



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

Meridian Health Plan of Michigan, Inc.

(Name)

NAIC Group Code 01295 , 01295 NAIC Company Code 52563 Employer's ID Number 38-3253977
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 09/18/1995 Commenced Business 12/31/1995

Statutory Home Office 1 Campus Martius, Suite 700 , Detroit, MI, US 48226
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard
(Street and Number)
St. Louis, MO, US 63105 313-324-3700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 31391 , Tampa, FL, US 33631-3391
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.mhplan.com

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

OFFICERS

Name	Title	Name	Title
<u>Sean Peter Kendall</u>	<u>President</u>	<u>Jeffrey Alan Schwaneke #</u>	<u>Treasurer and Vice President</u>
<u>Christopher Andrew Koster #</u>	<u>Secretary and Vice President</u>	<u>Tricia Lynn Dinkelman #</u>	<u>VP, Tax</u>

OTHER OFFICERS

<u>Kathleen Marie Harkness #</u>	<u>Assistant Secretary</u>	<u>Andrea Edwards Watroba #</u>	<u>CFO</u>
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DIRECTORS OR TRUSTEES

<u>Sean Peter Kendall #</u>	<u>Andrea Edwards Watroba #</u>	<u>Karie Enid Pasternak</u>
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State of
 County of **ss**

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

Sean Peter Kendall
 President

Jeffrey Alan Schwaneke
 Treasurer and Vice President

Christopher Andrew Koster
 Secretary and Vice President

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

- a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	209,078,679		209,078,679	274,874,226
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$49,888,220 , Schedule E-Part 1), cash equivalents (\$279,891,727 , Schedule E-Part 2) and short-term investments (\$77,119,204 , Schedule DA).....	406,899,151		406,899,151	142,564,554
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	34,385
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	615,977,831	.0	615,977,831	417,473,165
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	1,123,072		1,123,072	577,268
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	58,966,112		58,966,112	15,206,414
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$2,053,235) and contracts subject to redetermination (\$)	2,053,235		2,053,235	11,781,481
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	176,146		176,146	2,006,595
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans	2,647,385		2,647,385	1,965,859
18.1 Current federal and foreign income tax recoverable and interest thereon	12,782,131		12,782,131	.0
18.2 Net deferred tax asset.....	22,453,190		22,453,190	23,103,218
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	4,103,581		4,103,581	29,238,020
24. Health care (\$21,147,050) and other amounts receivable.....	28,954,651	2,099,745	26,854,906	17,062,429
25. Aggregate write-ins for other-than-invested assets	37,675,683	84,389	37,591,294	35,056,415
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	786,913,017	2,184,134	784,728,883	553,470,864
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	786,913,017	2,184,134	784,728,883	553,470,864
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. State Income Tax Receivable.....	2,584,640		2,584,640	.0
2502. Prepays.....	84,389	84,389	.0	.0
2503. Insurance Provider Assessment.....	35,006,654		35,006,654	35,056,415
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	37,675,683	84,389	37,591,294	35,056,415

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	302,265,688		302,265,688	237,646,619
2. Accrued medical incentive pool and bonus amounts	29,500,040		29,500,040	16,702,526
3. Unpaid claims adjustment expenses	2,223,580		2,223,580	1,985,478
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	128,427,205		128,427,205	12,713,499
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	683,027		683,027	1,138,110
9. General expenses due or accrued	48,166,619		48,166,619	39,381,473
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	8,073,556
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	779,189		779,189	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	736,592		736,592	30
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	14,637,378		14,637,378	2,647,576
23. Aggregate write-ins for other liabilities (including \$ current)	2,286,067	0	2,286,067	2,682,026
24. Total liabilities (Lines 1 to 23)	529,705,385	0	529,705,385	322,970,893
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	35,954,714
26. Common capital stock	XXX	XXX	44,700	44,700
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	228,451,363	228,451,363
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	26,527,435	(33,950,806)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	255,023,498	230,499,971
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	784,728,883	553,470,864
DETAILS OF WRITE-INS				
2301. Unclaimed Property Payable	2,286,067		2,286,067	2,682,026
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	2,286,067	0	2,286,067	2,682,026
2501. Estimate of 2020 ACA Health Insurer Fee Surplus	XXX	XXX		35,954,714
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	35,954,714
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	6,688,605	6,291,379
2. Net premium income (including \$0 non-health premium income).....	XXX	2,138,589,488	1,955,839,373
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	110,178,130	70,112,830
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,248,767,618	2,025,952,203
Hospital and Medical:			
9. Hospital/medical benefits		1,298,322,848	1,251,717,943
10. Other professional services		64,324,319	63,586,680
11. Outside referrals			74,273,793
12. Emergency room and out-of-area		166,370,177	37,566,447
13. Prescription drugs		329,322,014	309,500,011
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		39,859,353	19,210,947
16. Subtotal (Lines 9 to 15)	0	1,898,198,711	1,755,855,821
Less:			
17. Net reinsurance recoveries		(1,409,079)	690,586
18. Total hospital and medical (Lines 16 minus 17)	0	1,899,607,790	1,755,165,235
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$14,238,617 cost containment expenses.....		34,242,442	36,846,916
21. General administrative expenses.....		278,297,621	270,417,154
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,212,147,853	2,062,429,305
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	36,619,765	(36,477,102)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		5,658,679	7,354,697
26. Net realized capital gains (losses) less capital gains tax of \$0		67,372	1,041,941
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,726,051	8,396,638
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$189,921)]		(189,921)	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	42,155,895	(28,080,464)
31. Federal and foreign income taxes incurred	XXX	20,994,982	1,073,265
32. Net income (loss) (Lines 30 minus 31)	XXX	21,160,913	(29,153,729)
DETAILS OF WRITE-INS			
0601. ACA Health Insurer Fee - 2020.....	XXX	37,791,298	0
0602. Insurance Provider Assessment.....	XXX	72,386,832	70,112,830
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	110,178,130	70,112,830
0701.	XXX		0
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			0
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	230,499,971	169,850,043
34. Net income or (loss) from Line 32	21,160,913	(29,153,729)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(113,963)	(50,083)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(723,165)	14,065,992
39. Change in nonadmitted assets	4,199,742	787,748
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	75,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	24,523,527	60,649,928
49. Capital and surplus end of reporting year (Line 33 plus 48)	255,023,498	230,499,971
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,219,816,659	1,973,042,820
2. Net investment income	7,893,854	7,222,135
3. Miscellaneous income	110,178,130	89,101,206
4. Total (Lines 1 through 3)	2,337,888,643	2,069,366,161
5. Benefit and loss related payments	1,816,642,579	1,723,207,706
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	292,208,539	255,981,905
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	41,127,502	(12,529,586)
10. Total (Lines 5 through 9)	2,149,978,620	1,966,660,025
11. Net cash from operations (Line 4 minus Line 10)	187,910,023	102,706,136
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	139,298,449	751,867,739
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	16,105	1,155,714
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(38,373)	1,499
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	139,276,181	753,024,952
13. Cost of investments acquired (long-term only):		
13.1 Bonds	76,178,136	1,025,549,187
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	76,178,136	1,025,549,187
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)	63,098,045	(272,524,235)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	75,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	13,326,530	(29,381,381)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	13,326,530	45,618,619
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)	264,334,598	(124,199,480)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	142,564,554	266,764,034
19.2 End of year (Line 18 plus Line 19.1)	406,899,151	142,564,554

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,138,589,488	37,101,263	0	0	0	0	466,894,178	1,634,594,047	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	110,178,130	0	0	0	0	0	0	110,178,130	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,248,767,618	37,101,263	0	0	0	0	466,894,178	1,744,772,177	0	0
8. Hospital/medical benefits	1,298,322,848	17,175,848					310,020,384	971,126,616		XXX
9. Other professional services	64,324,319						10,339,917	53,984,402		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	166,370,177	1,027,570					31,906,736	133,435,871		XXX
12. Prescription drugs	329,322,014	6,385,461					26,247,152	296,689,401		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	39,859,353	17,961					7,762,051	32,079,341		XXX
15. Subtotal (Lines 8 to 14)	1,898,198,711	24,606,840	0	0	0	0	386,276,240	1,487,315,631	0	XXX
16. Net reinsurance recoveries	(1,409,079)	(10,927)					9,309	(1,407,461)		XXX
17. Total hospital and medical (Lines 15 minus 16)	1,899,607,790	24,617,767	0	0	0	0	386,266,931	1,488,723,092	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 14,238,617 cost containment expenses	34,242,442	424,685					6,781,075	27,036,682		
20. General administrative expenses	278,297,620	3,976,978					40,143,752	234,176,890		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,212,147,852	29,019,430	0	0	0	0	433,191,758	1,749,936,664	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	36,619,766	8,081,833	0	0	0	0	33,702,420	(5,164,487)	0	0
DETAILS OF WRITE-INS										
0501. ACA Health Insurer Fee - 2020	40,164,823							40,164,823		XXX
0502. Insurance Provider Assessment	70,013,307							70,013,307		XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	110,178,130	0	0	0	0	0	0	110,178,130	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	37,105,120		3,857	37,101,263
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	466,909,057		14,879	466,894,178
7. Title XIX - Medicaid.....	1,634,777,338		183,291	1,634,594,047
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	2,138,791,515	.0	202,027	2,138,589,488
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	2,138,791,515	0	202,027	2,138,589,488

