105

#### Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net A		Liability, Claim Rese standing at End of Ye		re Pool and Bonuses
Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	125, 125	118,138	117,140	118,016	118,016
2. 2017	1,495,019	1,462,386	1,469,131	1,470,177	1,471,053
3. 2018	XXX	1,574,199	1,525,709	1,524,423	1,519,441
4. 2019	XXX	XXX	1,486,909	1,426,584	1,427,280
5. 2020	XXX	XXX	XXX	1,490,758	1,438,841
6. 2021	XXX	XXX	XXX	XXX	1,728,020

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	1,649,879	1,470,177	45,638	3.1	1,515,815	91.9	876	11	1,516,702	91.9
2. 2018	1,834,947	1,519,441	51,128	3.4	1,570,569	85.6	0	0	1,570,569	85.6
3. 2019	1,696,833	1,425,890	56,724	4.0	1,482,614	87.4	1,390	18	1,484,022	87.5
4. 2020	1,731,378	1,435,011	64,068	4.5	1,499,079	86.6	3,830	32	1,502,941	86.8
5. 2021	1,830,999	1,538,105	60,816	4.0	1,598,921	87.3	189,917	2,401	1,791,239	97.8

## **UNDERWRITING AND INVESTMENT EXHIBIT**

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

1 Total	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
0	(Hospital & Medical)	Supplement	Dental Only	Vision Only	Benefits Plan	iviedicare	iviedicaid	Other
0				l l				
0				•				
0								
19,285,964	17,360,864					1,925,100		
0	0	0	0	0	0	0	0	
19,285,964	17,360,864	0	0	0	0	1,925,100	0	
0								
19,285,964	17,360,864	0	0	0	0	1,925,100	0	1
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0	n	0	0	0	0	0	n	
n	-	n		n		n	0	
				0     0       19,285,964     17,360,864       19,285,964     17,360,864       0     0       0 <t< td=""><td></td><td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td></td></t<>		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

(a) Includes \$ \_\_\_\_\_ premium deficiency reserve.

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

			YSIS OF EXPENSE			
		Claim Adjustme 1 Cost Containment Expenses	ent Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1.	Rent (\$ for occupancy of			•	•	
	own building)	829,190	543,793	2,458,146		3,831,129
2.	Salary, wages and other benefits	22,846,467	14,982,979	67,728,659		105,558,105
3.	Commissions (less \$	, ,	, , ,	, ,		, , ,
	ceded plus \$assumed)			38.032.495		38.032.495
4.	Legal fees and expenses					, ,
5.	Certifications and accreditation fees			33,695		
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses			248,372		387,099
8.	Marketing and advertising			6,264,673		6,264,673
9.	Postage, express and telephone			2,670,226		
10.	Printing and office supplies			852,748		
11.	Occupancy, depreciation and amortization		464,343	2,099,002		
12.	Equipment		36.734	166,049		258,795
13.	Cost or depreciation of EDP equipment and			100,040		200,700
13.	software	2,649,445	1,737,537	7,854,316		12,241,298
14.	Outsourced services including EDP, claims, and other services	23,355,895	15,317,068	69,238,870		107,911,833
15.	Boards, bureaus and association fees					0
16.	Insurance, except on real estate	250,607	164,351	742,928		1, 157,886
17.	Collection and bank service charges					0
18.	Group service and administration fees					0
19.	Reimbursements by uninsured plans	(23,511,606)	(13,888,842)	(16,491,857)		(53,892,305
20.	Reimbursements from fiscal intermediaries					0
21.	Real estate expenses					0
22.	Real estate taxes	135,493	88,858	401,670		626,021
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					0
	23.2 State premium taxes			4, 167, 738		4, 167,738
	23.3 Regulatory authority licenses and fees			8,400,234		8,400,234
	23.4 Payroll taxes	1, 133,901	743,625	3,361,464		5,238,990
	23.5 Other (excluding federal income and real estate taxes)					0
24.	Investment expenses not included elsewhere				1,916,629	1,916,629
25.	Aggregate write-ins for expenses	1,408,866	923,951	4,176,604	0	6,509,421
26.	Total expenses incurred (Lines 1 to 25)	41,460,579	28,720,675	232,984,208	1,916,629	(a)305,082,091
27.	Less expenses unpaid December 31, current year .		2,461,279	90,568,876		93,030,155
28.	Add expenses unpaid December 31, prior year		1,760,403	88,660,060		90,420,463
29.	Amounts receivable relating to uninsured plans, prior year			33,788,705		33,788,705
30.	Amounts receivable relating to uninsured plans, current year			27,008,130		27,008,130
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	41,460,579	28,019,799	224,294,817	1,916,629	295,691,824
	DETAILS OF WRITE-INS					
2501.	Miscellaneous expenses	1,408,866	923,951	4,176,604		6,509,421
2502.						ļ
2503.						
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	1,408,866	923,951	4,176,604	0	6,509,421
(a) Inclu	above) des management fees of \$	to affiliates and \$		n-affiliates.	<u> </u>	0,309,421

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

### **EXHIBIT OF NET INVESTMENT INCOME**

ernment bonds empt from U.S. tax ids (unaffiliated) affiliates stocks (unaffiliated) stocks of affiliates stocks of affiliates stocks of affiliated) stocks of affiliated in the stocks of affiliates stocks of affiliates tocks of affiliates	(a)	8,488,425
empt from U.S. tax ids (unaffiliated) affiliates stocks (unaffiliated) stocks of affiliates stocks (unaffiliated) stocks of affiliates	(a)	
empt from U.S. tax ids (unaffiliated) affiliates stocks (unaffiliated) stocks of affiliates stocks (unaffiliated) stocks of affiliates	(a)	8,488,425
ds (unaffiliated) affiliates stocks (unaffiliated) stocks of affiliates stocks (unaffiliated) stocks of affiliates stocks of affiliated)	(a)8,963,630 (a)(b)(b)(b)3,857,587	8,488,425
affiliates stocks (unaffiliated) stocks of affiliates stocks (unaffiliated) stocks of affiliated	(a)	3,939,638
stocks (unaffiliated) stocks of affiliates stocks (unaffiliated) stocks of affiliates	(b)	3,939,638
stocks of affiliates stocks (unaffiliated) stocks of affiliates loans	(b)3,857,587	3,939,638
stocks (unaffiliated) stocks of affiliates loans	3,857,587	3,939,638
stocks of affiliatesloans		
loans		
te	(0)	
	(d)	
oans		
sh equivalents and short-term investments		
instruments	(f)	
ested assets	6,558,628	7,526,366
e write-ins for investment income	0	0
		20,131,097
nt expenses		(g)1,916,629
nt taxes, licenses and fees, excluding federal income taxes		
xpense		(h)
ion on real estate and other invested assets		(i)
e write-ins for deductions from investment income		0
uctions (Lines 11 through 15)		1,916,629
tment income (Line 10 minus Line 16)		18,214,468
OF WRITE-INS		
of remaining write-ins for Line 9 from overflow page	0	0
nes 0901 thru 0903 plus 0998) (Line 9, above)	0	0
of remaining write-ins for Line 15 from overflow page		0
nes 1501 thru 1503 plus 1598) (Line 15, above)		0
	ested assets e write-ins for investment income ss investment income  nt expenses nt taxes, licenses and fees, excluding federal income taxes xpense ion on real estate and other invested assets e write-ins for deductions from investment income uctions (Lines 11 through 15) tment income (Line 10 minus Line 16)  OF WRITE-INS  or of remaining write-ins for Line 9 from overflow page nes 0901 thru 0903 plus 0998) (Line 9, above)	nt expenses nt taxes, licenses and fees, excluding federal income taxes xpense ion on real estate and other invested assets e write-ins for deductions from investment income uctions (Lines 11 through 15) tment income (Line 10 minus Line 16)  OF WRITE-INS   of remaining write-ins for Line 9 from overflow page nes 0901 thru 0903 plus 0998) (Line 9, above)  of remaining write-ins for Line 15 from overflow page

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

investment expenses and \$ .....investment taxes, licenses and fees, excluding federal income taxes, attributable to

(f) Includes \$ accrual of discount less \$ amortization of premium.

(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.

(i) Includes \$ .......1,300,234 depreciation on real estate and \$ ...... depreciation on other invested assets.

segregated and Separate Accounts.

	EXIIIBIT	1	2	3	4	5
			_		·	
		Dealined Onio (Leas)	Other Deelined	Total Realized Capital		Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss) (Columns 1 + 2)	Unrealized Capital	Foreign Exchange
1.	U.S. Government bonds	On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.1	Bonds exempt from U.S. tax		0	0		
1.1	Other bonds (unaffiliated)		0	305,243	15,981	Λ
1.3	Bonds of affiliates	003,243	٥	003,243		Δ
2.1	Dreferred stocks (unefficient)	0 	0	0	٥	0
2.1	Preferred stocks (unaffiliated)		٥	0	٥	
	Common stocks (unaffiliated)	U	0	0	0	0
2.2 2.21	Common stocks (unamiliated)	34,090,043	٠٠	34,090,043	(4.493.483)	
	Common stocks of affiliates			0	(4,493,403)	0
3.	Mortgage loans			0	U	0
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments	0.000.075		0.000.075	40 400 040	
8.	Other invested assets		0	6,302,675	16, 190, 242	0
9.	Aggregate write-ins for capital gains (losses)	0	0	00	0	0
10.	Total capital gains (losses)	61,305,961	0	61,305,961	(10,771,071)	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

## **EXHIBIT OF NON-ADMITTED ASSETS**

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			0
	2.2 Common stocks	3,618,234	2,084,507	(1,533,727
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			0
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
٦.	4.1 Properties occupied by the company			0
	4.2 Properties held for the production of income.			_
	4.3 Properties held for sale			_
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			_
6.	Contract loans			0
7.	Derivatives (Schedule DB)			0
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
	Investment income due and accrued			
14.				0
15.	Premiums and considerations:	202 622	200 646	7.014
	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			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16.	Reinsurance:			_
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans	3,599	411,709	408,110
18.1	Current federal and foreign income tax recoverable and interest thereon			0
18.2	Net deferred tax asset			0
19.	Guaranty funds receivable or on deposit			0
20.	Electronic data processing equipment and software	49,679,469	55,249,901	5,570,432
21.	Furniture and equipment, including health care delivery assets	2,166,474	3,779,902	1,613,428
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0
23.	Receivable from parent, subsidiaries and affiliates	20,000,000		(20,000,000
24.	Health care and other amounts receivable	9,319,000	9, 100, 332	(218,668
25.	Aggregate write-ins for other than invested assets	11,349,337	10,223,885	(1,125,452)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	96,418,745	81,139,882	(15,278,863
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28.	Total (Lines 26 and 27)	96,418,745	81, 139, 882	(15,278,863)
	DETAILS OF WRITE-INS			
1101.			0	0
1102.			0	0
1103.			0	0
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.	Prepaid expenses and other assets	11,349,337	10,223,885	(1, 125, 452)
2502.			0	0
2503.			0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0
	Camman, or romaning with the for Line 20 from Overnow page	11,349,337		

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

		THE TOKTILAL IT BOOMLOO ONLT						
				Total Members at End of	ľ		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	192,668	204,084	204,028	203,875	201,975	2,162,443	
'-	riealuri Walinteriance Organizations	132,000	204,004	204,020	203,073	201,913	2, 102,440	
2.	Provider Service Organizations							
3.	Preferred Provider Organizations	40,931	32,083	32,662	33,554	33,440	669,762	
4.	Point of Service	8,354	9,783	9,870	9,871	9,732	116,998	
5	Indemnity Only							
6.	Aggregate write-ins for other lines of business.	. 0	0	0	0	0	0	
7.	Total	241,953	245,950	246,560	247,300	245,147	2,949,203	
	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	
	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 financial statements of Harvard Pilgrim Health Care, Inc. ("Harvard Pilgrim" or the "Company") have been prepared in accordance with the National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual for statutory accounting principles ("NAIC SAP"), which do not differ from the accounting practices prescribed or permitted by the Division of Insurance of the Commonwealth of Massachusetts.

In February 2020, Harvard Pilgrim received its license to begin writing health insurance policies in the State of Connecticut.