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	1,790,548,397	23,366,349					359,959,257	1,407,222,791		
1.2 Reinsurance assumed	0						0			
1.3 Reinsurance ceded	421,369	(10,927)					9,309	422,987		
1.4 Net	1,790,127,028	23,377,276	0	0	0	0	359,949,948	1,406,799,804	0	0
2. Paid medical incentive pools and bonuses	27,061,840	7,922					4,299,093	22,754,825		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	302,265,688	4,020,088	0	0	0	0	78,319,425	219,926,175	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	302,265,688	4,020,088	0	0	0	0	78,319,425	219,926,175	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	29,500,039	44,550					4,112,931	25,342,558		
6. Net healthcare receivables (a)	(3,718,179)	822,840					(655,494)	(3,885,525)		
7. Amounts recoverable from reinsurers December 31, current year	176,146							176,146		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	237,646,619	1,974,718	0	0	0	0	60,419,987	175,251,914	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	237,646,619	1,974,718	0	0	0	0	60,419,987	175,251,914	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	16,702,525	34,511	0	0	0	0	649,973	16,018,041	0	0
11. Amounts recoverable from reinsurers December 31, prior year	2,006,595	0	0	0	0	0	0	2,006,595	0	0
12. Incurred benefits:										
12.1 Direct	1,858,885,645	24,588,879	0	0	0	0	378,514,189	1,455,782,577	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(1,409,080)	(10,927)	0	0	0	0	9,309	(1,407,462)	0	0
12.4 Net	1,860,294,725	24,599,806	0	0	0	0	378,504,880	1,457,190,039	0	0
13. Incurred medical incentive pools and bonuses	39,859,354	17,961	0	0	0	0	7,762,051	32,079,342	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	78,995,483	865,913					13,802,181	64,327,389		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	78,995,483	865,913	0	0	0	0	13,802,181	64,327,389	0	0
2. Incurred but Unreported:										
2.1. Direct	223,270,205	3,154,175					64,517,244	155,598,786		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	223,270,205	3,154,175	0	0	0	0	64,517,244	155,598,786	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	302,265,688	4,020,088	0	0	0	0	78,319,425	219,926,175	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	302,265,688	4,020,088	0	0	0	0	78,319,425	219,926,175	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,586,904	21,790,372	43,013	3,977,075	1,629,917	1,974,718
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	36,282,406	323,031,469	1,838,441	76,480,984	38,120,847	60,419,987
7. Title XIX - Medicaid.....	137,426,900	1,271,293,137	13,812,874	206,113,301	151,239,774	175,251,914
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	175,296,210	1,616,114,978	15,694,328	286,571,360	190,990,538	237,646,619
10. Healthcare receivables (a).....	(48,281)	14,852,388			(48,281)	18,522,286
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	7,525,730	19,536,110	2,288,046	27,211,993	9,813,776	16,702,526
13. Totals (Lines 9-10+11+12)	182,870,221	1,620,798,700	17,982,374	313,783,353	200,852,595	235,826,859

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.50	.50	.50	.50	.50
2. 2016	2,320	3,609	3,609	3,609	3,609
3. 2017	XXX	6,795	8,642	8,651	8,651
4. 2018	XXX	XXX	9,961	11,073	11,073
5. 2019	XXX	XXX	XXX	9,617	11,212
6. 2020	XXX	XXX	XXX	XXX	20,788

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.50	.50	.50	.50	.50
2. 2016	3,972	3,609	3,609	3,609	3,609
3. 2017	XXX	9,441	8,651	8,651	8,651
4. 2018	XXX	XXX	12,147	11,082	11,082
5. 2019	XXX	XXX	XXX	11,618	11,427
6. 2020	XXX	XXX	XXX	XXX	24,810

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	5,620	3,609		0.0	3,609	64.2			3,609	64.2
2. 2017	12,962	8,651		0.0	8,651	66.7			8,651	66.7
3. 2018	17,570	11,073		0.0	11,073	63.0			11,073	63.0
4. 2019	21,208	11,212		0.0	11,212	52.9	43		11,255	53.1
5. 2020	37,101	20,788	440	2.1	21,228	57.2	4,022		25,250	68.1

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Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	110,664	110,839	110,839	110,839	110,839
2. 2016	103,006	118,273	118,462	118,462	118,462
3. 2017	XXX	129,073	146,978	149,349	149,349
4. 2018	XXX	XXX	165,371	195,287	195,287
5. 2019	XXX	XXX	XXX	233,029	270,104
6. 2020	XXX	XXX	XXX	XXX	314,312

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	110,839	110,839	110,839	110,839	110,839
2. 2016	125,871	118,462	118,462	118,462	118,462
3. 2017	XXX	154,383	149,349	149,349	149,349
4. 2018	XXX	XXX	204,883	196,133	196,133
5. 2019	XXX	XXX	XXX	293,253	285,107
6. 2020	XXX	XXX	XXX	XXX	394,412

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	130,132	118,462		0.0	118,462	91.0			118,462	91.0
2. 2017.....	169,139	149,349		0.0	149,349	88.3			149,349	88.3
3. 2018.....	251,247	195,287		0.0	195,287	77.7			195,287	77.7
4. 2019.....	319,093	270,104		0.0	270,104	84.6	2,332		272,436	85.4
5. 2020.....	466,894	314,312	5,263	1.7	319,575	68.4	80,100	508	400,183	85.7

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,904,823	2,937,089	2,937,089	2,937,089	2,937,089
2. 2016	1,646,840	1,865,319	1,886,858	1,886,858	1,886,858
3. 2017	XXX	1,682,077	1,854,173	1,871,191	1,871,191
4. 2018	XXX	XXX	1,401,333	1,540,567	1,540,567
5. 2019	XXX	XXX	XXX	1,292,416	1,436,616
6. 2020	XXX	XXX	XXX	XXX	1,285,699

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,937,089	2,937,089	2,937,089	2,937,089	2,937,089
2. 2016	1,900,676	1,886,857	1,886,858	1,886,858	1,886,858
3. 2017	XXX	1,865,832	1,871,191	1,871,191	1,871,191
4. 2018	XXX	XXX	1,575,898	1,554,930	1,554,930
5. 2019	XXX	XXX	XXX	1,469,322	1,442,685
6. 2020	XXX	XXX	XXX	XXX	1,515,360

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	2,223,035	1,886,858		0.0	1,886,858	84.9			1,886,858	84.9
2. 2017.....	2,019,724	1,871,191		0.0	1,871,191	92.6			1,871,191	92.6
3. 2018.....	1,665,530	1,540,567		0.0	1,540,567	92.5			1,540,567	92.5
4. 2019.....	1,615,538	1,436,616		0.0	1,436,616	88.9	15,607		1,452,223	89.9
5. 2020.....	1,634,594	1,285,699	28,300	2.2	1,313,999	80.4	229,661	1,716	1,545,376	94.5

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	19,625	19,625	19,625	19,625	19,625
2. 2016	4,295	4,972	4,972	4,972	4,972
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0
6. 2020	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	19,625	19,625	19,625	19,625	19,625
2. 2016	4,738	4,975	4,972	4,972	4,972
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0
6. 2020	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	3,947	4,972		0.0	4,972	126.0			4,972	126.0
2. 2017.....	.0	.0		0.0	.0	0.0			.0	0.0
3. 2018.....	.0	.0		0.0	.0	0.0			.0	0.0
4. 2019.....	.0	.0		0.0	.0	0.0			.0	0.0
5. 2020.....	0	0		0.0	0	0.0			0	0.0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	3,035,162	3,067,603	3,067,603	3,067,603	3,067,603
2. 2016	1,756,461	1,992,173	2,013,901	2,013,901	2,013,901
3. 2017	XXX	1,817,945	2,009,793	2,029,191	2,029,191
4. 2018	XXX	XXX	1,576,665	1,746,927	1,746,927
5. 2019	XXX	XXX	XXX	1,535,062	1,717,932
6. 2020	XXX	XXX	XXX	XXX	1,620,799

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	3,067,603	3,067,603	3,067,603	3,067,603	3,067,603
2. 2016	2,035,257	2,013,903	2,013,901	2,013,901	2,013,901
3. 2017	XXX	2,029,656	2,029,191	2,029,191	2,029,191
4. 2018	XXX	XXX	1,792,928	1,762,145	1,762,145
5. 2019	XXX	XXX	XXX	1,774,193	1,739,219
6. 2020	XXX	XXX	XXX	XXX	1,934,582

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	2,362,734	2,013,901	0	0.0	2,013,901	85.2	0	0	2,013,901	85.2
2. 2017	2,201,825	2,029,191	0	0.0	2,029,191	92.2	0	0	2,029,191	92.2
3. 2018	1,934,347	1,746,927	0	0.0	1,746,927	90.3	0	0	1,746,927	90.3
4. 2019	1,955,839	1,717,932	0	0.0	1,717,932	87.8	17,982	0	1,735,914	88.8
5. 2020	2,138,589	1,620,799	34,003	2.1	1,654,802	77.4	313,783	2,224	1,970,809	92.2