Upon receipt of all necessary corporate and regulatory approvals, Harvard Pilgrim Health Care of Connecticut, Inc. merged with and into Harvard Pilgrim, effective July 1, 2020, and Harvard Pilgrim Health Care of Connecticut, Inc. was dissolved as of such effective date.

Harvard Pilgrim's net income and capital and surplus, based on NAIC SAP and practices prescribed and permitted by the Commonwealth of Massachusetts, are shown below:

	<u> </u>	SSAP#	F/S Page	F/S Line #	 2021	2020
Net	Income					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ . (46,799,339).	\$ 4,438,116 .
(2)	State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3)	State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (46,799,339)	\$ 4,438,116
Sur	plus					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 723,314,399 .	\$ 726,876,035 .
(6)	State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7)	State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 723,314,399	\$ 726,876,035

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

The preparation of financial statements in accordance with NAIC SAP requires that management make estimates and assumptions which affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. The methods and assumptions used for making such estimates are reviewed regularly. Actual results could differ from those estimates. The claims unpaid liability, accrued medical incentive pool liability, valuation of investments, medical loss ratio rebate accrual ("MLR"), accrued retrospective premiums, premium deficiency reserves, and accruals for risk-sharing provisions under the Federal Affordable Care Act ("ACA") represent the Company's most significant estimates.

#### C. Accounting Policy

#### Real Estate, Furniture and Equipment

Real estate (including improvements), furniture and electronic data processing (EDP) equipment are carried at depreciated cost. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets as follows:

Buildings and improvements: 20-40 years Equipment, furniture, and fixtures: 3-20 years Computer software and operating systems: 3-5 years

Amortization of leasehold improvements is calculated using the shorter of the asset's estimated useful life or related lease term.

#### Goodwill

Goodwill represents the amount by which the cost of acquiring an entity exceeds the book value of the acquired entity. Goodwill is amortized over the period in which Harvard Pilgrim benefits economically, not to exceed ten years and is charged directly to statutory net worth. Positive goodwill resulting from a business combination is included in the carrying value of the investment in the acquired entity in the statutory statement of admitted assets, liabilities and statutory net worth.

#### Retrospectively Rated Premium

Harvard Pilgrim sells health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts. Any accrued retrospective premiums are recorded through premiums. Harvard Pilgrim records its liability for MLR rebates in aggregate health policy reserves based on the requirements of the ACA in accordance with SSAP No. 66, *Retrospectively Rated Contracts* ("SSAP No. 66"). SSAP No. 66 requires Harvard Pilgrim to accrue for the estimated amount of premiums to be returned retrospectively to an employer group or member as an adjustment to premium revenue. Harvard Pilgrim estimates the amount of the retrospective rebate based on the difference between the estimated MLR of each employer group segment as defined in the ACA, as of December 31st of each year, and the minimum MLR requirements for those employer group segments either under ACA requirements or individual state requirements, if the state has a higher MLR standard than the ACA. The Commonwealth of Massachusetts has set an MLR threshold of 88% for 2021 for the merged market segments as defined by Massachusetts state law. See Note 24.

#### **Nonadmitted Assets**

Certain assets, principally furniture, leasehold improvement, prepaid expenses, investment in unconsolidated subsidiary, past due premium, healthcare receivables, uninsured plan receivables, past due receivables from subsidiaries and affiliates, risk corridor receivables, EDP equipment and capitalized software in excess of the admissibility criteria are nonadmitted and, as such, are not included in statutory surplus.

#### **Revenue Recognition**

#### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

Premiums are recorded as revenue in the month for which members are entitled to service. Premium revenue collected prior to the month for which the member is entitled to service is recorded as premiums received in advance. Harvard Pilgrim's government contracts establish monthly rates per member, and there may be additional amounts due to Harvard Pilgrim based on items such as age, working status, or specific health issues of the member. The Center for Medicare & Medicaid Services ("CMS") has implemented a risk adjustment formula, which apportions premiums paid to all Medicare Advantage health plans according to the health status of each beneficiary enrolled.

#### Accecements

In accordance with SSAP No. 35R, *Revised, Guaranty Fund and Other Assessments*, insurance-related assessments are recognized as liabilities when certain conditions are met. The assessments are recorded as administrative expenses, except for certain health related assessments which are recorded as a component of hospital and medical expenses.

#### Risk Sharing Provisions of the Affordable Care Act

Beginning in 2014, the ACA has included three programs designed to stabilize the health insurance market ("3Rs"): a transitional reinsurance program ("ACA Reinsurance"), a temporary risk corridor program ("Risk Corridor"), and a permanent risk adjustment program ("Risk Adjustment").

#### Reinsurance

The ACA established a temporary three-year reinsurance program, whereby all issuers of major medical commercial insurance products and self-insured plan sponsors are required to contribute funding in amounts set by the U.S. Department of Health and Human Services ("HHS"). Funds collected will be utilized to reimburse issuers' high cost claims costs incurred for qualified individual members. The expense related to this required funding is reflected in general administrative expenses for all of Harvard Pilgrim's insurance products with the exception of products associated with qualified individual members; this expense for qualified individual members is reflected as a reduction of premium revenue. If annual claim costs incurred by Harvard Pilgrim's qualified individual members exceed a specified attachment point, the Company is entitled to certain reimbursements from this program, which are recorded as a reduction in hospital and medical expenses. The ACA Reinsurance program was effective for plan years beginning in 2014 through 2016.

#### Risk Adjustment

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 those respective plans with above average risk scores. Based on the risk of Harvard Pilgrim's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its risk adjustment receivable or payable and reflects the impact as an adjustment to premium revenue. Beginning with the 2018 benefit year, the ACA risk adjustment methodology incorporates a high-cost risk pool calculation, which adds a reinsurance element to the risk adjustment program which is referred to as high-cost risk pooling. The adjustments to premium revenue are calculated including the high cost risk pool aspect of this program.

#### Risk Corridor

The ACA established a temporary three-year risk-sharing program for qualified individual and small group insurance plans. Under this program, Harvard Pilgrim could make or receive payments to or from HHS based on the ratio of allowable costs to target costs as defined by the ACA. Harvard Pilgrim records a risk corridor receivable or payable as an adjustment to premium revenue. If collections for a particular year are insufficient to meet the full obligation for that year, then HHS will reduce payments for that year on a pro rata basis to the extent of any shortfall. Additionally, any collections made in subsequent years would first be applied to the unpaid balances of preceding years in accordance with NAIC Interpretation 15-01: ACA Risk Corridors Collectability. The Risk Corridor program was effective for plan years beginning in 2014 through 2016.

#### (1) Cash and Cash Equivalents

Cash and cash equivalents include amounts on deposit with banks and government and corporate debt issues with original maturities of three months or less. Money market mutual funds registered under the Investment Company Act of 1940 and regulated under rule 2a-7 of the Act shall be accounted for and reported as cash equivalents.

#### (2) Bonds and Preferred Stock

Investments in bonds and preferred stock are stated at amortized cost or the lower of amortized cost or fair value based on their NAIC designation. Investments in bonds are primarily comprised of government and corporate debt issues and asset-backed/mortgage-backed securities. Realized gains and losses are determined using the specific identification method and are included in investment income. Investment income is reported net of expenses related to the management and custody of investments.

#### (3) Common Stock

Common stock includes the investment in equity securities, which are stated at fair value, and the investment in unconsolidated subsidiaries which is recorded using the equity method. For the insurance subsidiaries, HPHC Insurance Company, Inc. (the "Insurance Company") and Harvard Pilgrim Health Care of New England, Inc. ("New England"), the investments are carried at the statutory net worth of the subsidiaries. For the non-insurance subsidiaries, the investments are carried at the Generally Accepted Accounting Principles ("GAAP") equity of the investee. All changes to the carrying value of the subsidiaries are recorded as a component of unrealized gains and losses. Unrealized gains and losses are recorded directly to statutory net worth.

- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable

#### (6) Loan-backed Securities

Loan-backed securities are reported at cost upon acquisition, and amortization of premium or discount is calculated using the scientific method and recorded as an adjustment to investment income. These securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities.

(7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable

#### (8) Other Invested Assets

Harvard Pilgrim invests in certain joint ventures and limited partnerships and reports the investments in accordance with Statement of Statutory Accounting Principles No. 48, *Joint Ventures, Partnerships and Limited Liability Companies.* These investments are included in Other Invested Assets on the balance sheet. All changes to the carrying value of these investments are recorded as a component of unrealized gains and losses which are recorded directly to statutory net worth.

#### **Investment in Limited Liability Company**

#### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

Harvard Pilgrim is the sole corporate member in a limited liability company, Harvard Pilgrim Health Care Institute, LLC (the "Institute"). The carrying value of this company is equal to its net equity based on generally accepted accounting principles, and is treated as an admitted asset reported as other invested assets in the financial statements in accordance with Statement of Statutory Accounting Principles SSAP No. 48, *Joint Ventures, Partnerships and Limited Liability Companies* ("SSAP No. 48"). All changes to the carrying value of the Institute are recorded as a component of unrealized gains and losses. Unrealized gains and losses are recorded directly to statutory net worth.

#### (9) Derivatives - Not Applicable

#### (10) Premium Deficiency Reserve

Harvard Pilgrim evaluates its health care contracts to determine if it is probable that a loss will be incurred. A premium deficiency loss is recognized when it is probable that expected future paid claims, administrative expenses, and reserves will exceed existing reserves plus anticipated future premiums on existing contracts. Anticipated investment income is not considered in the calculation of premium deficiency losses.

#### (11) Claims Unpaid, Accrued Medical Incentive Pool and Unpaid Claims Adjustment Expenses

Harvard Pilgrim records claims unpaid, for both reported and incurred but not reported claims, which are expected to be paid after year-end for services provided to members in the current year based on Harvard Pilgrim's claim experience. This liability includes the estimated cost of services that will continue to be rendered after year-end for which Harvard Pilgrim is obligated to pay for such services in accordance with contract provisions or regulatory requirements. The amount of the estimated liability is actuarially determined based on historical claims data, current membership statistics, cost and utilization trends, and other related information and considers expected losses, if any, on existing contracts. This liability is an estimate, which is subject to the impact of changes in claim severity and frequency, as well as numerous other factors. Accordingly, this estimate is continuously reviewed and, as adjustments become necessary, they are reflected in current operations.

Harvard Pilgrim records an accrued medical incentive pool liability based on contractual arrangements with various health care providers. Compensation arrangements vary by provider. Hospital and medical expenses include claims payments, capitation payments, and various other costs incurred to provide and manage medical care provided to members, as well as estimates of future payments to hospitals and others for medical care provided to members in the current year based on Harvard Pilgrim's claims experience. Certain providers are paid on a fee for service basis and can be eligible for bonuses based on meeting prescribed quality performance measures. Harvard Pilgrim pays capitation under contractual agreements to a number of physicians and provider groups based on the number of enrolled Harvard Pilgrim members served by each physician or provider group. Certain providers have entered into risk-sharing arrangements with Harvard Pilgrim, whereby a settlement is calculated by comparing actual medical claims experience to a budgeted amount based upon contractual arrangements. These settlements are estimated and accrued during the period the related services were rendered and adjusted in future periods as final settlements are determined. Estimated settlements for these risk-sharing arrangements are reflected in the accrued medical incentive pool liability or health care receivables.

Harvard Pilgrim records a related unpaid claim adjustment expense ("CAE") liability to reflect the cost to adjudicate the claims unpaid as of year-end. The unpaid CAE liability is estimated as a percentage of the claims unpaid based on historical information on the administrative cost to adjudicate a claim.

(12) Harvard Pilgrim has not made material modifications to its capitalization policy from the prior period.

#### (13) Pharmaceutical Rebate Receivables

Harvard Pilgrim contracts with pharmaceutical manufacturers, some of which provide rebates based on use of the manufacturers' products by Harvard Pilgrim members. Harvard Pilgrim accrues rebates receivable on a monthly basis, which are included as a component of premium and health care receivables or uninsured plan receivables, based on the terms of the applicable contracts, historical data and current estimates. Harvard Pilgrim bills these rebates to the manufacturers on a quarterly basis. Harvard Pilgrim records rebates attributable to fully insured members as a reduction in medical costs.