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Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	128,427,205	12,449,191					6,666,385	109,311,629	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	128,427,205	12,449,191	.0	.0	.0	.0	6,666,385	109,311,629	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	128,427,205	12,449,191	0	0	0	0	6,666,385	109,311,629	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			6,609,406		6,609,406
2. Salaries, wages and other benefits			95,061,651		95,061,651
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			26,425,613		26,425,613
7. Traveling expenses			265,089		265,089
8. Marketing and advertising			4,622,058		4,622,058
9. Postage, express and telephone			3,095,887		3,095,887
10. Printing and office supplies			9,322,693		9,322,693
11. Occupancy, depreciation and amortization			11,889,933		11,889,933
12. Equipment			833,409		833,409
13. Cost or depreciation of EDP equipment and software			1,129,675		1,129,675
14. Outsourced services including EDP, claims, and other services	14,238,617	20,003,825	1,420,115		35,662,557
15. Boards, bureaus and association fees			3,909,843		3,909,843
16. Insurance, except on real estate			187,130		187,130
17. Collection and bank service charges			670,084		670,084
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(459,010)		(459,010)
23.2 State premium taxes			70,013,308		70,013,308
23.3 Regulatory authority licenses and fees			1,632,684		1,632,684
23.4 Payroll taxes			6,076,926		6,076,926
23.5 Other (excluding federal income and real estate taxes)			35,591,127		35,591,127
24. Investment expenses not included elsewhere				43,572	43,572
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	14,238,617	20,003,825	278,297,621	43,572	(a) 312,583,635
27. Less expenses unpaid December 31, current year		2,223,580	48,166,619		50,390,199
28. Add expenses unpaid December 31, prior year	0	1,985,478	39,381,473	0	41,366,951
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	14,238,617	19,765,723	269,512,475	43,572	303,560,387
DETAILS OF WRITE-INS					
2501. Contributions.....					0
2502. Interest on Medical Claims.....					0
2503. Bad Debt Expense.....					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$172,931,160 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 847,305	784,152
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 3,538,500	3,524,188
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 3,508,049	1,393,911
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	7,893,854	5,702,251
11. Investment expenses		(g) 43,572
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		43,572
17. Net investment income (Line 10 minus Line 16)		5,658,679
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 3,633 accrual of discount less \$ 2,705,506 amortization of premium and less \$ 128,825 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 15,755 accrual of discount less \$ 766,585 amortization of premium and less \$ 650,736 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	123,655		123,655	(97,016)	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	(38,373)		(38,373)	(16,950)	0
7. Derivative instruments			0		
8. Other invested assets	(18,280)	0	(18,280)	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	67,002	0	67,002	(113,966)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	73,138	73,138
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets.....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	2,099,745	6,309,663	4,209,918
25. Aggregate write-ins for other-than-invested assets	84,389	1,075	(83,314)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,184,134	6,383,876	4,199,742
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	2,184,134	6,383,876	4,199,742
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaids.....	84,389	1,075	(83,314)
2502. ....		.0	.0
2503. ....		.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	84,389	1,075	(83,314)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	519,533	530,382	553,457	574,306	588,093	6,688,605
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	519,533	530,382	553,457	574,306	588,093	6,688,605
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan, Inc. (the “Company”), domiciled in the state of Michigan, are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Michigan insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Michigan. The Department has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires the Michigan Insurance Provider Assessment (“IPA”) to be reported on a gross basis as aggregate write-in revenue and general administrative expense. In NAIC SAP this type of pass-through arrangement is recorded through deposit accounting. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
1	xxx	xxx	xxx	\$ 21,160,913	\$ (29,153,729)
2	—	—	—	—	—
3	—	—	—	—	—
4	xxx	xxx	xxx	<u>\$ 21,160,913</u>	<u>\$ (29,153,729)</u>
SURPLUS					
5	xxx	xxx	xxx	\$ 255,023,498	\$ 230,499,971
6	—	—	—	—	—
7	—	—	—	—	—
8	xxx	xxx	xxx	<u>\$ 255,023,498</u>	<u>\$ 230,499,971</u>

B. Uses of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investment in subsidiaries, controlled or affiliated companies.
8. The Company has a minor ownership interest in a joint venture. The Company carries this interest based on the underlying audited GAAP equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has no premium deficiency reserve at December 31, 2020.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT

while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

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

13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company has been directed by the Department to change the method of accounting for the Specialty Network Access Fee ("SNAF"), as uninsured plans in accordance with SSAP 47, beginning with the March 31, 2019 reporting period. Prior to this change, this program was recorded as premium revenue and medical expense on the Statutory Statement of Revenue and Expenses. Therefore, there were no amounts recorded as liabilities for uninsured plans as of December 31, 2019, as all outstanding amounts related to this program are included in unpaid claims.

The Company has been directed by the Department to change the method of accounting for the Insurance Provider Assessment, requiring the amount of the assessment and related reimbursement to be grossed up and reported as revenue and expense on the Statutory Statement of Revenue and Expenses beginning with the 2019 assessment period, as well as to record the remaining reimbursement receivable and IPA payable on the Statutory Statement of Admitted Assets, Liabilities, and Capital and Surplus as of December 31, 2019.

3. Business Combinations and Goodwill

A. The Company has no statutory purchases.

B. The Company has no statutory mergers.

C. The Company has no assumption reinsurance.

D. The Company has no impairment losses.

4. Discontinued Operations

The Company has no discontinued operations.

5. Investments

A. The Company has no mortgage loans, including mezzanine real estate loans.

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. Loan-back securities

1. The Company has no loan-back securities.

2. The Company has no OTTI to recognize.

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

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	—
2. 12 Months or Longer	\$	18,397

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

1. Less than 12 Months	\$	—
2. 12 Months or Longer	\$	1,730,495

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

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

E. The Company did not have any pledged assets as collateral for repurchase agreements, securities lending transactions or dollar repurchase agreements.

F-I. The Company did not have any repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

J. The Company did not engage in any retail land sale operations.

K. The Company did not engage in any low income housing tax credits.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

The information on the Company's investment in restricted assets at December 31, was as follows:

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b. Collateral held under security lending agreements	—	—	—	—	—	—	—
c. Subject to repurchase agreements	—	—	—	—	—	—	—
d. Subject to reverse repurchase agreements	—	—	—	—	—	—	—
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
g. Placed under option contracts	—	—	—	—	—	—	—
h. Letter stock or securities	—	—	—	—	—	—	—
i. FHLB capital stock	—	—	—	—	—	—	—
j. On deposit with states	2,191,971	2,182,053	35,383	—	2,191,971	0.300 %	0.300 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged as collateral to FHLB	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total restricted assets	\$ 2,191,971	\$ 2,182,053	\$ 35,383	\$ —	\$ 2,191,971	0.300 %	0.300 %

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

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

2. The Company did not have any assets pledged as collateral, or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company has no collateral received and reflected as assets.

M. The Company has no working capital financed investments.

N. The Company has no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company has no 5*GI securities.

P. The Company has no short sales.

Q. The Company did not have any prepayment penalty and acceleration fees.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company had no investments in any joint ventures, partnerships or limited liability companies that exceeds 10% of the admitted assets of the insurer.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.

B. There was no nonadmitted accrued interest income.

8. Derivative Instruments

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

The Company had no investment derivative instruments.

9. Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

The components of the net DTAs/DTLs at December 31, are as follows:

(1)	12/31/2020			12/31/2019		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 22,506,849	\$ 34,450	\$ 22,541,299	\$ 23,250,066	\$ 73,138	\$ 23,323,204
(b) Statutory Valuation Allowance Adjustments	—	—	—	—	—	—
(c) Adjusted Gross Deferred Tax Assets	22,506,849	34,450	22,541,299	23,250,066	73,138	23,323,204
(d) Deferred Tax Assets Nonadmitted	—	—	—	(73,138)	—	(73,138)
(e) Subtotal Net Admitted Deferred Tax Asset	22,506,849	34,450	22,541,299	23,176,928	73,138	23,250,066
(f) Deferred Tax Liabilities ("DTL")	(88,109)	—	(88,109)	(146,847)	—	(146,847)
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 22,418,740</u>	<u>\$ 34,450</u>	<u>\$ 22,453,190</u>	<u>\$ 23,030,081</u>	<u>\$ 73,138</u>	<u>\$ 23,103,219</u>

(2)

Admission Calculation Components SSAP 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 17,731,595	\$ 17,909	\$ 17,749,504	\$ 10,504,875	\$ —	\$ 10,504,875
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	4,775,254	16,541	4,791,795	12,745,190	—	12,745,190
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	4,775,254	16,541	4,791,795	12,745,190	—	12,745,190
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	22,506,849	—	22,506,849	31,109,513	—	31,109,513
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	—	—	—	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 22,506,849</u>	<u>\$ 34,450</u>	<u>\$ 22,541,299</u>	<u>\$ 23,250,065</u>	<u>\$ —</u>	<u>\$ 23,250,065</u>

(1)	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (743,217)	\$ (38,688)	\$ (781,905)
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets	(743,217)	(38,688)	(781,905)
(d) Deferred Tax Assets Nonadmitted	—	(73,138)	(73,138)
(e) Subtotal Net Admitted Deferred Tax Asset	(743,217)	34,450	(708,767)
(f) Deferred Tax Liabilities	58,738	27,122	85,860
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ (684,479)</u>	<u>\$ 7,328</u>	<u>\$ (677,151)</u>

(2)

Admission Calculation Components SSAP 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 7,226,720	\$ 17,909	\$ 7,244,629
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	(7,969,936)	16,541	(7,953,395)
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	(7,969,936)	16,541	(7,953,395)
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	(8,602,663)	—	(8,602,663)
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ (743,216)</u>	<u>\$ 34,450</u>	<u>\$ (708,766)</u>

2020 2019

(3)

(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	375 %	301 %
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 232,570,308	\$ 201,122,796

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

(4) Impact of Tax-Planning Strategies	12/31/2020		12/31/2019		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage						
(1) Adjusted Gross DTA Amount						
From Note 9A1c	\$ 22,506,849	\$ 34,450	\$ 23,250,065	\$ 73,138	\$ (743,216)	\$ (38,688)
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0 %	0 %	0 %	0 %	0 %	0 %
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1e	\$ 22,506,849	\$ 34,450	\$ 23,250,065	\$ —	\$ (743,216)	\$ 34,450
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0 %	0 %	0 %	0 %	0 %	0 %
(b) Does the Company's tax-planning strategies include the use of reinsurance?					Yes _____	No <u>X</u> _____

B. There are no temporary differences for which DTLs have not been established.

C. Current income taxes incurred consist of the following major components at December 31:

(1) Current Income Tax	12/31/2020	12/31/2019	Change
(a) Federal	\$ 16,175,810	\$ 6,028,383	\$ 10,147,427
(b) Foreign	—	—	—
(c) Subtotal	\$ 16,175,810	\$ 6,028,383	\$ 10,147,427
(d) Federal income tax on net capital gains	17,909	—	17,909
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	4,819,172	—	4,819,172
(g) Federal and foreign income taxes incurred	\$ 21,012,891	\$ 6,028,383	\$ 14,984,508
(2) Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 1,063,709	\$ 2,203,337	\$ (1,139,628)
(2) Unearned premium reserve	28,687	32,499	(3,812)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	20,955,784	19,689,201	1,266,583
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	457,164	1,325,029	(867,865)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	1,504	—	1,504
Subtotal	\$ 22,506,848	\$ 23,250,066	\$ (743,218)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets	\$ 22,506,848	\$ 23,250,066	\$ (743,218)
(e) Capital			
(1) Investments	—	—	—
(2) Net capital loss carry-forward	—	73,138	(73,138)
(3) Real estate	—	—	—
(4) Other	34,450	—	34,450
Subtotal	\$ 34,450	\$ 73,138	\$ (38,688)
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	73,138	(73,138)
(h) Admitted capital deferred tax assets	\$ 34,450	\$ —	\$ 34,450
(i) Admitted deferred tax assets	\$ 22,541,298	\$ 23,250,066	\$ (708,768)

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(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$	—	\$ —
(2) Fixed assets		—	—
(3) Deferred and uncollected premium		—	—
(4) Policyholder reserves		—	—
(5) Other		88,109	146,847
Subtotal	\$	88,109	\$ (58,738)
(b) Capital			
(1) Investments		—	—
(2) Real estate		—	—
(3) Other		—	—
Subtotal	\$	—	\$ —
(c) Deferred tax liabilities	\$	88,109	\$ 146,847
			\$ (58,738)
(4) Net deferred tax assets/liabilities	\$	22,453,190	\$ 23,103,218
			\$ (650,028)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred from which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2020	% of Pre-tax Income
Provision computed at statutory rate	\$ 8,856,499	21.00%
Intangible tax amortization	—	—%
Change in non-admitted assets	866,587	2.05%
Non-deductible expenses	—	—%
Prior year true-up	7,453,637	17.68%
ACA insurer fee	—	—%
Tax rate change	—	—%
Other	4,593,786	10.89%
Total statutory income tax	<u>\$ 21,770,509</u>	<u>51.62%</u>
	2020	% of Pre-tax Income
Federal and foreign income taxes incurred	\$ 20,994,983	49.78 %
Realized capital gains(losses) tax	17,909	0.04 %
Change in net deferred income taxes	757,617	1.80 %
Total statutory income tax	<u>\$ 21,770,509</u>	<u>51.62 %</u>

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

At December 31, 2020, the Company has no federal operating loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

Year:	Ordinary	Capital	Total
2020	16,175,810	17,909	16,193,719
2019	0	0	0
2018	0	0	0

3. There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Centene Corporation ("Centene") and its subsidiaries, include the following entities:

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

2. The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company does not have any repatriation transition tax.

I. The Company does not have any alternative minimum tax credit.

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J. The Company does not have any global intangible low taxed income.

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

Meridian Management Company, LLC

The Company contracted with MMC, a third-party administrator related through common ownership, for administrative services. The Company incurred management fees to Meridian Management Company totaling \$172,931,160 and \$165,163,138 in 2020 and 2019, respectively.

MeridianRX, LLC

The Company contracted with MeridianRX, LLC a third-party administrator related through common ownership, for pharmacy benefit management services. During 2020 and 2019, the Company paid pharmacy costs and related expenses totaling \$322,052,983 and \$394,182,980, respectively, related to this agreement. The Company had outstanding amounts due to MeridianRX totaling \$0 and \$15,016,482 at December 31, 2020 and 2019, respectively, related to this agreement.

D. At December 31, 2020 and 2019, the Company reported a balance of \$4,103,581 and \$29,238,020, receivable from parent, subsidiaries and affiliates and a \$736,592 and \$30, payable to parent, subsidiaries and affiliates, respectively.

E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

F. The Company does not have guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. Control/Ownership - The Company is a wholly-owned subsidiary of WCMHC.

H. - L. The Company did not have any controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.

M. - O. The Company did not have any SCA investments, investments in insurance and SCA losses.

11. Debt

The Company did not have any debt or Federal Home Loan Bank agreements.

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

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

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

A. The Company has 100,000 shares of \$44.70 stated value common stock authorized of which 1,000 shares are issued and outstanding.

B. The Company has no preferred stock outstanding.

C. Dividend Restrictions -

Under the laws of the State of Michigan, all dividends and other distributions to shareholders must be reported to the Michigan Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus

D. *Dividends* - The Company did not pay any dividends in 2020 or 2019.

Capital Contributions

The Company received capital contributions of \$25,000,000, on June 28, 2019, September 30, 2019 and December 26, 2019 from its parent company, WCHMH, totaling \$75,000,000 for the year ended December 31, 2019.

E. Within the limitation of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. The Company has no advances to surplus not repaid.

H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.

I. The changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee.

J. The Company has \$(46,933) of unrealized gains and (losses).

K. The Company has no surplus notes.

L. The Company was not involved in a quasi-reorganization.

M. The Company has not been involved in a quasi-reorganization in the last 10 years.

14. Liabilities, Contingencies and Assessments

A. There were no contingent commitments.

B. Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment. The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the

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Medicaid program is fully reimbursed by MDHHS. The Company recognized \$110,178,130 as an aggregate write-in for other healthcare related revenues and \$39,493,510 as general administrative expenses for the year ended December 31, 2020. The Company has \$35,006,654 recorded as an aggregate write-in for other than invested assets and \$35,006,654 recorded as general expenses due and accrued on the Statutory Statements of Admitted Assets, Liabilities, and Capital and Surplus at December 31, 2020 related to the remaining payments and reimbursement on the 2020 assessment.

C. There were no gain contingencies.

D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.

E. There were no joint and several liabilities.

F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. 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 it considers impaired.

15. Leases

The Company did not have any leases.

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

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

A. Transfers of Receivables Reported as Sales

The Company did not have any transfer of receivables reported as sales.

B. Transfer and Servicing of Financial Assets

The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

C. Wash Sales

The Company has no wash sales with an NAIC designation 3 or below or unrated securities.

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

A. ASO Plans - As of December 31, 2020 the Company has received payments totaling \$37,105,120 and paid a total of \$24,606,840 to the hospitals on behalf of the Michigan Department of Health and Human Services for the managed care Medicaid pass-through programs GME, HRA, and SNAF.

Reference	Description	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Gross reimbursement for medical cost incurred	—	\$ 37,105,120	\$ 37,105,120
b.	Gross administrative fees accrued	—	\$ —	\$ —
c.	Other income or expenses (including interest paid to or received from plans)	—	\$ —	\$ —
d.	Gross Expenses incurred (claims and administrative)	—	\$ 24,606,840	\$ 24,606,840
e.	Total net gain or loss from operations	—	\$ —	\$ —

B. ASC Plans - None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. There were no major components of revenue by payor.

2. At December 31, 2020 and 2019, the Company has recorded receivables of \$2,053,235 and \$1,965,859, respectively,, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.

3. There were no recorded allowances or reserves for adjustment of recorded revenues.

4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company has no direct premiums written or reduced by managing general agents or third party administrators.

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

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1. Fair Value Measurements Reporting Date:

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
<u>Cash, Cash Equivalent and Short Investments</u>					
Cash and Cash Equivalents	\$ 329,779,947	\$ —	\$ —	\$ —	\$ 329,779,947
Short-Term Investments	—	—	—	—	—
Total Cash and Short-Term Investments	\$ 329,779,947	\$ —	\$ —	\$ —	\$ 329,779,947
<u>Perpetual Preferred Stock</u>					
Industrial & Misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Perpetual Preferred Stocks	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Bonds</u>					
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —
Industrial & Misc.	—	5,287,378	—	—	5,287,378
SVO Identified Funds	60,494,331	—	—	—	60,494,331
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Bonds	\$ 60,494,331	\$ 5,287,378	\$ —	\$ —	\$ 65,781,709
<u>Common Stock</u>					
Industrial & Misc.	—	—	—	—	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Derivatives Assets</u>					
Interest rate contracts	\$ —	\$ —	\$ —	\$ —	\$ —
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total Derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Separate account assets</u>					
Total assets at fair value/NAV	\$ 390,274,278	\$ 5,287,378	\$ —	\$ —	\$ 395,561,656
b. Liabilities at fair value					
Total liabilities at fair value					\$ —

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value at December 31, 2020 and 2019.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

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

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
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Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. Government	\$ 39,882,782	\$ 38,924,888	\$ 81,875	\$ 39,800,907	\$ —	—	—
U.S. States, territories & possessions	—	—	—	—	—	—	—
Political subdivision of states, territories & possessions	2,850,006	2,835,556	—	2,850,006	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	87,336,788	85,062,780	—	87,336,788	—	—	—
Exchange Traded Fund	60,494,331	60,494,331	60,494,331	—	—	—	—
Hybrid Securities	—	—	—	—	—	—	—
Industrial & miscellaneous	22,117,353	21,761,125	—	22,117,353	—	—	—
Total Bonds	\$212,681,260	\$209,078,680	\$60,576,206	\$152,105,054	\$—	\$—	\$—
Preferred Stocks	—	—	—	—	—	—	—
Short Term Investments	77,131,865	77,119,204	3,277,157	73,854,708	—	—	—
Cash and Cash Equivalents	329,775,459	329,779,947	329,775,459	—	—	—	—
Total Investments	\$619,588,584	\$615,977,831	\$393,628,822	\$225,959,762	\$—	\$—	\$—

D. & E. The Company has no investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

21. Other Items

A. The Company did not have any unusual or infrequent items.

B. The Company did not have any troubled debt restructuring.

C. Other Disclosures and Unusual Items -

On March 26, 2019, WellCare Health Plans, Inc. ("WellCare") entered into an Agreement and Plan of Merger (the "Merger Agreement") with Centene Corporation ("Centene"). On June 24, 2019, stockholders of both companies approved all proposals of the pending transaction. On January 23, 2020, WellCare and Centene, upon satisfaction of all required regulatory approvals and customary closing conditions, completed the Merger Agreement.

The Company is monitoring the current COVID-19 pandemic. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate those impacts, if any, at this time.

D. There were no business interruption insurance recoveries.

E. There were no state transferable and non-transferable tax credits.

F. There were no subprime mortgage related risk exposure.

G. There were no retained assets.

H. There were no insurance-linked securities ILS contracts.

I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

22. Events Subsequent

ACA Annual Fee

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

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$35,493,510 and \$0 in 2020 and 2019, respectively.