#### D. Going Concern

Management continually evaluates the Company's ability to continue as a going concern. After considering management's plans, potential events and principal conditions, there is no substantial doubt about the Company's ability to continue as a going concern.

#### 2. Accounting Changes and Corrections of Errors - Not Applicable

#### 3. Business Combinations and Goodwill

On August 14, 2019, Harvard Pilgrim and Health Plan Holdings, Inc. ("HPHI", formerly known as Tufts Health Plan, Inc., and the corporate parent of Tufts Associated Health Maintenance Organization, Inc. and Tufts Health Public Plans, Inc.) announced their intent to combine their respective nonprofit organizations. After the parties obtained required federal and state regulatory approvals, the combination became effective on January 1, 2021. As a result of the combination, effective as of January 1, 2021, HPHI became the direct corporate parent of Harvard Pilgrim and ultimate corporate parent for Harvard Pilgrim's affiliates. After receiving required approval, the incorporated name of HPHI was officially changed to Point32Health, Inc. effective July 1, 2021.

- A. Statutory Purchase Method Not Applicable
- B. Statutory Merger Not Applicable
- C. Assumption Reinsurance Not Applicable
- D. Impairment Loss Not Applicable

#### 3. Business Combinations and Goodwill (Continued)

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

		Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
(1)	Capital & Surplus	682,471,822	XXX
Less:			
	(2) Admitted Positive Goodwill		XXX
	(3) Admitted EDP Equipment & Operating System Software		
	(4) Admitted Net Deferred Taxes		XXX
(5)	Adjusted Capital and Surplus (Line 1-2-3-4)	676,293,884	XXX
(6)	Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line		
	5*10%])	67,629,388	XXX
(7)	Current period reported Admitted Goodwill	XXX	
(8)	Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)	XXX	%

#### 4. Discontinued Operations - Not Applicable

#### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities
  - Prepayment assumptions for single class and multiclass mortgage-backed / asset-backed securities were obtained from third party providers.
  - (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) Not Applicable
  - (3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities Not Applicable
  - (4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss
    - a. The aggregate amount of unrealized losses:

1.	Less than 12 months.	\$(261,360)
2.	12 months or longer	(13,555)

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

111		
1.	Less than 12 months.	\$ 16,993,908
2.	12 months or longer	445,710

- (5) Support for concluding impairments are not other-than-temporary Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- l. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable

#### 5. Investments (Continued)

#### L. Restricted Assets

(1) Restricted assets (including pledged)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Restricted Asset Category	Total Gross (Admitted & Nonadmited) Restricted from Current Year	Total Gross (Admitted & Nonadmited) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets	Admitted l)Restricted to Total Admitted Assets
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	1,844,300	262,200	1,582,100		1,844,300	0.143	0.152
j.	On deposit with states	3,198,318	3,244,324	(46,006)	***************************************	3,198,318	0.248	0.263
k.	On deposit with other regulatory bodies							
I.	Pledged as collateral to FHLB (including assets backing funding agreements)	43,120,864		43,120,864		43,120,864	3.341	3.551
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total restricted assets	\$ 48,163,482	\$ 3,506,524	\$ 44,656,958	\$	\$ 48,163,482	3.732 %	3.966 %

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	12 .
(2) Aggregate amount of investment income	\$ 555,870

R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets Not Applicable
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies

Harvard Pilgrim recognized an impairment write down for its investments in joint ventures, partnerships or limited liability companies of \$0 for both years ended December 31, 2021 and 2020.

#### 7. Investment Income

A. Due and Accrued Income Excluded from Surplus

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

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable
- 9. Income Taxes

Harvard Pilgrim is tax exempt under section 501(C)(3) of the Internal Revenue code.

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

As described in Note 3, on August 14, 2019, Harvard Pilgrim and Health Plan Holdings, Inc. ("HPHI", formerly known as Tufts Health Plan, Inc., and the corporate parent of Tufts Associated Health Maintenance Organization, Inc. and Tufts Health Public Plans, Inc.) announced their intent to combine their respective nonprofit organizations. After the parties obtained required federal and state regulatory approvals, the combination became effective on January 1, 2021. As a result of the combination, effective as of January 1, 2021, HPHI became the direct corporate parent of Harvard Pilgrim and ultimate corporate parent for Harvard Pilgrim's affiliates. After receiving required approval, the incorporated name of HPHI was officially changed to Point32Health, Inc. effective July 1, 2021.

Point32Health, Inc. contributed \$50 million of capital to Harvard Pilgrim in December 2021. On December 31 2021, Harvard Pilgrim recorded a \$20 million capital contribution receivable from Point32Health, Inc. This contribution was settled on February 22, 2022. In accordance with SSAP No. 72 this contribution will be treated as a Type 1 subsequent event and will be reflected as a non-admitted receivable for Harvard Pilgrim.

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

Harvard Pilgrim made a \$10 million capital contribution to Harvard Pilgrim Health Care of New England, Inc. ("New England") in September 2021, and a \$5 million capital contribution to New England in December 2021. Upon receiving DOI approval, Harvard Pilgrim made a \$25 million capital contribution to New England, which was settled on February 22, 2022. In accordance with SSAP No. 72 this contribution will be treated as a Type 1 subsequent event and is reflected as a liability for Harvard Pilgrim as of December 31, 2021.

A. New HPHC Holding Corporation ("NEWCO") is a wholly owned Delaware C corporation. All of the Company's for-profit subsidiaries are held by NEWCO. NEWCO's Board of Directors consists entirely of Harvard Pilgrim management.

NEWCO is a wholly owned subsidiary of Harvard Pilgrim, and acts as a downstream noninsurance holding company with no book value or assets other than the audited value of its subsidiary for-profit entities. When valuing its investment in NEWCO, Harvard Pilgrim utilizes the look-through approach in accordance with SSAP No. 97, which allows the Company to admit the value of its downstream noninsurance holding company provided that the entities owned by the downstream noninsurance holding company have annual audited financial statements. NEWCO has no liabilities, commitments, contingencies, guarantees or obligations to be considered in Harvard Pilgrim's determination of its carrying value.

B. Harvard Pilgrim conducts transactions with a number of affiliates. Harvard Pilgrim provides all administrative and operational management services to the Insurance Company, and New England. Harvard Pilgrim also provides certain administrative and operational services to HPI and Tufts Health Plan. Administrative expenses, including CAE, are allocated to the Insurance Company, New England, and HPI based on Harvard Pilgrim's departmental cost allocation methodology. There are certain operating expenses incurred by HPI and HPHC Insurance Agency, Inc. (the "Agency"), which are initially paid for by Harvard Pilgrim and reimbursed to the Company. HPI administers certain products on behalf of the Insurance Company. The Insurance Company pays a fee to HPI for the services performed administering those products. HPI pays fees to access the Harvard Pilgrim provider network.

Intercompany balances are settled quarterly, following the close of the quarter.

- C. Transactions With Related Party Who Are Not Reported on Schedule Y Not Applicable
- D. Amounts Due To or From Related Parties Not Applicable
- E. Harvard Pilgrim makes contributions to Harvard Pilgrim Health Care Foundation, Inc. (the "Foundation") and the Institute to support their ongoing operations. The Foundation reimburses Harvard Pilgrim for expenses paid on its behalf.
- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments
  - (1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	xxx	\$	\$	\$
C.	SSAP No. 97 8b(iii) Entities				
	New HPHC Holding Corporation	100.000 %	\$ 78,074,794	\$ 74,456,560	\$ 3,618,234
	Total SSAP No. 97 8b(iii) Entities	XXX	\$ 78,074,794	\$ 74,456,560	\$ 3,618,234
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	XXX	\$ 78,074,794	\$ 74,456,560	\$ 3,618,234
f.	Aggregate Total (a+e)	xxx	\$ 78,074,794	\$ 74,456,560	\$ 3,618,234

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities						
	Total SSAP No. 97 8a Entities			\$			
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$			
c.	SSAP No. 97 8b(iii) Entities						
		S2	.09/17/2021.	\$ 63,792,135	Y	N	
	Total SSAP No. 97 8b(iii) Entities			\$ 63,792,135			
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$			
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$ 63,792,135			
f.	Aggregate Total (a+e)			\$ 63,792,135			
	* S1 - Sub-1 S2 - Sub-2 or RDF - Resubmission of Disa	llowed Filing	1				

<sup>\*</sup> S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

- N. Investment in Insurance SCAs Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable

#### 11. Debt

- A. Debt, Including Capital Notes Not Applicable
- B. FHLB (Federal Home Loan Bank) Agreements
  - (1) In April 2015, Harvard Pilgrim became a member of the FHLB of Boston with an initial membership stock investment of \$0.7 million. Through its membership, Harvard Pilgrim has the ability to conduct business activity (borrowings) with the FHLB. On April 15, 2020, the Board of Directors voted to authorize the Company to increase its borrowing limit with the FHLB from the Company's \$60.0 million borrowing limit to \$120.0 million to meet short term liquidity requirements. As of December 31, 2021, Harvard Pilgrim had a single loan outstanding of \$40.0 million.
  - (2) FHLB capital stock
    - (a) Aggregate totals

		Iotai
1. (	Current Year	
(	(a) Membership stock - Class A	\$
(	(b) Membership stock - Class B	244,300
(	c) Activity stock	1,600,000
(	(d) Excess stock	
(	(e) Aggregate total (a+b+c+d)	\$ 1,844,300
(	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 120,000,000
2. F	Prior Year-End	
(	(a) Membership stock - Class A	\$
(	b) Membership stock - Class B.	262,200
(	(c) Activity stock	
(	d) Excess stock	
(	(e) Aggregate total (a+b+c+d)	\$ 262,200
(	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 120,000,000

Total

(b) Membership stock (class A and B) eligible and not eligible for redemption

			Eligible for Redemption					
	(1)	(2)	(3)	(4)	(5)	(6)		
Membership Stock	Current Year Total (2+3+4+5+6)	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less Than 1 Year	1 to Less Than 3 Years	3 to 5 Years		
1. Class A	\$	\$	\$	\$	\$	\$		
2. Class B	\$ 244,300	\$ 244,300 .	\$	\$	\$	\$		

<sup>\*\*</sup> I - Immaterial or M - Material

#### 11. Debt (Continued)

(3) Collateral pledged to FHLB

(a) Amount pledged as of reporting date

(a) <i>i</i>	Amount pledged as of reporting date					
		(1)		(2)		(3)
		Fair Valu	e Carr	rying Value		gregate Total Borrowing
	<ol> <li>Current year total collateral pledged</li> <li>Prior year-end total collateral pledged</li> </ol>					
(b) I	Maximum amount pledged during reporting perio	od				
		(1)		(2)		(3)
						ount Borrowed
		Fair Valu	e Carı	rying Value		at Time of mum Collater
	<ol> <li>Current year total maximum collateral pledged</li> <li>Prior year-end total maximum collateral pledged</li> </ol>					
Borro	owing from FHLB					
(a) /	Amount as of the reporting date					
						Funding Agreements Reserves
	Current Year			Total	<del></del> -	Established
	Current Year     (a) Debt			\$ 40.00	0.000	XXX
	(b) Funding agreements				•	
	(c) Other					XXX
	(d) Aggregate total (a+b+c)			\$ 40,00	0,000	\$
	2. Prior Year-end					
	(a) Debt					
	(b) Funding agreements					
	(c) Other(d) Aggregate total (a+b+c)					\$
4.	( )			<del>3</del>		Ş
(b) I	Maximum amount during reporting period (currer	nt year)				
					-	Total
	1. Debt					
	2. Funding agreements					
	<ol> <li>Other</li> <li>Aggregate total (Lines 1+2+3)</li> </ol>				_	\$ 40,000,00
(c) I					=	<del>•</del> .5,555,55
(c) I	FHLB - Prepayment obligations	Does the Company Have Prepayment Obligations Under the Following Arrangements? (YES/NO)				
	1. Debt	YES				
	2. Funding agreements					
	2 Other	NO				

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

#### A. Defined Benefit Plan

3. Other.

Harvard Pilgrim's postretirement medical plan allows employees who have attained age 60 and completed ten years of continuous service to remain in Harvard Pilgrim's group health care coverage upon retirement and until they qualify for Medicare coverage. In accordance with the provisions of the postretirement medical plan, retirees will pay 100% of the active monthly premium rate until they reach age 65. Once they reach age 65 and enroll in both Medicare A and B, Harvard Pilgrim will provide a maximum monthly contribution of \$150 to each retiree (and each spouse, if applicable), provided the employee is transitioning from an active Harvard Pilgrim employee medical plan. Additionally, Harvard Pilgrim covers up to 100% of the costs for select grandfathered retirees. The plan is not currently funded.

.NO....

Effective December 31, 2016, the Company amended the postretirement medical plan to freeze participation and benefit accruals. Refer to (17) below for additional information.

A summary of assets, obligations and assumptions of the post-retirement medical plan are as follows at December 31, 2021 and 2020:

- (1) Change in benefit obligation
  - (a) Pension benefits Not Applicable

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

#### (b) Postretirement benefits

		Overfunded		Underfur			lerfunded	
		2021	2020		2021		2020	
1.	Benefit obligation at beginning of year	\$	\$	\$	3,939,344	\$	5,344,438	
2.	Service cost							
3.	Interest cost				73,106		146,999	
4.	Contribution by plan participants.				916,957		544,368	
5.	Actuarial gain (loss)						(958,733)	
6.	Foreign currency exchange rate changes							
7.	Benefits paid.				(1,376,799)		(1,137,728)	
8.	Plan amendments.				56,153			
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits							
10.	Benefit obligation at end of year.	\$	\$	\$	3,608,761	\$	3,939,344	

- (c) Special or contractual benefits per SSAP No. 11 Not Applicable
- (2) Change in plan assets

		Pension Benefits		Postretirement Benefits		Special or Contractual Benef Per SSAP No. 11		
		2021	2020	2021	2020	2021	2020	
a.	Fair value of plan assets at beginning of year	\$	\$	\$	\$	\$	\$	
b.	Actual return on plan assets							
C.	Foreign currency exchange rate changes							
d.	Reporting entity contribution			459,842	593,360			
e.	Plan participants' contributions			916,957	544,368			
f.	Benefits paid			(1,376,799)	(1,137,728)			
g.	Business combinations, divestitures and settlements.							
h.	Fair value of plan assets at end of year	\$	\$	\$	\$	\$	\$	

#### (3) Funded status

			Pensior	n Benefits	Postretiren	nent Benefits
			2021	2020	2021	2020
a.	Co	mponents				
	1.	Prepaid benefit costs	\$	\$	\$	\$
	2.	Overfunded plan assets				
	3.	Accrued benefit costs			4,247,465	4,666,662
	4.	Liability for pension benefits			41,197	(727,318)
b.	Ass	sets and liabilities recognized				
	1.	Assets (nonadmitted)	\$	\$	\$	\$
	2.	Liabilities recognized			4,288,662	3,939,344
c.	Un	recognized liabilities	\$	\$	\$	\$

### (4) Components of net periodic benefit cost

		Pension Benefits		Postretirem	Postretirement Benefits		ractual Benefits P No. 11
		2021	2020	2021	2020	2021	2020
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost			73,106	146,999		
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses			(32,462)			
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlement or curtailment						
h.	Total net periodic benefit cost		\$	\$ 40,644	\$ 146,999	\$	\$

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

		Pension Benefits		Postretirem	nent Benefits	
		2021	2020	2021	2020	
a.	Items not yet recognized as a component of net periodic cost - prior year	\$	\$	\$(727,318)	\$ 231,415	
b.	Net transition asset or obligation recognized					
c.	Net prior service cost or credit arising during the period					
d.	Net prior service cost or credit recognized					
e.	Net gain and loss arising during the period.			679,901	(958,733)	
f.	Net gain and loss recognized			32,462		
g.	Items not yet recognized as a component of net periodic cost - current year	\$	\$	\$ (14,955)	\$ (727,318)	

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

		Pension Benefits		Postretirem	ent Benefits
		2021	2020	2021	2020
a.	Net transition asset or obligation	\$	\$	\$	\$
b.	Net prior service cost or credit				
C.	Net recognized gains and losses			(14,955)	(727,318)

(7) Weighted-average assumptions used to determine net periodic benefit cost

Weighted-average assumptions used to determine net periodic benefit cost as of Dec.		
31:	2021	2020
a. Weighted-average discount rate	1.950 %	2.900 %
b. Expected long-term rate of return on plan assets		%
c. Rate of compensation increase	%	%
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%
Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31:	2021	2020
e. Weighted-average discount rate	2.500 %	1.950 %
f. Rate of compensation increase	%	%
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%

For measurement purpose, the actual observed 2021 per capita cost of covered health care benefits were used. The rate of increase for these costs was assumed to be 5.83% for 2022, and decrease gradually to 4.00% for 2045, and remain at that level thereafter.

- (8) Accumulated benefit obligation Not Applicable
- (9) Harvard Pilgrim has one Post-Retirement Medical Life Insurance Plan. The healthcare benefits are contributory with participants contributions adjusted annually and the life insurance benefits are non-contributory. The accounting for the health care plan is consistent with the Company's expressed intent to have Medicare eligible retirees pay any amount above the Company's contribution of \$150 per month. Additionally, there are certain grandfathered participants for whom the Company pays their entire benefit.
- (10) Estimated future payments, which reflect expected future service, as appropriate

	Year	Amount
a.	2022	\$ 445,753
b.	2023	413,486
c.	2024	383,851
d.	2025	356,576
e.	2026	331,405
f.	2027 through 2031	1,339,286

- (11) The Company does not have any regulatory contribution requirements for 2021 however the Company's current projection for voluntary contributions to the defined benefit pension plan is \$446 thousand in 2021.
- (12) Amounts and types of securities of the reporting entity and related parties included in plan assets Not Applicable
- (13) Alternative method used to amortize prior service amounts or net gains and losses Not Applicable
- (14) Substantive commitments used as the basis for accounting for the benefit obligation Not Applicable
- (15) Special or contractual termination benefits recognized

Effective December 31, 2016, the Company amended the postretirement medical plan to freeze participation and benefit accruals. Retiree eligible participants had until December 31, 2017 to retire and elect coverage. The plan freeze was accounted for as a curtailment, and resulted in a credit to net periodic benefit cost in prior years.

- (16) Significant changes in the benefit obligation or plan assets not otherwise disclosed Not Applicable
- (17) Accumulated postretirement and pension benefit obligation and the fair value of plan assets for defined postretirement and pensions benefit plans

There was no transition surplus impact in 2019 due to the adoption of SSAP No. 102, Accounting for Pensions, a replacement of SSAP No. 89 ("SSAP 102") and SSAP 92, Postretirement Benefits Other Than Pensions ("SSAP 92").

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

- (18) Remaining surplus impact during transition period after adoption of SSAP No. 92 and SSAP No. 102 Not Applicable
- B. Investment Policies and Strategies of Plan Assets Not Applicable
- C. Fair Value of Each Class of Plan Assets Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets Not Applicable
- E. Defined Contribution Plans

Harvard Pilgrim employees participate in a defined contribution plan covering all employees. Participants can make salary deferral contributions up to 50% of their pay subject to the legally permitted maximum and, after one year of service, Harvard Pilgrim makes matching contributions equal to 100% of the first 4% of salary deferrals, subject to the legally permitted maximum. Harvard Pilgrim also makes an annual contribution of 2% of pay to each participant's account regardless of whether the employee makes salary deferral contributions or not. In December 2021 and 2020, it was announced that a discretionary 1% and 2% employer contribution will be made to the defined contribution plan in 2021 and 2020, respectively. Harvard Pilgrim's contributions amounted to \$8.3 million and \$9.1 million for the years ended December 31, 2021 and 2020, respectively.

- F. Multiemployer Plans Not Applicable
- G. Consolidated/Holding Company Plans Not Applicable
- H. Postemployment Benefits and Compensated Absences

Deferred Compensation Plan

Harvard Pilgrim established a non-qualified deferred compensation plan (the "Plan"), effective July 1, 2005, which allows certain highly compensated employees the option to defer specified amounts of their annual compensation on a pre-tax basis and also allows Harvard Pilgrim, at its discretion, the option to provide deferred compensation to key employees. A participant in the Plan is notified if a voluntary contribution is made by Harvard Pilgrim to that participant's account. In addition, the participant's account is credited to reflect investment returns based on measuring investments selected by either the participant or the Plan administrator in accordance with the Plan document. The participant will receive a benefit payment from their account upon severance from employment with Harvard Pilgrim. Harvard Pilgrim has recorded a liability of \$6.3 million and \$5.3 million for the years ended December 31, 2021 and 2020, respectively, which represents its obligation for benefits payable under the Plan. However, all amounts of compensation deferred under the Plan remain the assets of Harvard Pilgrim until paid out to a participant or his or her beneficiary. Harvard Pilgrim is not required to segregate or set aside any assets to meet its obligation under the Plan.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

#### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Harvard Pilgrim is a not-for-profit 501(c)(3) corporation with no stockholders or capital stock,
- B. Dividend Rate of Preferred Stock Not Applicable
- C. Dividend Restrictions Not Applicable
- D. Ordinary Dividends Not Applicable
- E. Extraordinary dividends are limited by the General Laws of Massachusetts, Chapter 176G, Section 28(q) which prohibits extraordinary dividend distribution until the Massachusetts Commissioner of Insurance ("Commissioner") approves the payment or the Commissioner has not disapproved the payment within 30 days of receiving notice of the declaration.
- F. Surplus Restrictions Not Applicable
- G. Surplus Advances Not Applicable
- H. Stock Held for Special Purposes None
- I. Changes in Special Surplus Funds None
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses were as follows as of December 31, 2021:

Unrealized gains \$74,534,761

- K. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

#### 14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Harvard Pilgrim and its insurance affiliates, the Insurance Company and New England (each a "Corporation" and collectively the "Corporations"), participate in a Guaranty and Indemnity Agreement (G&I Agreement"). Under the terms of the G&I Agreement, each Corporation guarantees the payment and performance of the others. In addition, each Corporation is jointly and severally liable for all obligations that may arise out of this G&I Agreement. Harvard Pilgrim had no contingent liabilities related to the G&I Agreement as of December 31, 2021.

Harvard Pilgrim has a Management and Administrative Service Agreement with the Institute (the "Institute Agreement"). In accordance with the requirements of the Institute Agreement, Harvard Pilgrim will provide the Institute with financial support in amount up to, but not to exceed, \$20 million in the event of an unforeseen and material loss of revenue by the Institute. The Institute must maintain at least \$1 million of net assets to be used in such an event before drawing down on this contingent support. Harvard Pilgrim had no contingent liabilities related to the Institute Agreement as of December 31, 2021.

(1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company - Not Applicable

#### 14. Liabilities, Contingencies and Assessments (Continued)

- (2) Nature and circumstances of guarantee Not Applicable
- (3) Aggregate compilation of guarantee obligations Not Applicable
- 3. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits Not Applicable
- E. Joint and Several Liabilities Not Applicable
- F. All Other Contingencies

Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

#### 15. Leases

- A. Lessee Operating Lease
  - (1) Leasing arrangements

Harvard Pilgrim has entered into several long-term noncancelable operating leases for buildings and equipment. The terms of the leases vary through the year 2023 with various renewal options. Total rent expense on all leases was \$6.7 million and \$7.1 million in 2021 and 2020, respectively.

- (2) For leases having initial or remaining noncancelable lease terms in excess of one year
  - (a) Minimum aggregate rental commitments at year end

	Year Ending December 31	Operating Leases		
1.	2022	\$ 3,658,391		
2.	2023	705,853		
3.	2024			
4.	2025			
5.	2026			
6.	Total	\$ 4,364,244		

- (b) Sublease minimum rentals to be received Not Applicable
- (3) For sale-leaseback transactions Not Applicable
- B. Lessor Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. ASO Plans

Harvard Pilgrim administers employee health benefits for certain employer groups as an Administrative Services Only ("ASO") wherein it performs eligibility management, medical management, claims processing, and disbursement activities in return for administrative fees. The employer assumes utilization risk for these arrangements.