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	2020	2019
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act?	N/A	Yes
B. ACA fee assessment payable for the upcoming year	\$ —	\$ 35,954,714
C. ACA fee assessment paid	\$ 35,493,510	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 1,868,027,886
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 255,023,498	\$ —
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 255,023,498	\$ —
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 47,876,672	\$ —
H. Would reporting the ACA assessment at December 31, 2020 have triggered an RBC action level?	No	No

Besides the event listed above there were no additional events occurring subsequent to December 31, 2020, requiring disclosure. Subsequent events have been considered through February 24, 2021, for the Statutory statement issued on February 24, 2021.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- 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 an representative, officer, trustee, or director of the Company?

Yes () No (X) If yes, give full details.

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

Yes () No (X) If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

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

Yes () No (X) If yes, give full details.

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.

- What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0

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

Yes () No (X) If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

- What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company has no uncollectible reinsurance.

C. The Company has no commutation of ceded reinsurance.

D. The Company has no certified reinsurer rating downgraded or subject to revocation.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company's participation in the Medicare Advantage and MI Health Link program includes a risk sharing provision with CMS. The Company estimates accrued retrospective premium adjustments for its Medicare Advantage and MI Health Link products through a prescribed formula approach. The Company also estimates accrued retrospective premium adjustments for its Commercial line of business on the Federal Health Insurance Marketplace based on provisions of the Affordable Care Act.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company at December 31, 2020, that are subject to retrospective rating features was \$2,138,791,515 or 100% of the total net premiums written.

D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.

E. Risk Sharing Provisions of the Affordable Care Act

1. Did the Company write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions?
Yes

The Company had zero balance for the risk corridors program due to a lack of sufficient data to estimate the recoverable amounts.

2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment Liabilities \$ 10,291

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 22,221

3. Premium adjustments payable due to ACA Risk Adjustment \$ 12,449,191

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts
(written/collected) due to ACA Risk Adjustment \$ 9,245,761

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 34,006

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)
1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)

a. Permanent ACA Risk Adjustment Program

1. Premium adjustments receivable	\$ —	\$ —	\$ —	\$ —	\$ —
2. premium adjustments (payable)	\$ —	\$ —	\$ —	\$ —	\$ —
3. Subtotal ACA Permanent Risk Adjustment program	\$ —	\$ —	\$ —	\$ —	\$ —

b. Transitional ACA Reinsurance Program

1. Amounts recoverable for claims paid	\$ —	\$ —	\$ —	\$ —	\$ —
2. Amounts recoverable for claims unpaid (contra liability)	\$ —	\$ —	\$ —	\$ —	\$ —
3. Amounts receivable relating to uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —	\$ —	\$ —	\$ —	\$ —

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

Adjustments			Unsettled Balances as of the Reporting date	
To Prior Year Balances	To Prior Year Balances		Prior Year Accrued Less Payments (Col 1-3+7)	Prior Year Accrued Less Payments (Col 2-4+8)
7 Receivable	8 (Payable)	Ref	9 Receivable	10 (Payable)

a. Permanent ACA Risk Adjustment Program					
1. Premium adjustments receivable	\$ —	\$ 10,291	A	\$ 10,291	\$ —
2. premium adjustments (payable)	\$ —	\$ —	B	\$ —	\$ —
3. Subtotal ACA Permanent Risk Adjustment program	\$ —	\$ 10,291		\$ 10,291	\$ —
	\$ —	\$ —	C	\$ —	\$ —
b. Transitional ACA Reinsurance Program					
1. Amounts recoverable for claims paid	\$ —	\$ —	D	\$ —	\$ —
2. Amounts recoverable for claims unpaid (contra liability)	\$ —	\$ —	E	\$ —	\$ —
3. Amounts receivable relating to uninsured plans	\$ —	\$ —	F	\$ —	\$ —
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —	\$ 10,291	G	\$ 10,291	\$ —

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves for incurred claims and claim adjustment expenses at December 31, 2019 were \$235,826,859 At December 31, 2020, \$182,870,221 has been recouped for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now \$17,982,374 as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been \$34,974,264 favorable prior-year development since December 31, 2019. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. minimum loss ratio provisions.

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

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements.

27. Structured Settlements

The Company has no structured settlement.

28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2020, were \$11,355,763, of which \$82,907 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoices	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2020	12,178,817		2,105,185	—	—
9/30/2020	12,674,300	12,786,846	11,621,387	—	—
6/30/2020	10,872,679	11,490,323	9,939,422	1,530,173	—
3/31/2020	9,640,313	9,810,133	7,879,213	1,966,325	(205,585)
12/31/2019	6,461,679	6,913,033	5,717,515	(5,298)	608,607
9/30/2019	7,664,155	7,318,211	3,645,062	1,310,134	1,693,224
6/30/2019	5,681,885	5,980,933	1,327,638	1,102,691	4,227,097
3/31/2019	4,732,747	5,248,749	—	683,520	3,381,492
12/31/2018	10,040,522	13,720,151	1,792,508	499,322	11,428,321
9/30/2018	—	—	—	—	—
6/30/2018	—	—	—	—	—
3/31/2018	—	—	—	—	—

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.
NOTES TO FINANCIAL STATEMENT**

B. Risk Sharing Receivables

Calendar Year Ending	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2020	2020	8,442,688	—	8,442,688	—	—	—	—	—
	2019	XXX	—	XXX	XXX	XXX	XXX	—	—
2019	2019	16,216,465	—	16,216,465	—	—	—	—	—
	2018	XXX	3,249,949	XXX	XXX	XXX	XXX	—	—
2018	2018	—	\$4,002,352	\$4,002,352	—	—	—	—	—
	2017	XXX	—	XXX	XXX	XXX	XXX	—	—

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves at December 31, 2020:

1. Liability carried for premium deficiency reserves - \$0
2. Date of most recent evaluation of this liability - February 5, 2021
3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation

The Company has no anticipated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? Michigan.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).05/09/2019
- 3.4 By what department or departments? DIFS.....
- 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes No
 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes No
 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 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
- 7.2 If yes,
 7.21 State the percentage of foreign control0.0 %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No []
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		NO	NO	NO	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 KPMG LLP, 10 S. Broadway, Suite 900, St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No []
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No []
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Michael Schooley (Employee), Centene Corporation, 8735 Henderson Road, Tampa FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No []
 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 The Company's Board of Directors adopted Centene's Business Ethics and Code of Conduct in June 2020. In July 2020, the Board of Centene Corporation approved a revised Business Ethics and Code of Conduct, which was approved by the Company's Board in September 2020.....
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			.0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
 - 20.12 To stockholders not officers \$.....
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
 - 20.22 To stockholders not officers \$.....
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
 - 21.22 Borrowed from others \$.....
 - 21.23 Leased from others \$.....
 - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
 - 22.22 Amount paid as expenses \$.....
 - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA []
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

GENERAL INTERROGATORIES

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

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

25.21	Subject to repurchase agreements	\$.....
25.22	Subject to reverse repurchase agreements	\$.....
25.23	Subject to dollar repurchase agreements	\$.....
25.24	Subject to reverse dollar repurchase agreements	\$.....
25.25	Placed under option agreements	\$.....
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27	FHLB Capital Stock	\$.....
25.28	On deposit with states	\$.....2,191,971
25.29	On deposit with other regulatory bodies	\$.....
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32	Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.42	Permitted accounting practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.43	Other accounting guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes No

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
US Bank National Association.....	50 South 16th St., Suite 2000, Philadelphia, PA 19102.....

GENERAL INTERROGATORIES

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
BBH.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [] No [X]

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

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104487.....	BBH.....	5493006KMX1VFTYPW14.....	F INRA.....	

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	344,928,077	348,543,318	3,615,241
30.2 Preferred Stocks.....	0		0
30.3 Totals	344,928,077	348,543,318	3,615,241

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

The Company's primary pricing vendor is SE, provided through Clearwater. Where SE pricing is not available, the Company reverts to Reuters, provided through Clearwater.....