The loss from operations for ASO uninsured plans and the uninsured portion of partially insured plans during 2021 were as follows:

The gain (loss) from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows during 2021:

		ASO Uninsured Plans		ASO Uninsured of Partially Insured		•	To	otal ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$(	52,378,845)	\$	\$	(52,378,845).		
b.	Total net other income or expenses (including interest paid to or received from plans)							
C.	Net gain or (loss) from operations.	\$ (	52,378,845)	\$	\$	(52,378,845)		
d.	Total claim payment volume	1.2	68.331.171			1.268.331.171		

- B. ASC Plans Not Applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators Not Applicable
- 20. Fair Value Measurements
  - A. Fair Value Measurement
    - (1) Fair value measurements at reporting date

Harvard Pilgrim's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by SSAP No. 100R, Fair Value Measurements.

#### 20. Fair Value Measurements (Continued)

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Bonds: Industrial & Misc.	\$	\$	\$	\$	\$
	Common Stock: Industrial & Misc.	1,844,300				1,844,300
	Common Stock: Mutual Funds	192,105,409	***************************************			192,105,409
	Total assets at fair value/NAV	\$ 193,949,709	\$	\$	\$	\$ 193,949,709
b.	Liabilities at fair value					-
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) The policy on the timing of recognizing transfers in and out of Level 3: Transfers in and out of Level 3 securities are recognized at the end of the reporting period.
- (4) For fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, the valuation technique(s) and the inputs used in the fair value measurement:

  Fair value measurements of securities within the Level 2 and Level 3 hierarchy are determined using the NAIC approved independent third party pricing vendor at December 31, 2021. FHLB Class B stock is valued based on the par value of the stock.
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.	\$ 243,444,020	\$ 234,241,442	\$	\$ 243,444,020	\$	\$	\$
Common Stock	193,949,709	193,949,709 .	193,949,709				
Cash Equivalents	18.661.421	18.661.421	18.661.421				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

#### 21. Other Items

- A. Unusual or Infrequent Items None
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

Long-Term Service Contract with NTT DATA

Harvard Pilgrim has a long-term services agreement (the "Agreement") with NTT DATA International, L.L.C. ("NTT DATA") following the assignment of the services agreement from Dell Inc. to NTT Data effective November 2, 2016. Under the Agreement, NTT DATA provides information technology operations, development and claims related processing services under the direction of Harvard Pilgrim staff. Services include operational services for technology and claims operations and business project services. The Agreement calls for an annual minimum commitment of \$60 million, and is subject to adjustment for changes in service levels, cost management by Harvard Pilgrim and performance incentives for NTT. The Agreement runs through July 31,2023.

- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure
  - (1) The Company's subprime exposure comes from its holdings in asset backed securities. On a quarterly basis, these holdings are reviewed with the Company's investment manager to determine the rationale for continuing to hold these securities and to determine if impairment has occurred. Some of the factors considered include asset quality, credit related issues, consistency of cash flow and expected recovery of principal
  - (2) Direct exposure through investments in subprime mortgage loans Not Applicable
  - (3) Direct exposure through other investments

		Actual Cost	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Other-Than- Temporary Impairment Losses Recognized
a.	Residential mortgage-backed securities	\$ 72,815,636	\$ 72,213,642	\$ 74,352,832	\$
b.	Commercial mortgage-backed securities	33,236,727	33,133,486	34,963,874	
C.	Collateralized debt obligations				
d.	Structured securities	12,134,198	12,134,766	12,357,297	
e.	Equity investment in SCAs.				
f.	Other assets				
g.	Total	\$ 118,186,561	\$ 117,481,894	\$ 121,674,003	\$

- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage Not Applicable
- G. Retained Assets Not Applicable

#### 21. Other Items (Continued)

- H. Insurance-Linked Securities (ILS) Contracts Not Applicable
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

#### 22. Events Subsequent

Harvard Pilgrim has evaluated events and transactions subsequent to December 31, 2021, through March 1, 2022, the date the financial statements are available for issuance and has determined there were no material events or transactions which require adjustment to, or disclosure in, the financial statements, except as described below.

On February 10, 2022, Harvard Pilgrim entered into a new joint venture arrangement with an unfunded commitment of \$15 million. Funding date(s) remain unannounced as of March 1, 2022.

Upon receiving approval from the Massachusetts Division of Insurance, Harvard Pilgrim made a \$25 million capital contribution payable to New England on December 31, 2021. This contribution was settled in cash on February 22, 2022. In accordance with SSAP No. 72 this contribution will be treated as a Type 1 subsequent event and is reflected as a liability for Harvard Pilgrim as of December 31, 2021.

Harvard Pilgrim recorded a \$20 million capital contribution receivable from its parent, Point32Health, Inc. on December 31, 2021. This contribution was settled in cash on February 22, 2022. In accordance with SSAP No. 72 this contribution will be treated as a Type 1 subsequent event and reflected ad a non-admitted receivable as of December 31, 2021.

#### 23. Reinsurance

Effective January 1, 2019, Harvard Pilgrim began participating in the Maine Guaranteed Access Reinsurance Association, which provides reinsurance for a portion of the Company's Maine high-risk individual health business.

A. Ceded Reinsurance Report

#### Section 1 - General Interrogatories

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

Yes () No (X)

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

Yes ( ) No (X)

#### Section 2 - Ceded Reinsurance Report - Part A

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

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

#### Section 3 - Ceded Reinsurance Report - Part B

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

Yes ( ) No (X)

- B. Uncollectible Reinsurance Not Applicable
- C. Commutation of Reinsurance Reflected in Income and Expenses Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- E. Reinsurance Credit Not Applicable

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Company estimates accrued retrospective premium adjustments in accordance with SSAP No. 66. See Note 1.

B. Method Used to Record

The Company records accrued retrospective premium as an adjustment to earned premium,

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Company at December 31, 2021 that are subject to retrospective rating features was \$1,822.2 million, which represented 100% of the total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 11,425,009	\$ 7,353,330	\$	\$	\$ 18,778,339
(2) Medical loss ratio rebates paid	5,202,161	7,812,314			13,014,475
(3) Medical loss ratio rebates unpaid	11,685,972	6,177,892			17,863,864
(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	\$ 17,863,864
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 2,913,586	\$ 14,691,697	\$	\$	\$ 17,605,283
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid		8,952,618			8,952,618
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 8,952,618

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

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? YES

(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 the ACA risk adjustment (including high-risk pool payments)	\$ 35,896,373
	Liabilities	
	Risk adjustment user fees payable for ACA risk adjustment	\$ 225,224
	3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	7,203,270
	Operations (Revenue & Expense)	
	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment	\$(48,363,000)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	327,988
b.	Transitional ACA Reinsurance Program	
	Assets	
	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	
	ACA reinsurance contributions - not reported as ceded premium	
C.	Temporary ACA Risk Corridors Program	
	Assets	
	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)	
	Effect of ACA risk corridors on net premium income (paid/received)	
	4. Effect of ACA risk corridors on change in reserves for rate credits	

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(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

							Differences Adjustments				nces as of the ng Date		
			on Business	g the Prior Year Written Before ne Prior Year	Current Year Written Before	Paid as of the on Business Dec 31 of the Year	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.		rmanent ACA Risk justment Program											
		Premium adjustments receivable (including high risk pool payments)	\$ 13,462,912	\$	. \$ 32,584,819	\$	\$(19,121,907)	\$	\$ 19,965,023	\$	Α	\$ 843,116	\$
		Premium adjustments (payable) (including high risk pool premium)		(3,532,534)		(2,984,543)		(547,991)		(3,707,498)	В		(4,255,489)
		Subtotal ACA Permanent Risk Adjustment Program	\$ 13,462,912	\$(3,532,534)	\$ 32,584,819	\$(2,984,543)	\$(19,121,907).	\$(547,991)	\$ 19,965,023	\$(3,707,498)		\$ 843,116	\$(4,255,489)
b.		nsitional ACA nsurance Program											
		Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	С	\$	\$
		Amounts recoverable for claims unpaid (contra liability)									D		
		Amounts receivable relating to uninsured plans									E		
		Liabilities for contributions payable due to ACA reinsurance - not reported as ceded premium									F		
		Ceded reinsurance premiums payable									G		
		Liability for amounts held under uninsured plans									Н		
		Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
C.	Ten	nporary ACA Risk rridors Program											
		Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	ı	\$	\$
	2.	Reserve for rate credits or policy experience rating refunds									J		
		Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d.		al for ACA risk aring provisions	\$ 13,462,912	\$ (3,532,534)	\$ 32,584,819	\$ (2,984,543)	\$ (19,121,907)	\$ (547,991)	\$ 19,965,023	\$ (3,707,498)		\$ 843,116	\$ (4,255,489)
Exn		ations of Adjustments											

- None
- C: D: E: F: G:
- None None None
- None
- None
- None None

The premium adjustments receivable under the permanent ACA Risk Adjustment program represents a change in previously estimated amounts to reflect the final settlement notification for the year ended December 31, 2020, as well as previously unrecorded Risk Adjustment data validation (RADV) amounts. The Company had not recorded a remaining receivable for the 2017 Risk Adjustment program of \$4,487,760 as of December 31, 2018 due to the uncertainty of the available transfer payment funds resulting from the insolvency and ongoing liquidation of Minuteman Health, Inc., a significant payer of transfer funds in Massachusetts for the 2017 Risk Adjustment program.

The premium adjustments payable under the permanent ACA Risk Adjustment program represents a change in previously estimated amounts to reflect the final settlement notification for the year ended December 31, 2020, as well as previously unrecorded Risk Adjustment data validation (RADV) amounts.

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(4) Roll-forward of risk corridors asset and liability balances by program benefit year

					Differ	ences		Adjustments		Unsettled Bala Reporti	nces as of the ng Date
	Year on Bus Before Dec 3	ring the Prior iness Written 1 of the Prior ear	Current Year Written Before	Current Year on Business Ac Vritten Before Dec 31 of the P				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)
Risk Corridors Program Year	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Reserve for rate credits     or policy experience     rating refunds									В		
b. 2015											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	С	\$	\$
Reserve for rate credits     or policy experience     rating refunds									D		
c. 2016											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	Е	\$	\$
Reserve for rate credits     or policy experience     rating refunds									F		
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

A: None B: None C: None

D: None

E: The premium adjustments under the ACA Risk Corridor Program represent CMS receipts that were previosuly not recognized due to the uncertainty of collectibility. Refer to 24E(5).

F: None

(5) ACA risk corridors receivable as of reporting date

	(1)	(2)	(3)	(4)	(5)	(6)
Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance Gross of Nonadmissions (1-2-3)	Nonadmitted Amount	Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015						
c. 2016	9,883,052		9,883,052			
d. Total (a+b+c)	\$ 9.883.052	Ś	\$ 9.883.052	<u>\$</u>	Ś	<u>\$</u>

#### 25. Change in Incurred Claims and Claim Adjustment Expenses

Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves, net of healthcare receivables, as of December 31, 2020 were \$136.3 million. As of December 31, 2021, \$99.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables, are \$6.1 million. Therefore, there has been a \$31.1 million favorable prior-year development since December 31, 2020. The favorable development is generally a result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Harvard Pilgrim does not have any retrospectively rated

- Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses -Not Applicable
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable

#### **Notes to the Financial Statements**

#### 28. Health Care Receivables

#### A. Pharmaceutical Rebate Receivables

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	\$	\$	\$ <del></del>	\$	\$
09/30/2021	31,717,256	31,717,256	29,268,731	–	– .
06/30/2021		33,755,178	28,546,262	305,927	– .
03/31/2021	31,338,375	31,338,375	26,643,068	435,060	86,033 .
12/31/2020	22,236,394	22,236,394	21,075,361	2,088,284	1,202,044
09/30/2020	23,813,947	23,752,238	21,374,707	1,430,247	3,906,655
06/30/2020	26,622,902	26,622,902	22,808,051	1,032,553	7,718,009
03/31/2020	27,839,890	27,839,469	24,766,307	1,684,011	4,755,501
12/31/2019	15,272,656	15,173,164	8,536,656	7,969,823	437,606
09/30/2019	15,961,565	16,422,312	10,821,281	5,117,010	447,686
06/30/2019	16,392,048	16,457,234	6,961,525	9,557,942	413,622
03/31/2019	10.566.599	10.572.876	4.766.651	3.424.692	2.263.077

#### B. Risk-Sharing Receivables

		Risk Sharing Receivable			Actual Risk Sharing Amounts Received				
Calendar Year	Evaluation Period Year Ending	As Estimated in the Prior Year	As Estimated in the Current Year	Billed	Not Yet Billed	In Year Billed	First Year Subsequent	Second Year Subsequent	All Other
2021	2021	\$	\$	\$	\$	\$	\$	\$	\$
	2022		1,427,565						
2020	2020	400,000	41,186						
	2021								
2019	2019	1,554,400	1,463,679	1,463,679		1,533,353			
	2020		400,000						

#### 29. Participating Policies - Not Applicable

#### 30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves: \$—
 Date of the most recent evaluation of this liability: 12/31/2021

3. Was anticipated investment income utilized in the calculation? NO

 $\textbf{31. Anticipated Salvage and Subrogation} \cdot \textbf{Not Applicable}$ 

#### **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of is an insurer?  If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.		Yes [ X	] No	[ ]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [ )	. ] No [	] N/	A [ ]
1.3	State Regulating?		Massachu	setts	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [	] No	[ X ]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.				
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of reporting entity?		Yes [ X	] No	[ ]
2.2	If yes, date of change:		01/01/	2021	
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/31/	2020	
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.		12/31/	2016	
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination (balance sheet date).	·. <u>-</u>	06/14/	2018	
3.4	By what department or departments?  Massachusetts Division of Insurance				
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	Yes [	] No [	] N/	A [ X ]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [	] No [	] N/	A [ X ]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or ar combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  4.11 sales of new business?  4.12 renewals?	control	Yes [ Yes [		
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an a receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	affiliate,	.00 [	,	. ~ 1
	4.21 sales of new business?		Yes [ Yes [	-	
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		Yes [	] No	[ X ]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ceased to exist as a result of the merger or consolidation.	has			
	1 2 3 Name of Entity NAIC Company Code State of Domicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) susper revoked by any governmental entity during the reporting period?		Yes [	] No	[ X ]
6.2	If yes, give full information:				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes [	] No	[ X ]
7.2	If yes, 7.21 State the percentage of foreign control;				%
	1 2 Nationality Type of Entity				

# **GENERAL INTERROGATORIES**

8.1 8.2	Is the company a subsidiary of a depository institution holding compar If the response to 8.1 is yes, please identify the name of the DIHC.				Yes [	]	No [ )	( ]
8.3	Is the company affiliated with one or more banks, thrifts or securities fi	irms?			Yes [	1	No ( )	<b>x</b> 1
8.4	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 Commissi	n (city and state of the main office) of any affiliates reg c Office of the Comptroller of the Currency (OCC), the	ulated by a fe Federal Dep	ederal	103 [	1	140 [ 7	` ]
	1	2	3 4	5	6	1		
	Affiliate Name	Location (City, State) F	RB OCC	FDIC	SEC			
						_		
8.5	Is the reporting entity a depository institution holding company with sig Federal Reserve System or a subsidiary of the reporting entity?	,			Yes [	]	No [ )	Χ]
8.6	If response to 8.5 is no, is the reporting entity a company or subsidiary Federal Reserve Board's capital rule?  What is the name and address of the independent certified public accurate.			Yes [	] No [	Χ]	N/A	[ ]
9.	Ernst & Young LLP 200 Clarendon Street Boston, MA 02116	, and the second						
10.1	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 put ing Model Regulation (Model Audit Rule), or substanti	olic accountar ially similar st	nt ate	Yes [	1	No [ )	X ]
10.2	If the response to 10.1 is yes, provide information related to this exem	ption:						-
10.3	Has the insurer been granted any exemptions related to the other requallowed for in Section 18A of the Model Regulation, or substantially sir If the response to 10.3 is yes, provide information related to this exem	milar state law or regulation?			Yes [	]	No [ )	ζ]
10.4	in the response to 10.3 is yes, provide information related to this exem	•						
10.5	Has the reporting entity established an Audit Committee in compliance				] No [	]	N/A	[ ]
10.6	If the response to 10.5 is no or n/a, please explain							
11.	What is the name, address and affiliation (officer/employee of the reportirm) of the individual providing the statement of actuarial opinion/certif Tracy Carter Senior Vice President, Chief Actuary Point32Health, Inc. One Wellness Way Canton, MA 02021	fication?		Ü				
12.1	Does the reporting entity own any securities of a real estate holding co	ompany or otherwise hold real estate indirectly?			Yes [ X	]	No [	]
		estate holding company Prime Property Fund, LLC						
		rcels involved						
12.2	If, yes provide explanation:	justed carrying value			\$		29,696	3,552
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTIT							
13.1	What changes have been made during the year in the United States n		•					
	Does this statement contain all business transacted for the reporting e					•		]
	Have there been any changes made to any of the trust indentures duri				Yes [	]	No [	]
	If answer to (13.3) is yes, has the domiciliary or entry state approved the				] No [	]	N/A	[ ]
14.1	Are the senior officers (principal executive officer, principal financial of 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;  Full fair accurate timely and understandable disclosure in the positionship.	ich includes the following standards?or apparent conflicts of interest between personal and	d professiona		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;	,					
14.11	e. Accountability for adherence to the code.  If the response to 14.1 is No, please explain:							
14.2	Has the code of ethics for senior managers been amended?				Yes [	]	No [ )	<b>X</b> ]
14.21	If the response to 14.2 is yes, provide information related to amendme							
14.3 14.31	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).	pecified officers?			Yes [	]	No [ )	( ]

#### **GENERAL INTERROGATORIES**

		s unrelated to reinsurance where the issuing or confirming bank is not on the	Yes [ ] No [
.2 1	If the response to 15.1 is yes, indicate the American Bankers Abank of the Letter of Credit and describe the circumstances in	Association (ABA) Routing Number and the name of the issuing or confirming	
	1 2 American Bankers Association (ABA) Routing	3	4
-	Number Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
-		DOADD OF DIDECTORS	
I.	s the purchase or sale of all investments of the reporting entity	BOARD OF DIRECTORS y passed upon either by the board of directors or a subordinate committee	Yes [ X ] No [
	Does the reporting entity keep a complete permanent record o	of the proceedings of its board of directors and all subordinate committees	Yes [ X ] No [
H	Has the reporting entity an established procedure for disclosur	re to its board of directors or trustees of any material interest or affiliation on the ployees that is in conflict with the official duties of such person?	Yes [ X ] No [
		FINANCIAL	
		other than Statutory Accounting Principles (e.g., Generally Accepted	loW [ ] saV
, I 1	Total amount loaned during the year (inclusive of Separate Ac	counts, exclusive of policy loans): 20.11 To directors or other officers	.\$
		20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal Only)	.\$
	Total amount of loans outstanding at the end of year (inclusive	e of Separate Accounts, exclusive of	
ŗ	policy loans):	20.21 To directors or other officers	.\$
١	Were any assets reported in this statement subject to a contra obligation being reported in the statement?	ctual obligation to transfer to another party without the liability for such	
? I	If yes, state the amount thereof at December 31 of the current	year: 21.21 Rented from others	.\$
		21.22 Borrowed from others	.\$
		21.23 Leased from others	
		21.24 Other	.\$
ç	guaranty association assessments?	scribed in the Annual Statement Instructions other than guaranty fund or	
ľ	If answer is yes:	22.21 Amount paid as losses or risk adjustment	
		22.22 Amount paid as expenses	
		22.23 Other amounts paid	
L	Does the reporting entity report any amounts due from parent,	subsidiaries or affiliates on Page 2 of this statement?	Yes [ X ] No [
[	Does the insurer utilize third parties to pay agent commissions	n the Page 2 amount:s in which the amounts advanced by the third parties are not settled in full within	
I	ed days?  If the response to 24.1 is yes, identify the third-party that pays	the agents and whether they are a related party.	res [ ] No [
Ī		Is the Third-Party Agent	
	Name of Third-Party	a Related Party (Yes/No)	
L			
		INVESTMENT	
1 \	Were all the stocks, bonds and other securities owned Decem	nber 31 of current year, over which the reporting entity has exclusive control, in	