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

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

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

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

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

OTHER

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

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

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$

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

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

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

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

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$2,138,589,488	\$	.....1,955,839,373
2.2	Premium Denominator	\$2,138,589,488	\$	.....1,955,839,373
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$460,192,933	\$	.....267,067,644
2.5	Reserve Denominator	\$460,192,933	\$	.....267,067,644
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$
- 5.32 Medical Only \$3,000,000
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with PartnerRe America Insurance Company.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year47,858
- 8.2 Number of providers at end of reporting year49,201
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|---|----|------------|
| 10.21 Maximum amount payable bonuses | \$ | 30,046,327 |
| 10.22 Amount actually paid for year bonuses | \$ | 26,515,551 |
| 10.23 Maximum amount payable withholds | \$ | ..... |
| 10.24 Amount actually paid for year withholds | \$ | ..... |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan.....
- 11.4 If yes, show the amount required. \$.....148,702,744
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
Company Action Level RBC
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alcona.....
Allegan.....
Alpena.....
Antrim.....
Arenac.....
Barry.....
Bay.....
Benzie.....
Berrien.....
Branch.....
Calhoun.....
Cass.....
Charlevoix.....
Cheboygan.....
Clare.....
Clinton.....
Crawford.....
Eaton.....
Emmet.....
Genesee.....
Gladwin.....
Grand Traverse.....
Gratiot.....
Hillsdale.....
Huron.....
Ingham.....
Ionia.....
Iosco.....
Isabella.....
Jackson.....
Kalamazoo.....
Kalkaska.....
Kent.....
Lake.....
Lapeer.....
Leelanau.....
Lenawee.....
Livingston.....
Macomb.....
Manistee.....
Mason.....
Mecosta.....
Midland.....
Missaukee.....
Monroe.....
Montcalm.....
Montmorency.....
Muskegon.....
Newaygo.....
Oakland.....
Oceana.....
Ogemaw.....
Osceola.....
Oscoda.....
Otsego.....
Ottawa.....
Presque Isle.....
Roscommon.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Saginaw.....
Sanilac.....
Shiawassee.....
St. Clair.....
St. Joseph.....
Tuscola.....
Van Buren.....
Washtenaw.....
Wayne.....
Wexford.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$.....
 15.2 Total Incurred Claims \$.....
 15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	784,728,883	553,470,864	423,196,163	451,780,518	537,364,000
2. Total liabilities (Page 3, Line 24)	529,705,385	322,970,893	253,346,120	265,006,362	352,023,568
3. Statutory minimum capital and surplus requirement	148,702,744	141,279,724	140,003,082	136,427,769	139,768,916
4. Total capital and surplus (Page 3, Line 33)	255,023,498	230,499,971	169,850,043	186,774,156	185,340,432
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,248,767,618	2,025,952,203	1,988,392,914	2,201,843,264	2,420,839,900
6. Total medical and hospital expenses (Line 18)	1,899,607,790	1,755,165,235	1,791,287,243	1,982,312,551	2,029,293,535
7. Claims adjustment expenses (Line 20)	34,242,442	36,846,916	49,280,801	36,154,036	7,804,708
8. Total administrative expenses (Line 21)	278,297,621	270,417,154	241,227,668	184,332,954	359,759,848
9. Net underwriting gain (loss) (Line 24)	36,619,765	(36,477,102)	(93,402,798)	(956,277)	23,981,809
10. Net investment gain (loss) (Line 27)	5,726,051	8,396,638	3,048,080	2,884,480	1,954,424
11. Total other income (Lines 28 plus 29)	(189,921)	0	0	0	38,526
12. Net income or (loss) (Line 32)	21,160,913	(29,153,729)	(87,999,753)	546,074	3,870,927
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	187,910,023	102,706,136	(137,281,338)	(64,087,391)	(7,811,893)
Risk-Based Capital Analysis					
14. Total adjusted capital	255,023,498	230,499,971	169,850,043	186,774,156	185,340,432
15. Authorized control level risk-based capital	74,351,372	70,639,862	70,001,541	68,213,885	69,884,458
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	588,093	519,533	519,373	517,338	504,832
17. Total members months (Column 6, Line 7)	6,688,605	6,291,379	6,292,913	6,238,166	5,869,051
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)	88.8	89.7	92.6	90.0	85.9
20. Cost containment expenses	0.7	1.3	2.0	1.2	0.0
21. Other claims adjustment expenses	0.9	0.6	0.6	0.4	0.3
22. Total underwriting deductions (Line 23)	103.4	105.4	107.6	100.0	101.4
23. Total underwriting gain (loss) (Line 24)	1.7	(1.9)	(4.8)	0.0	1.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	200,852,595	204,877,883	232,955,731	289,883,532	290,372,569
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	235,826,859	205,383,573	204,338,257	308,123,809	296,335,905
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	L							0	0
9. District of Columbia	DC	L							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	L							0	0
15. Indiana	IN	L		709,382					709,382	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	L							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	L							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	L	37,105,120	449,629,660	1,634,777,338				2,121,512,118	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	N							0	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	L		16,570,015					16,570,015	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		37,105,120	466,909,057	1,634,777,338	0	0	0	2,138,791,515	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	XXX		37,105,120	466,909,057	1,634,777,338	0	0	0	2,138,791,515	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts
 L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 8 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
 N – None of the above – Not allowed to write business in the state lines in the state 49

(b) Explanation of basis of allocation of premiums by states, etc.
 Allocation based on benefit state

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER GROUP

MEMBERS OF A HOLDING COMPANY

PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-14063		
	17	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-09934		
	33	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-28609		
	67	MO	
Peach State Health Plan, Inc	20-31745		
	93	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Iowa Total Care, Inc	46-48290		
	06	IA	15713
Buckeye Community Health Plan, Inc	32-00452		
	82	OH	11834
Health Plan Real Estate Holding, Inc (18%)	46-28609		
	67	MO	
Absolute Total Care, Inc	20-56939		
	98	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-28609		
	67	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-18212		
	11	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-28609		
	67	MO	
Healthy Washington Holdings, Inc	46-55232		
	18	DE	
Coordinated Care of Washington, Inc	46-25782		
	79	WA	15352
Managed Health Services Insurance Corp	39-16785		
	79	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-28609		
	67	MO	
Hallmark Life Insurance Co	86-08198		
	17	AZ	60078
Superior HealthPlan, Inc	74-27705		
	42	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Healthy Louisiana Holdings LLC	27-09162		
	94	DE	
Louisiana Healthcare Connections, Inc	27-12872		
	87	LA	13970
Magnolia Health Plan Inc	20-85702		
	12	MS	13923

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

Sunshine Health Holding LLC	26-05570		
	93	FL	
Sunshine State Health Plan, Inc	20-89375		
	77	FL	13148
Kentucky Spirit Health Plan, Inc	45-12949		
	25	KY	14100
Healthy Missouri Holding, Inc (95%)	45-50702		
	30	MO	
Home State Health Plan, Inc	45-27980		
	41	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-28609		
	67	MO	
Sunflower State Health Plan, Inc	45-32767		
	02	KS	14345
Granite State Health Plan, Inc	45-47924		
	98	NH	14226
California Health and Wellness Plan	46-09072		
	61	CA	
Michigan Complete Health, Inc.	30-03124		
	89	MI	10769
Western Sky Community Care, Inc.	45-55835		
	11	NM	16351
Tennessee Total Care, Inc.	26-18493		
	94	TN	
SilverSummit Healthplan, Inc.	20-47611		
	89	NV	16143
University Health Plans, Inc.	22-32922		
	45	NJ	
Agate Resources, Inc.	20-04832		
	99	OR	
Trillium Community Health Plan, Inc.	42-16943		
	49	OR	12559
Nebraska Total Care, Inc.	47-51232		
	93	NE	15902
Pennsylvania Health & Wellness, Inc.	47-53406		
	13	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-56648		
	32	TX	15912
Sunshine Health Community Solutions, Inc.	47-56670		
	95	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-56643		
	42	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-12822		
	51	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-40423		
	68	DE	
Arkansas Total Care, Inc.	82-26490		
	97	AR	16256
Oklahoma Complete Health Inc.	81-31215		
	27	OK	16904
Bridgeway Health Solutions, LLC	20-49808		
	75	DE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Meridian Health Plan of Michigan, Inc.

Bridgeway Health Solutions of Arizona Inc.	20-49808 18	AZ	16310
Celtic Group, Inc	36-29792 09	DE	
Celtic Insurance Company	06-06416 18	IL	80799
Ambetter of Magnolia Inc	35-25253 84	MS	15762
Ambetter of Peach State Inc.	36-48026 32	GA	15729
Novasys Health, Inc	27-22213 67	DE	
CeltiCare Health Plan Holdings LLC	26-42782 05	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-48184 40	MA	13632
Centene Management Company LLC	39-18640 73	WI	
CMC Real Estate Company. LLC	20-00572 83	DE	
Centene Center LLC	26-40946 82	DE	
Centene Center I, LLC	82-18161 53	DE	
Centene Center II, LLC	47-51560 15	DE	
7676 Management, LLC	85-17118 57	MO	
7676 Forsyth, LLC	85-17242 87	MO	
Illinois Health Practice Alliance, LLC (50%)	82-27619 95	DE	
Integrated Care Network of Florida, LLC (50%)	84-30231 73	DE	
Lifeshare Management Group, LLC	46-27981 32	NH	
Arkansas Total Care Holding Company, LLC (25%)	38-40423 68	DE	
CCTX Holdings, LLC	20-20742 17	DE	
Centene Company of Texas, LP (1%)	74-28104 04	TX	
Centene Holdings, LLC	20-20742 77	DE	
Centene Company of Texas, LP (99%)	74-28104 04	TX	
MHS Travel & Charter, Inc	43-17954 36	WI	
Health Care Enterprises, LLC	46-48554 83	DE	
Integrated Mental Health Management, L.L.C.	74-28929 93	TX	

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Integrated Mental Health Services	74-27854		
	94	TX	
Envolve Holdings, LLC	22-38894		
	71	DE	
Cenpatico Behavioral Health, LLC	68-04615		
	84	CA	
Cenpatico Behavioral Health of Arizona, LLC	20-16241		
	20	AZ	
Cenpatico of Arizona Inc.	80-08799		
	42	AZ	
Envolve, Inc.	37-17885		
	65	DE	
Envolve PeopleCare, Inc.	06-14763		
	80	DE	
LiveHealthier, Inc.	47-25167		
	14	DE	
Envolve Benefits Options, Inc.	61-18461		
	91	DE	
Envolve Vision Benefits, Inc.	20-47303		
	41	DE	
Envolve Captive Insurance Company, Inc.	36-45200		
	04	SC	
Envolve Vision of Texas, Inc.	75-25921		
	53	TX	95302
Envolve Vision, Inc	20-47730		
	88	DE	
Envolve Vision IPA of New York, Inc.	83-24608		
	78	NY	
Envolve Vision of Florida, Inc	65-00947		
	59	FL	
Envolve Total Vision, Inc.	20-48612		
	41	DE	
Envolve Optical, Inc.	82-29085		
	82	DE	
Envolve Dental, Inc.	46-27838		
	84	DE	
Envolve Dental of Florida, Inc.	81-29693		
	30	FL	
Envolve Dental of Texas, Inc.	81-27968		
	96	TX	16106
Envolve Dental IPA of New York, Inc.	83-14644		
	82	NY	
Envolve Pharmacy Solutions, Inc.	77-05785		
	29	DE	
LBB Industries, Inc	76-05117		
	00	TX	
RX Direct, Inc	75-26128		
	75	TX	
Envolve Pharmacy IPA, LLC	46-23073		
	56	NY	
Casenet LLC	90-06369		
	38	DE	