# **GENERAL INTERROGATORIES**

25.02	If no, give full and complete information relating thereto						
25.03		gram including value for collateral and amount of loaned securities, and ve is to reference Note 17 where this information is also provided)					
25.04		nt of collateral for conforming programs as outlined in the Risk-Based Capital					
25.05	For the reporting entity's securities lending program, report amou	nt of collateral for other programs.	\$				
25.06	Does your securities lending program require 102% (domestic securities of the contract?	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?				/A [	Х ]
25.07	Does the reporting entity non-admit when the collateral received	from the counterparty falls below 100%?	] No	] (	] N.	/A [	Χ]
25.08	Does the reporting entity or the reporting entity 's securities lending conduct securities lending?	ng agent utilize the Master Securities lending Agreement (MSLA) to Yes [	] No	] (	] N.	/A [	Χ]
25.09	For the reporting entity's securities lending program state the am	ount of the following as of December 31 of the current year:					
	25.092 Total book adjusted/carrying value of reir	sets reported on Schedule DL, Parts 1 and 2 nvested collateral assets reported on Schedule DL, Parts 1 and 2 ted on the liability page.	.\$				0
26.1	control of the reporting entity, or has the reporting entity sold or tr	tity owned at December 31 of the current year not exclusively under the ansferred any assets subject to a put option contract that is currently in 3).	Yes	[ X ]	No	]	]
26.2	If yes, state the amount thereof at December 31 of the current ye	ar: 26.21 Subject to repurchase agreements 26.22 Subject to reverse repurchase agreements 26.23 Subject to dollar repurchase agreements 26.24 Subject to reverse dollar repurchase agreements 26.25 Placed under option agreements 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock 26.27 FHLB Capital Stock 26.28 On deposit with states 26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral pledged an FHLB 26.31 Pledged as collateral to FHLB - including assets backing funding agreements	.\$		1,	,844,	,300
26.3	For category (26.26) provide the following:						1
26.3	1 Nature of Restriction	2 Description		3 Amou			]
26.3	1 Nature of Restriction	Description		Amou			
26.3	Nature of Restriction	Description		Amou			]
27.1	Nature of Restriction  Does the reporting entity have any hedging transactions reported	Description	Yes	Amou [	] No	[ X	
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions reported lf yes, has a comprehensive description of the hedging program leading transactions.	on Schedule DB?	Yes	Amou [	] No	[ X	
27.1 27.2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported lf yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIE	on Schedule DB?	Yes ] No	[ ]	] No	[ X ]	Χ]
27.1 27.2 INES 2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIE Does the reporting entity utilize derivatives to hedge variable ann If the response to 27.3 is YES, does the reporting entity utilize:	on Schedule DB?	Yes ] No Yes	\(\frac{\text{Amou}}{\text{c}}\)	] No ] N,	X ] /A [	Χ]
27.1 27.2 INES 2 27.3	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIE Does the reporting entity utilize derivatives to hedge variable ann If the response to 27.3 is YES, does the reporting entity utilize:  27.4	on Schedule DB?	Yes ] No Yes Yes Yes		] No ] No ] No ] No	X ] A [ [ [ [	Χ]
27.1 27.2 INES 2 27.3	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIE Does the reporting entity utilize derivatives to hedge variable ann If the response to 27.3 is YES, does the reporting entity utilize:  27.  27.  27.  By responding YES to 27.41 regarding utilizing the special accounting continuous of the reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provi	on Schedule DB?	Yes ] No Yes Yes Yes Yes		] No ] No ] No ] No	X ] ] A\	X ] ] ]
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  If yes, has a comprehensive description of the hedging program of the nature of the hedging program of the nature of the nature of the hedging program of the nature of the nature of the hedging program of the nature of the nature of the hedging program of the nature of the hedging program of the nature of the hedging strateg of the hedging strateg  Financial Officer Certification has been obtained which in dicates and the nature of the hedging strateg  Financial Officer Certification has been obtained which in the nature of the hedging strateg  Financial Officer Certification has been obtained which in the nature of the hedging strateg  Financial Officer Certification has been obtained which in the nature of the hedging strateg	on Schedule DB?  on Schedule DB?  peen made available to the domiciliary state?  Yes [ SONLY:  uity guarantees subject to fluctuations as a result of interest rate sensitivity?  11 Special accounting provision of SSAP No. 108  12 Permitted accounting practice 13 Other accounting guidance  Inting provisions of SSAP No. 108, the reporting entity attests to the  the domiciliary state.	Yes ] No Yes Yes Yes Yes		] No ] N,	X ] ] A\	X ] ]
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported lifyes, has a comprehensive description of the hedging program if no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIE Does the reporting entity utilize derivatives to hedge variable ann lif the response to 27.3 is YES, does the reporting entity utilize:  27.4  27.4  27.4  By responding YES to 27.41 regarding utilizing the special accour following:  The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provil  Actuarial certification has been obtained which indicates reserves and provides the impact of the hedging strategy  Financial Officer Certification has been obtained which in Hedging Strategy within VM-21 and that the Clearly Defit its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of	on Schedule DB?	Yes ] No Yes Yes Yes Yes Yes		] No ] N,	X ] ] A\	X ]
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  If yes, has a comprehensive description of the hedging program of the notation of the hedging entity utilize the notation of the hedging strategy of the notation of the hedging strategy subject to the special accounting provious of the hedging strategy of the notation of the hedging strategy within vM-21 and that the Clearly Definits actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of issuer, convertible into equity?	on Schedule DB?  Deen made available to the domiciliary state?	Yes  ] No  Yes  Yes  Yes  Yes  Yes  Yes	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	No No No No	X ] ] A\	X ] ] ] ]
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIED Does the reporting entity utilize derivatives to hedge variable and If the response to 27.3 is YES, does the reporting entity utilize:  27.4  27.4  27.4  By responding YES to 27.41 regarding utilizing the special account following:  • The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provice. Actuarial certification has been obtained which indicates reserves and provides the impact of the hedging strategy.  • Financial Officer Certification has been obtained which in Hedging Strategy within VM-21 and that the Clearly Definits actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year effices, vaults or safety deposit boxes, were all stocks, bonds and custodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in ac	on Schedule DB?  Deen made available to the domiciliary state?  SONLY:  uity guarantees subject to fluctuations as a result of interest rate sensitivity?  11 Special accounting provision of SSAP No. 108  12 Permitted accounting practice 13 Other accounting guidance  Inting provisions of SSAP No. 108, the reporting entity attests to the domiciliary state.  Inting provisions of SSAP No. 108, the reporting entity attests to the domiciliary state.  Inting the domiciliary state is incorporated within the establishment of VM-21 ywithin the Actuarial Guideline Conditional Tail Expectation Amount. Indicates that the hedging strategy meets the definition of a Clearly Defined need Hedging Strategy is the hedging strategy being used by the company in the current year mandatorily convertible into equity, or, at the option of the	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	No No No No	X ] ] A\	X ] ] ] ]
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIED Does the reporting entity utilize derivatives to hedge variable and If the response to 27.3 is YES, does the reporting entity utilize:  27.4  27.4  27.4  By responding YES to 27.41 regarding utilizing the special account following:  • The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provice. Actuarial certification has been obtained which indicates reserves and provides the impact of the hedging strategy.  • Financial Officer Certification has been obtained which in Hedging Strategy within VM-21 and that the Clearly Definits actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year effices, vaults or safety deposit boxes, were all stocks, bonds and custodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in accustodial agreement with a qualified bank or trust company in ac	on Schedule DB?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	] No ] No ] No ] No	X ] ] A\	X ]
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported lif yes, has a comprehensive description of the hedging program if no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIED Does the reporting entity utilize derivatives to hedge variable annumber of the response to 27.3 is YES, does the reporting entity utilizes:  27.4  27.2  27.4  By responding YES to 27.41 regarding utilizing the special account following:  • The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provivation and the servers and provides the impact of the hedging strategy energy within vM-21 and that the Clearly Definits actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years, state the amount thereof at December 31 of the current years.	on Schedule DB?	Yes  J No Yes Yes Yes Yes Yes Yes Yes	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	] No ] No ] No ] No	] A\	X ]

#### **GENERAL INTERROGATORIES**

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

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

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
BANK OF AMERICA, N.A., GLOBAL CUSTODY &	135 S. LASALLE STREET, SUITE 1840, CHICAGO		TO IMPROVE FINANCIAL REPORTING AND
AGENCY SOLUTIONS	IL 60603	11/01/2021	TECHNOLOGY CAPABILITIES

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
DWS INVESTMENT MANAGEMENT AMERICAS, INC.	U
FIDELITY MANAGEMENT & RESEARCH COMPANY	
THE VANGUARD GROUP, INC.	U
PRINCIPAL REAL ESTATE INVESTORS LLC	U
MORGAN STANLEY REAL ESTATE ADVISOR, INC.	
AUDAX GROUP	U
HLM MANAGEMENT CO., LLC	U
BARINGS LLC	U
LEERINK PARTNERS LLC	U
PINEBRIDGE GLOBAL CREDIT FUND	U
JPM INFRASTRUCTURE INVESTMENT FUND	U

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 Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Agreement (IMA) Filed
104510	DWS INVESTMENT MANAGEMENT AMERICAS, INC.	CZ83K4EEEX8QVCT3B128	Securities and Exchange Commission	DS.
104310	DWS TIVESTMENT MANAGEMENT AMERICAS, TNC.	CZOSN4EEEAOQVC13D1ZO	Securities and Exchange	DO
108281	FIDELITY MANAGEMENT & RESEARCH COMPANY	Z26LT2N3N013KK7Y9Z32	Commission	DS
			Securities and Exchange	
105958	THE VANGUARD GROUP, INC.	22FEKWGAFY38KJJVTQ65	Commission Securities and Exchange	DS
109008	PRINCIPAL REAL ESTATE INVESTORS LLC	549300BAB10ZPCNHMB89	Commission	DS
			Securities and Exchange	
106006	BARINGS LLC	ANDKRHQKPRRG4Q2KLR05	Commission	DS
159458	AUDAX GROUP	none	Securities and Exchange Commission	De
109400	AUDAA UNUUF	none	Securities and Exchange	D3
62337	HLM MANAGEMENT CO., LLC	none	Commission	DS
			Securities and Exchange	
127488	MORGAN STANLEY REAL ESTATE ADVISOR, INC.	549300N35MH5UNDKUZ51	Commission Securities and Exchange	DS
39011	LEERINK PARTNERS LLC	549300AAH7U76CEUB194	Commission	DS
			Securities and Exchange	
105926	PINEBRIDGE GLOBAL CREDIT FUND	5493007FM4Z08UJHBK70	Commission	DS
107038	JPM INFRASTRUCTURE INVESTMENT FUND	E 40200W700UV4VMMCVC0	Securities and Exchange Commission	DC
107038	JALM INLUADINGCIONE INVEDIMENT LOND	549300W78QHV4XMM6K69	Commission	שלים

30.2 If yes, complete the following schedule:

1	2	3 Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
	PLIQUIDAL ATT. INC. ATT. INC. ATT.	
	BLACKROCK:STR INC OPP I	20,000,937
543488-79-5	NATIXIS:LS STR INC N	20,099,341
921943-88-2	VANGUARD DEV MKT INST	61,380,114
922040-10-0	VANGUARD INSTL INDX INST	68,741,190
922042-60-1	VANGUARD EM ST I INST	15,190,269
922908-87-6	VANGUARD S-C ID INST	6,693,558
30.2999 - Total		192,105,409

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	234,241,442	243,444,020	9,202,578
31.2 Preferred stocks	0		0
31.3 Totals	234,241,442	243,444,020	9,202,578

31.4	Describe the sources or methods utilized in determining the fair values:				
	Harvard Pilgrim Health Care,Inc. obtains fair values from the NAIC Securities Valuation Office (SVO) approved pricing agency (Standard & Poors), and if not available, market values are obtained from indepndent third party pricing vendors.				
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?	Yes [	Х ]	No [	]
34.	By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  b. Issuer or obligor is current on all contracted interest and principal payments.  c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.	V [	1	N. F. V	, 1
	Has the reporting entity self-designated 5GI securities?	Yes [	J	No [ X	. ]
35.	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  a. The security was purchased prior to January 1, 2018.  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  Has the reporting entity self-designated PLGI securities?	Yes [	]	No [ X	( ]
36.	By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Yes [	]	No [	]
37.	By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?  Yes [	1 No [	. 1	N/A I	ГХ

#### **GENERAL INTERROGATORIES**

#### **OTHER**

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
Massachusetts Association of Health Plans	471,377
Alliance of Community Health Plans	480,000
,	,

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Ropes & Gray LLP	1,056,580
	, ,

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

1	2
Name	Amount Paid
Rasky Partners	103,500
Maine Street	81,000
	,

# **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in fo			
1.2	If yes, indicate premium earned on U.S. business only			
1.3	1.31 Reason for excluding	ice Experience Exhibit?	.\$	
	1.51 Neason for excluding			
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alie	n not included in Item (1.2) above	\$	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.		.\$	0
1.6	Individual policies:	Most current three years:		
		1.61 Total premium earned	.\$	0
		1.62 Total incurred claims		
		1.63 Number of covered lives		0
		All years prior to most current three years:  1.64 Total premium earned	Φ.	0
		1.65 Total incurred claims	.\$	٥
		1.66 Number of covered lives		
		1.00 Number of covered lives		
1.7	Group policies:	Most current three years:		
		1.71 Total premium earned	\$	0
		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		0
_				
2.	Health Test:	4		
		1 2 Current Year Prior Year		
	2.1 Premium Numerator			
	2.2 Premium Denominator			
	2.3 Premium Ratio (2.1/2.2)	1.0001.000		
	2.4 Reserve Numerator			
	2.5 Reserve Denominator			
	2.6 Reserve Ratio (2.4/2.5)	1.0001.000		
3.1	Has the reporting entity received any endowment or gift from contracting hospi returned when, as and if the earnings of the reporting entity permits?	tals, physicians, dentists, or others that is agreed will be	Yes [	] No [ X ]
3.2	If yes, give particulars:			
4.1	Have copies of all agreements stating the period and nature of hospitals', phys dependents been filed with the appropriate regulatory agency?		Yes [ X ]	] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the	ese agreements include additional benefits offered?	Yes [	] No [ ]
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [	] No [ X ]
5.2	If no, explain:			
5.3	Maximum retained risk (see instructions)	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	.\$	
6.	Describe arrangement which the reporting entity may have to protect subscribe hold harmless provisions, conversion privileges with other carriers, agreements agreements:	s with providers to continue rendering services, and any other		
7.1	Does the reporting entity set up its claim liability for provider services on a serv	vice date basis?	Yes [ X	] No [ ]
7.2	If no, give details			
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year		
		8.2 Number of providers at end of reporting year		97,588
9.1	Does the reporting entity have business subject to premium rate guarantees?		Yes [	] No [ X ]
0.0	Marie Aller of transfer of the Control of	0.04 Dusings with sets a sector 1 - 1 - 20	•	
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months.     9.22 Business with rate guarantees over 36 months		

# **GENERAL INTERROGATORIES**

10.1	Does the reporting entity have Incentive Po	ool, Withh	nold or Bonus Arr	angements in its p	rovider contracts?			Yes [ X ]	No [	]
10.2	If yes:			10	0.21 Maximum am	ount payable bonu	ises	\$	25,5	68,838
	•						onuses			
				10	0.23 Maximum am	ount payable withl	nolds	\$	6,9	915,717
				10	0.24 Amount actua	Illy paid for year w	thholds	\$	6,9	99,812
11 1	Is the reporting entity organized as:									
	to the reporting chitty organized do.				11.12 A Medica	al Group/Staff Mod	el,	Yes [	] No [	[ X ]
							ociation (IPA), or,			-
					11.14 A Mixed I	Model (combination	on of above)?	Yes [	] No !	[ X ]
								V [ V 1	I NI- F	,
11.2 11.3	Is the reporting entity subject to Statutory Market If yes, show the name of the state requiring									ı nusetts
11.4	If yes, show the amount required	y Such iiii	minum capital al	ia sarpias				<u></u>		601,093
11.5	Is this amount included as part of a conting									]
11.6	If the amount is calculated, show the calcu									
	1) Show net worth of \$1,000,000; Actual nanual financial statement filed with the co excess of \$150,000,000; or Total premium \$16,809,990) = \$19,809,990 3) An amour financial statement filed with the commissi of: i) 8% of annual health care expenditur the most recent financial statement filed w payment basis as reported on the most rec \$911,136,577 at 8% = \$72,890,926 + adju Requirement of \$85,601,093.	mmissior = \$1,830 nt equal to oner: Har es except ith the coi cent finan- sted hosp	ner on the first \$1,999,030; (2% of othe sum of 3 movered Pilgrim did it those paid on a mmissioner; and cial statement file ottal expenditures	50,000,000 of prei the first \$150,000 onths uncovered h not report any unco capitated basis or ii) 4% of annual I ed with the commis of \$317,754,159 a	mium and 1% of an ,000 = \$3,000,000 lealth care expendiovered expenditure managed by hosp nospital expenditur ssioner. Adjusted at 4% = \$12,710,10	nnual premium on ) + (1% of \$1,680 itures as reported es. 4) An amount ital payment basis res paid on a man d annual health ca 66 = Minimum Ne	the premium in 999,030 = on the most recent equal to the sum s as reported on aged hospital re expenditures of t Worth			
12.	List service areas in which reporting entity	is license	ed to operate:							
				1						
		Massachu	setts		Area					
		Connecti	cut							
	L									
13.1	Do you act as a custodian for health saving	as accour	nts?					Yes [ ]	ı No ſ	X 1
13.2	If yes, please provide the amount of custoo	dial funds	held as of the re	porting date				\$		
13.3	Do you act as an administrator for health s									
13.4	If yes, please provide the balance of funds	administe	ered as of the rep	oorting date				\$		
	Are any of the captive affiliates reported or If the answer to 14.1 is yes, please provide			orized reinsurers?			Yes [	] No [	] N/	'A [ X ]
	1		2	3	4		Supporting Reserve			
			NAIC Company	Domiciliary	Reserve	5 Letters of	6 Trust	7		
	Company Name		Code	Jurisdiction	Credit	Credit	Agreements	Other		
15.	Provide the following for individual ordinary ceded):	/ life insur	rance* policies (U	J.S. business only)	•		ance assumed or	\$		
							ns			
					15.3 N	lumber of Covered	d Lives			
			*Ordin	ary Life Insurance	Includes					
	Term(wheth	er full und			ssue, "short form a	app")				
					g, jet issue, "short	form app")				
			without secondar r without secondar							
				t secondary gurara	antee)					
							<del></del>			
16.	Is the reporting entity licensed or chartered	l, register	ed, qualified, elig	ible or writing busi	ness in at least two	o states?		Yes [X] N	0 [	]
16.1	If no, does the reporting entity assume rein domicile of the reporting entity?							Yes [ ] N	lo [	]

# **FIVE-YEAR HISTORICAL DATA**

		1 2021	2 2020	3 2019	4 2018	5 2017
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	1,216,639,392	1, 187, 274, 125	1,063,320,423	974,431,511	918,036,755
2.	Total liabilities (Page 3, Line 24)				421,683,585	
3.	Statutory minimum capital and surplus requirement	85,601,093	69,262,292	80,378,258	88,998,427	91,225,201
4.	Total capital and surplus (Page 3, Line 33)				552,747,959	477,807,504
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	1,830,999,029	1,731,378,185	1,696,833,408	1,834,947,303	1,649,878,580
6.	Total medical and hospital expenses (Line 18)	1,650,283,907	1,428,222,802	1,441,365,349	1,532,132,211	1,464,293,950
7.	Claims adjustment expenses (Line 20)	70, 181, 254	63,562,461	56,060,228	50,450,916	44,511,411
8.	Total administrative expenses (Line 21)				202,989,240	
9.	Net underwriting gain (loss) (Line 24)				47,359,450	(21,951,211)
10.	Net investment gain (loss) (Line 27)				16,592,049	21, 164,006
11.	Total other income (Lines 28 plus 29)				(23,016,653)	(7,645,715)
12.	Net income or (loss) (Line 32)					
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	(146,261,550)	97,387,401	(9,816,256)	109,259,466	14,393,398
	Risk-Based Capital Analysis					
14.	Total adjusted capital	723,314,399	726,876,035	638,006,918	552,747,959	477,807,504
15.	Authorized control level risk-based capital	124,411,557	104, 164, 210	106,522,219	106,326,476	105,464,853
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	245 , 147	241,953	235,654	260,496	250,577
17.	Total members months (Column 6, Line 7)	2,949,203	2,979,079	2,840,830	3, 134, 959	3, 163, 773
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.1	82.5	84.9	83.5	88.8
20.	Cost containment expenses	2.3				
21.	Other claims adjustment expenses					
22.	Total underwriting deductions (Line 23)					
23.	Total underwriting gain (loss) (Line 24)	(6.2)	1.5	0.7	2.6	(1.3)
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	105,208,610	103,524,657	135,806,614	115,592,887	121,494,837
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	136,258,825	140,495,057	158,631,226	137,776,367	138,375,805
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	292,017,453	256,510,936	240,505,994	204,821,068	198,931,381
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					
31.	All other affiliated					
32.	Total of above Lines 26 to 31	292,017,453	256,510,936	240,505,994	204,821,068	198,931,381
33.	Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been	restated due to a merger in compliance with the disclosure				
requirements of SSAP No. 3, Accounting Changes and Correction of Err	ors?	Yes [	] N	√o [	]
If no, please explain:					

#### SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	Allocated by States and Territories  1 Direct Business Only											
	States, etc.		Active Status	2 Accident and Health	3 Medicare	4  Medicaid	5 CHIP Title	6 Federal Employees Health Benefits Program	7 Life and Annuity Premiums & Other	8 Property/ Casualty	9 Total Columns 2	10 Deposit-Type
1.	Alabama	۸۱	(a) N	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
	Alaska		N N								0	
	Arizona		N N								0	
	Arkansas		N								0	
	California		N								0	
			N								0	
	Connecticut		L	43,545,877							43.545.877	
		DE	N								0	
9.	District of Columbia .	DC .	N								0	
10.	Florida	FL .	N								0	
11.	Georgia	GA	N								0	
12.	Hawaii	HI .	N.								0	
		ID .	N								0	
	Illinois		N								0	
	Indiana		N								0	
			N								0	
	Kansas	-	N								0	
	Kentucky		N								0	
	Louisiana		N	400 007 050	44 500 040						0	
		ME .	L	428,367,059	14,596,046			<b></b>			442,963,105	
	-		N	1 250 456 675	04 040 000						1 250 776 002	
	Massachusetts		L	.1,259,456,675	91,319,328						1,350,776,003	
	Michigan Minnesota		N N				<b></b>			l	0	
	Mississippi		N N								0	
	Missouri		N N								0	
	Montana		N N	·····				·····			n	
	Nebraska		N N								0	
	Nevada		N								0	
	New Hampshire		N								0	
	New Jersey		N								0	
	New Mexico		N								0	
	New York		N								0	
	North Carolina		N								0	
	North Dakota		N	ļ [							0	
36.	Ohio	ОН	N								0	
37.	Oklahoma	OK .	N								0	
38.	Oregon	OR .	N	ļ <b>.</b>							0	
39.	Pennsylvania	PA	N								0	
	Rhode Island		N	ļ							0	
		SC .	N								0	
		_	N.								0	
		TN .	N	ļ				ļ		l	0	
		TX	N								0	
			N								0	
	Vermont		N	<del> </del>				<b></b>		l	0	
	Virginia		N								0	
	Washington		N	<b> </b>							0	
	West Virginia		N								0	
	Wisconsin Wyoming		N N								0	
	American Samoa	WY .	N N	<b> </b>				l			0	<b></b>
	Guam		N N								0	
	Puerto Rico		N N					<b></b>		l	0	
	U.S. Virgin Islands		N N								0	
	Northern Mariana	V 1					•			•		
50.	Islands	MP	N								0	
57.	Canada		N								0	
58.	Aggregate Other											
	Aliens		XXX	0	0	0	0	0	0	0	0	0
	Subtotal Reporting Entity Contributions for En	nployee		1,731,369,611	105,915,374	0	0	0	0	0	1,837,284,985	0
	Benefit Plans		XXX		105 015						0	
	Totals (Direct Busine	,	XXX	1,731,369,611	105,915,374	0	0	0	0	0	1,837,284,985	0
	DETAILS OF WRITE											
58001.			XXX	ł							<b></b>	
			XXX	<del> </del>				<b> </b>	<del> </del>		<del> </del>	
58003. 58998	Summary of remainir		XXX	<del> </del>					<del> </del>	l	ł	
58999.	write-ins for Line 58 f overflow page Totals (Lines 58001 t	rom	XXX	0	0	0	0	0	0	0	0	0
	58003 plus 58998)(Li above)	ne 58	XXX	0	0	0	0	0	0	0	0	0

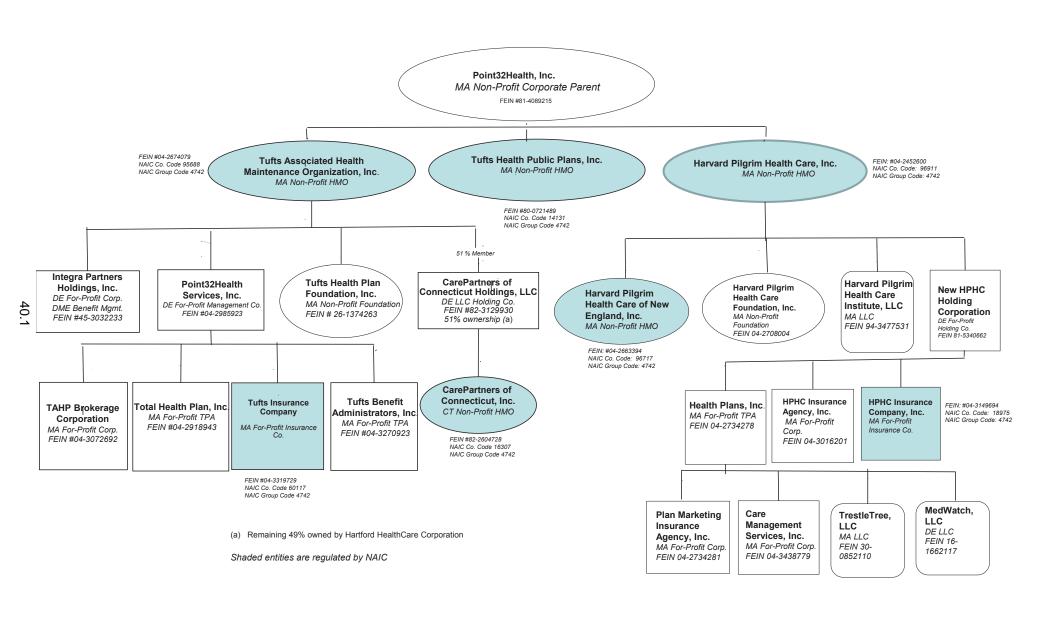
(a) Active	Status	Counts:

For individual members Harvard Pilgrim allocates premium based on the member's residence. For group members Harvard Pilgrim allocates premium based on the group situs.

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

<sup>(</sup>b) Explanation of basis of allocation by states, premiums by state, etc.

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



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

Additional Write-ins for Assets Line 11

	idi vinto ino idi riccoto Emio i i				
			Current Year		Prior Year
		1	2	3	4
				Net Admitted Assets	Net Admitted
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1104.				0	0
1197.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
				Net Admitted Assets	Net Admitted
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
2504.				0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

Additional Title tile to Extract of Hondanita 7 toole Entre 20							
		1	2	3			
				Change in Total			
		Current Year Total	Prior Year Total	Nonadmitted Assets			
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)			
2504.			0	0			
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0			