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

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	04	
	60-00020	
MHM Solutions, LLC	02	DE
	26-18770	
Forensic Health Services, LLC	07	DE
	46-17348	
MHM Health Professionals, LLC	17	DE
	27-36177	
Specialty Therapeutic Care Holdings, LLC	66	DE
	73-16988	
Specialty Therapeutic Care, LP (99.99%)	08	TX
	73-16988	
Specialty Therapeutic Care, GP, LLC	07	TX
	73-16988	
Specialty Therapeutic Care, LP (0.01%)	08	TX
	80-08563	
AcariaHealth Solutions, Inc.	83	DE
	45-27803	
AcariaHealth, Inc.	34	DE
	27-15990	
AcariaHealth Pharmacy #14, Inc	47	CA
	20-81926	
AcariaHealth Pharmacy #11, Inc	15	TX
	27-27654	
AcariaHealth Pharmacy #12, Inc	24	NY
	26-02269	
AcariaHealth Pharmacy #13, Inc	00	CA
	13-42623	
AcariaHealth Pharmacy, Inc	84	CA
	27-37076	
HomeScripts.com, LLC	98	MI
	20-82356	
New York Rx, Inc.	95	NY
	20-08735	
Foundation Care, LLC (80%)	87	MO
	27-02756	
U.S. Medical Management Holdings, Inc	14	DE
	38-31539	
U.S. Medical Management, LLC (20%)	46	DE
	38-31539	
U.S. Medical Management, LLC (80%)	46	DE
	31-17338	
RMED, LLC	89	FL
	47-21386	
IAH of Florida, LLC	80	FL
	51-05817	
Heritage Home Hospice, LLC	62	MI
	20-28276	
Grace Hospice of Austin, LLC	13	MI
	20-15300	
ComfortBrook Hospice, LLC	70	OH

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Comfort Hospice of Texas, LLC	20-49965 51	MI
Grace Hospice of San Antonio, LLC	20-28275 26	MI
Grace Hospice of Grand Rapids, LLC	45-06792 48	MI
Grace Hospice of Indiana, LLC	45-06349 05	MI
Grace Hospice of Virginia, LLC	45-50806 37	MI
Comfort Hospice of Missouri, LLC	45-50805 67	MI
Grace Hospice of Wisconsin, LLC	46-17088 34	MI
Grace Hospice of Illinois, LLC	81-51299 23	IL
Seniorcorps Peninsula, LLC	26-44355 32	VA
A N J, LLC	20-09270 34	TX
R&C Healthcare, LLC	33-11790 31	TX
Pinnacle Senior Care of Missouri, LLC	46-08614 69	MI
Country Style Health Care, LLC	03-05564 22	TX
Phoenix Home Health Care, LLC	14-18783 33	DE
Traditional Home Health Services, LLC	75-26350 25	TX
Family Nurse Care, LLC	38-27511 08	MI
Family Nurse Care II, LLC	20-51085 40	MI
Family Nurse Care of Ohio, LLC	20-39209 47	MI
Pinnacle Senior Care of Wisconsin, LLC	46-42298 58	WI
Pinnacle Senior Care of Indiana, LLC	81-15654 26	MI
Pinnacle Home Care, LLC	76-07135 16	TX
North Florida Health Services, Inc	59-35190 60	FL
Pinnacle Sr. Care of Kalamazoo, LLC	47-17427 28	MI
Hospice DME Company, LLC	46-17342 88	MI
Rapid Respiratory Services, LLC	20-43647 76	DE
USMM Accountable Care Partners, LLC	46-57359 93	DE

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	83-35344		
Pinnacle Senior Care of Illinois, LLC	62	IL	
	38-31769		
VPA, P.C.	90	MI	
	47-21593		
IAH of Michigan, PLLC	05	MI	
	47-21461		
IAH of Wisconsin, PLLC	60	MI	
	20-23869		
VPA of Texas	97	MI	
	35-25196		
IAH of Texas, PLLC	03	MI	
	36-45397		
Advantechs X-Ray Imaging Services, L.L.C.	90	TX	
	47-52080		
Health Net, LLC	76	DE	
	95-44029		
Health Net of California, Inc.	57	CA	
	73-06548		
Health Net Life Insurance Company	85	CA	66141
	98-04099		
Health Net Life Reinsurance Company	07	CYM	
	95-41177		
Managed Health Network, LLC	22	DE	
	95-38179		
Managed Health Network	88	CA	
	95-41461		
MHN Services, LLC	79	CA	
	68-02148		
Health Net Federal Services, LLC	09	DE	
	42-16809		
MHN Government Services LLC	16	DE	
	88-03578		
Network Providers, LLC (10%)	95	DE	
	88-03578		
Network Providers, LLC (90%)	95	DE	
	93-10040		
Health Net Health Plan of Oregon, Inc.	34	OR	95800
	54-21740		
Health Net Community Solutions, Inc.	68	CA	
	36-30978		
Health Net of Arizona, Inc.	10	AZ	95206
	68-02953		
Health Net Pharmaceutical Services	75	CA	
	81-13488		
Health Net Community Solutions of Arizona, Inc.	26	AZ	15895
	46-26160		
Health Net Access, Inc.	37	AZ	
	20-86300		
MHS Consulting, International, Inc	06	DE	
	83-10472		
Centene International Ventures, LLC	81	DE	

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MHS European Holdings s.a.r.l.	27-20754	
PRIMEROSALUD, S.L.	47	LUX
Torrejon Salud, S.A. (89.47%)	Foreign	ESP
Ribera Salud, S.A. (90.1%)	Foreign	ESP
Torrevieja Salud UTE (65%)	Foreign	ESP
Ribera Salud II (96~%)	Foreign	ESP
ERESCANNER (15%)	Foreign	ESP
BR Salud UTE (45%)	Foreign	ESP
Marina Salud (35%)	Foreign	ESP
Villa Maria del Triunfo Salud S.A. C. (5%)	Foreign	PER
Callao Salud S.A.C. (5%)	Foreign	PER
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP
Elche-Crevillente Salud (100%)	Foreign	ESP
B2B Salud, S.L.U.	Foreign	ESP
B2B Gestion integral, S.L.	Foreign	ESP
Ribera Lab, S.L.U.	Foreign	ESP
Serendipity Asistencia Medica, S.L. (49%)	Foreign	ESP
Centro Inmunologia De La Comunidad Valenciana, S.L.	Foreign	ESP
Hospinet, S.L. (51%)	Foreign	ESP
Servicios De Mantenimiento Prevencor, S.L.U. (80%)	Foreign	ESP
Winning Security, S.L. (51%)	Foreign	ESP
Ribera Salud proyectos S.L.	Foreign	ESP
Ribera-Quilpro UTE	Foreign	ESP
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK
Pro RTG (80%)	Foreign	SVK
DR		
Magnet	Foreign	SVK
Pro		
Magnet	Foreign	SVK
Medicina		
NZ	Foreign	SVK
MR		
Poprad	Foreign	SVK
CT Poprad	Foreign	SVK
MR		
Zilina	Foreign	SVK
Pro Magnet CZ	Foreign	SVK
OB Klinika, a.s. (10%)	Foreign	SVK
Progress Medical a.s.	Foreign	SVK
OB Klinika, a.s. (90%)	Foreign	SVK
OB Care, s.r.o	Foreign	SVK

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

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

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Salus IPA, LLC	82-08028		
	46	NY	
Calibrate Acquisition Co	82-46706		
	77	DE	
Community Medical Holdings Corp	47-41793		
	93	DE	
Access Medical Acquisition, LLC	46-34854		
	89	DE	
Access Medical Group of North Miami Beach, LLC	45-31915		
	69	FL	
Access Medical Group of Miami, LLC	45-31917		
	19	FL	
Access Medical Group of Hialeah, LLC	45-31922		
	83	FL	
Access Medical Group of Westchester, LLC	45-31998		
	19	FL	
Access Medical Group of Opa-Locka, LLC	45-35051		
	96	FL	
Access Medical Group of Perrine, LLC	45-31929		
	55	FL	
Access Medical Group of Florida City, LLC	45-31923		
	66	FL	
Access Medical Group of Tampa, LLC	82-17370		
	78	FL	
Access Medical Group of Tampa II, LLC	82-17509		
	78	FL	
Access Medical Group of Tampa III, LLC	82-17733		
	15	FL	
Access Medical Group of Lakeland, LLC	84-27501		
	88	FL	
Interpreta Holdings, Inc. (80.1%)	82-48839		
	21	DE	
Interpreta, Inc.	46-55178		
	58	DE	
Patriots Holding Co	82-45817		
	88	DE	
RxAdvance Corporation (38.31%)		DE	
Centene Venture Company Michigan	83-24463		
	07	MI	16613
Next Door Neighbors, LLC (60%)	32-24345		
	96	DE	
Next Door Neighbors, Inc.	83-23817		
	90	DE	
Centene Venture Company Alabama Health Plan, Inc.	84-37076		
	89	AL	16771
Centene Venture Company Illinois	83-24257		
	35	IL	16505
Centene Venture Company Kansas	83-24090		
	40	KS	16528
Centene Venture Company Florida	83-24345		
	96	FL	16499

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Centene Venture Company Indiana, Inc.	84-36793 76	IN	16773
Centene Venture Company Tennessee HealthEC, LLC (12.82%)	84-37243 74	TN DE	16770
Arch Personalized Medicine Initiative, LLC (50%)	83-41441 16	MO	
Social Health Bridge, LLC	83-42053 48	DE	
Social Health Bridge Trust	84-64033 86	DE	
WellCare Health Plans, Inc.	83-44059 39	DE	
WCG Health Management, Inc.	04-36696 98	DE	
The WellCare Management Group, Inc.	14-16472 39	NY	
WellCare of New York, Inc.	14-16764 43	NY	95534
WellCare of Connecticut, Inc.	06-14056 40	CT	95310
WellCare of Mississippi, Inc.	81-54429 32	MS	16329
WellCare of Virginia, Inc.	82-06644 67	VA	
WellCare of Oklahoma, Inc.	81-32992 81	OK	16117
WellCare Health Insurance Company of Nevada, Inc.	84-37210 13	NV	
WellCare Health Insurance of Southwest, Inc.	84-37397 52	AZ	16692
WellCare of Florida, Inc.	59-25836 22	FL	95081
WellCare of Georgia, Inc.	20-21033 20	GA	10760
WellCare of Kansas, Inc.	45-36171 89	KS	14404
WellCare of Texas, Inc.	20-80587 61	TX	16964
WellCare of Ohio, Inc.	20-35621 46	OH	12749
WellCare of South Carolina, Inc.	32-00628 83	SC	11775
WellCare Health Plans of New Jersey, Inc.	20-80173 19	NJ	13020
WellCare of Pennsylvania, Inc.	81-16319 20	PA	
WellCare Health Plans of Massachusetts, Inc.	84-35476 89	MA	
WellCare Health Insurance Company of Oklahoma, Inc.	84-44490 30	OK	16752

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WellCare Health Plans of Missouri, Inc.	84-39077 95	MO	16753
WellCare Prescription Insurance, Inc.	20-23831 34	AZ	10155
WellCare Health Insurance of Hawaii, Inc.	84-46648 83	HI	
WellCare Health Plans of Rhode Island, Inc.	84-46278 44	RI	
WellCare of Illinois, Inc.	84-46499 85	IL	
WellCare of Arkansas, Inc.	83-27978 33	AR	16531
WellCare Pharmacy Benefits Management, Inc.	20-48693 74	DE	
Exactus Pharmacy Solutions, Inc.	20-84205 12	DE	
Comprehensive Reinsurance, Ltd.	98-04489 21	CYM	
WellCare Health Plans of California, Inc.	27-42932 49	CA	
WellCare Health Plans of Tennessee, Inc.	45-51543 64	TN	16533
Comprehensive Health Management, Inc.	59-35476 16	FL	
WellCare Health Insurance of New York, Inc.	11-31975 23	NY	10884
Ohana Health Plan, Inc.	27-03861 22	HI	
WellCare of Indiana, Inc.	83-28400 51	IN	
America's 1st Choice California Holdings, LLC	45-32367 88	FL	
WellCare of California, Inc.	20-53275 01	CA	
Windsor Health Group, Inc.	62-18326 45	TN	
WellCare Health Insurance of Tennessee, Inc.	83-22761 59	TN	16532
WellCare of New Hampshire, Inc.	83-29143 27	NH	16515
WellCare Health Plans of Vermont, Inc.	83-22555 14	VT	16514
WellCare Health Insurance of Connecticut, Inc.	83-21262 69	CT	16513
WellCare of Washington, Inc.	83-20693 08	WA	16571
WellCare Health Plans of Kentucky, Inc.	47-09714 81	KY	15510
WellCare of Alabama, Inc.	82-13011 28	AL	16239
WellCare of Maine, Inc.	82-31145 17	ME	16344

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Harmony Health Systems Inc.	22-33910 45	NJ	
Harmony Health Management, Inc.	36-44676 76	NJ	
Harmony Health Plan, Inc.	36-40504 95	IL	11229
Harmony Behavioral Health, Inc.	20-33202 36	FL	
Harmony Behavioral Health IPA, Inc.	20-32623 22	NY	
WellCare Health Insurance Company of Kentucky, Inc.	36-60692 95	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-02695 58	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-34931 60	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-33339 18	LA	
WellCare of Missouri Health Insurance Company, Inc.	83-35258 30	MO	16512
WellCare Health Plans of Wisconsin, Inc.	83-33512 54	WI	16569
Care 1st Health Plan of Arizona, Inc.	57-11652 17	AZ	
Care1st Health Plan Administrative Services, Inc.	46-26801 54	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-17426 85	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-31669 08	WA	16570
WellCare Health Insurance Company of Wisconsin, Inc.	83-33102 18	WI	16568
WellCare of Puerto Rico, Inc.	66-08881 49	PR	
WellCare of North Carolina, Inc.	82-54880 80	NC	16547
WellCare Health Plans of Arizona, Inc.	82-31696 16	AZ	16253
WellCare Health Insurance Company of America	82-42470 84	AR	16343
WellCare National Health Insurance Company	82-51270 96	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-30916 73	NH	16516
Wellcare Health Insurance Company of New Jersey, Inc.	84-47094 71	NJ	16789
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-40044 94	MI	
Meridian Network Services, LLC		MI	
MeridianRx, LLC	27-13392 24	MI	

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MeridianRx IPA, LLC	83-36122		
MeridianRx of Indiana, LLC	09	MI	
WellCare of Michigan Holding Company	26-40045		
	78	MI	
Meridian Health Plan of Michigan, Inc.	38-32539		
	77	MI	52563
Meridian Health Plan of Illinois, Inc.	20-32096		
	71	IL	13189
Universal American Corp.	27-46838		
	16	DE	
Universal American Holdings, LLC	45-13529		
	14	DE	
Universal American Financial Services, Inc.	95-38003		
	29	DE	
Premier Marketing Group, LLC	58-26332		
	95	DE	
Penn Marketing America, LLC	95-36232		
	26	DE	
Worlco Management Services, Inc.	23-19135		
	28	NY	
UAM Agent Services Corp.	42-09890		
	96	IA	
APS Parent, Inc.	45-46447		
	22	DE	
American Progressive Life and Health Insurance Company of New York	13-18517		
	54	NY	80624
Quincy Coverage Corporation	13-34916		
	81	NY	
Heritage Health Systems, Inc.	62-15171		
	94	TX	
SelectCare of Texas, Inc.	62-18196		
	58	TX	10096
Heritage Health Systems of Texas, Inc.	76-04598		
	57	TX	
Golden Triangle Physician Alliance	62-16945		
	48	TX	
Heritage Physician Networks	76-05607		
	30	TX	
SelectCare Health Plans, Inc.	74-31419		
	49	TX	10768
HHS Texas Management, LP (99.1%)	76-05009		
	63	TX	
HHS Texas Management, Inc.	76-05009		
	64	TX	
HHS Texas Management, LP. (0.9%)	76-05009		
	63	TX	
Collaborative Health Systems, LLC	90-07792		
	87	NY	
Accountable Care Coalition of Georgia , LLC (51%)	45-54811		
	08	GA	

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Accountable Care Coalition of Chesapeake, LLC (51%)	81-25889 74	MD
Accountable Care Coalition of Mississippi, LLC (51%)	46-28811 80	MS
Accountable Care Coalition of North Texas, LLC (51%)	45-45528 02	TX
Accountable Care Coalition of Northeast Georgia, LLC(51%)	47-38944 36	GA
Accountable Care Coalition of Northwest Florida, LLC (51%)	46-41065 26	FL
Accountable Care Coalition of Southeast Physician Partners, LLC	47-39133 08	SC
Accountable Care Coaliton of Southeast Texas, Inc.	47-38425 52	TX
Accountable Care Colation of Southeast Wisconsin, LLC (51)	45-41136 10	WI
Accountable Care Coalition of Texas, Inc.	45-27422 98	TX
AWC of Syracuse, Inc.	47-23464 08	NY
Chrysalis Medical Services, LLC (51%)	30-08038 45	NJ
Collaborative Health Systems of Maryland, LLC (50%)	81-33653 75	MD
Collaborative Health Systems of Virginia, LLC	81-33065 94	VA
Accountable Care Coalition of Maryland, LLC (51%)	45-41197 36	MD
Accountable Care Coalition of Maryland Primary Care, LLC (51%)	45-54491 47	MD
Essential Care Partners, LLC (51%)	45-45615 46	TX
Hudson Accountable Care, LLC (51%)	47-39233 94	NY
Maryland Collaborative Care, LLC (51%)	90-08559 50	MD
Mid-Atlantic Collaborative Care, LLC (51%)	81-27043 55	MD
Northern Maryland Collaborative Care, LLC (51%)	45-56268 71	MD
Accountable Care Coalition of Elite Providers VII, LLC	82-12468 45	AZ
Accountable Care Coalition of Community Health Centers, LLC (51%)	82-16811 46	TX
Accountable Care Coalition of Community Health Centers II, LLC	82-16694 22	TX
Accountable Care Coalition of Southeast Partners, LLC (51%)	82-16239 20	GA
Accountable Care Coalition of Elite Providers LLC	82-15580 80	HI
Accountable Care Coalition of Florida Partners, LLC	84-22170 98	FL

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Maryland Collaborative Care Transformation Organization, Inc.	82-12800 79	DE	
Accountable Care Coalition of New Jersey, Inc. (51%)	82-12632 27	NJ	
Accountable Care Coalition of Quality Health, LLC	82-16045 48	OR	
Accountable Care Coalition of Prime Health, LLC	82-16988 85	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-07279 97	PA	
Accountable Care Coalition of Tennessee, LLC (51%)	82-12192 79	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-25749 01	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-08220 80	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-08294 73	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-08476 91	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-08632 92	DE	
Accountable Care Coalition of Elite Providers VI, LLC	85-09078 49	DE	
Accountable Care Coalition of Quality Health II, LLC	85-08784 05	DE	
Accountable Care Coalition of Quality Health III, LLC	85-08936 57	DE	
Collaborative Health Systems IPA, LLC	85-17702 15	FL	
QCA Healthplan, Inc.	71-07946 05	AR	95448
Qualchoice Life and Health Insurance Company	71-03866 40	AR	70998
HealthSmart Benefits Management, LLC	27-13004 75	TX	
Parker LP, LLC	20-23875 87	NV	
HealthSmart Preferred Care II, LP (99%)	75-25083 16	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-33940 46	TX	
HealthSmart Care Management Solutions, LP (99%)	75-29608 59	TX	
HealthSmart Information Systems, Inc.	75-27274 37	TX	
HealthSmart Benefit Solutions, Inc.	36-40991 99	IL	
HealthSmart Preferred Network II, Inc	06-16214 70	DE	
HealthSmart Rx Solutions, Inc.	34-16355 97	OH	

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