



QUARTERLY STATEMENT
AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
TARO HEALTH PLAN OF MAINE, INC.

NAIC Group Code 5056 NAIC Company Code 17315 Employer's ID Number 87-3357382
(Current) (Prior)

Organized under the Laws of ME State of Domicile or Port of Entry ME
Country of Domicile US

Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 10/26/2021 Commenced Business 01/01/2022

Statutory Home Office c/o Verrill, One Portland SQ, PO Box 586 Portland, ME, US 04112
Main Administrative Office c/o Verrill, One Portland SQ, PO Box 586
Portland, ME, US 04112 207-800-5515
(Telephone Number)

Mail Address c/o Verrill, One Portland SQ, PO Box 586 Portland, ME, US 04112
Primary Location of Books and Records c/o Verrill, One Portland SQ, PO Box 586
Portland, ME, US 04112 207-800-5515
(Telephone Number)

Internet Website Address tarohealth.com
Statutory Statement Contact Daniel Phillips 703-216-1313
(Telephone Number)

dan@tarohealth.com
(E-Mail Address) (Fax Number)

Frank Wu, CEO Daniel Phillips, CFO
Jeff Yuan, COO/Treasurer OFFICERS

Frank Wu DIRECTORS OR TRUSTEES
Paige Schmidt Jeffrey Yuan
Hannah Schmidt Ryan Scott
Daniel Phillips Kaiying Liao

State of SS
County of

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

x [Signature] x [Signature]
Frank Wu Jeff Yuan Daniel Phillips
CEO COO/Treasurer CFO

Subscribed and sworn to before me

this 6 August, 2025
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

x Natalie Perrin
for: Frank Wu



ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances)				
	4.2 Properties held for the production of income (less \$..... encumbrances)				
	4.3 Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....899,028), cash equivalents (\$.....7,894,285) and short-term investments (\$.....)	8,793,313		8,793,313	6,073,222
6.	Contract loans (including \$..... premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	8,793,313		8,793,313	6,073,222
13.	Title plants less \$..... charged off (for Title insurers only)				
14.	Investment income due and accrued	7,352		7,352	1,130
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	47,101	23,006	24,095	10,044
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	546,085		546,085	184,748
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	187,334		187,334	3,688,064
24.	Health care (\$.....122,101) and other amounts receivable	296,608	174,507	122,101	52,627
25.	Aggregate write-ins for other-than-invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,877,793	197,513	9,680,280	10,009,835
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	9,877,793	197,513	9,680,280	10,009,835
Details of Write-Ins					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded).....	1,313,973		1,313,973	806,751
2.	Accrued medical incentive pool and bonus amounts.....				
3.	Unpaid claims adjustment expenses.....	63,179		63,179	32,472
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....	3,342,754		3,342,754	2,972,625
5.	Aggregate life policy reserves.....				
6.	Property/casualty unearned premium reserve.....				
7.	Aggregate health claim reserves.....				
8.	Premiums received in advance.....	350,065		350,065	314,964
9.	General expenses due or accrued.....	53,552		53,552	71,291
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....				
10.2	Net deferred tax liability.....				
11.	Ceded reinsurance premiums payable.....				
12.	Amounts withheld or retained for the account of others.....				
13.	Remittances and items not allocated.....				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15.	Amounts due to parent, subsidiaries and affiliates.....				
16.	Derivatives.....				
17.	Payable for securities.....				
18.	Payable for securities lending.....				
19.	Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20.	Reinsurance in unauthorized and certified (\$.....) companies.....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates.....				
22.	Liability for amounts held under uninsured plans.....				
23.	Aggregate write-ins for other liabilities (including \$..... current).....	2,405		2,405	
24.	Total liabilities (Lines 1 to 23).....	5,125,928		5,125,928	4,198,103
25.	Aggregate write-ins for special surplus funds.....	XXX	XXX		
26.	Common capital stock.....	XXX	XXX	1,000	1,000
27.	Preferred capital stock.....	XXX	XXX		
28.	Gross paid in and contributed surplus.....	XXX	XXX	15,499,000	15,499,000
29.	Surplus notes.....	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31.	Unassigned funds (surplus).....	XXX	XXX	(10,945,648)	(9,688,268)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 \$.....)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	4,554,352	5,811,732
34.	Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	9,680,280	10,009,835
Details of Write-Ins					
2301.	Advance Premium Tax Credit.....	2,405		2,405	
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page.....				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	2,405		2,405	
2501.	.....	XXX	XXX		
2502.	.....	XXX	XXX		
2503.	.....	XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.	.....	XXX	XXX		
3002.	.....	XXX	XXX		
3003.	.....	XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months	XXX	7,476	5,318	10,865
2.	Net premium income (including \$..... non-health premium income)	XXX	3,630,557	2,458,671	4,770,331
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of \$..... medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	3,630,557	2,458,671	4,770,331
Hospital and Medical:					
9.	Hospital/medical benefits		3,468,076	2,253,070	4,631,547
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		1,124,213	185,501	508,233
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		4,592,289	2,438,571	5,139,780
Less:					
17.	Net reinsurance recoveries		593,419	293,268	487,874
18.	Total hospital and medical (Lines 16 minus 17)		3,998,870	2,145,303	4,651,906
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....53,104 cost containment expenses		83,720	73,068	184,484
21.	General administrative expenses		1,201,469	1,655,539	3,170,313
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)		(378,664)	(1,050,564)	(51,504)
23.	Total underwriting deductions (Lines 18 through 22)		4,905,395	2,823,346	7,955,199
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,274,838)	(364,675)	(3,184,868)
25.	Net investment income earned		131,151	46,423	97,152
26.	Net realized capital gains (losses) less capital gains tax of \$.....				
27.	Net investment gains (losses) (Lines 25 plus 26)		131,151	46,423	97,152
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]				
29.	Aggregate write-ins for other income or expenses				
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	(1,143,687)	(318,252)	(3,087,716)
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	(1,143,687)	(318,252)	(3,087,716)
Details of Write-Ins					
0601.	.....	XXX			
0602.	.....	XXX			
0603.	.....	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	.....	XXX			
0702.	.....	XXX			
0703.	.....	XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	5,811,732	1,930,423	1,930,423
34.	Net income or (loss) from Line 32	(1,143,687)	(318,252)	(3,087,716)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(113,693)	(39,190)	(30,975)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	—	—	7,000,000
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(1,257,380)	(357,442)	3,881,309
49.	Capital and surplus end of reporting period (Line 33 plus 48)	4,554,352	1,572,981	5,811,732
Details of Write-Ins				
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	4,003,332	1,699,142	4,907,777
2. Net investment income	124,929	54,243	103,842
3. Miscellaneous income	–	–	–
4. Total (Lines 1 to 3)	4,128,261	1,753,385	5,011,619
5. Benefit and loss related payments	3,636,735	1,134,993	4,755,171
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,272,221	1,639,909	3,404,463
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)			
10. Total (Lines 5 through 9)	4,908,956	2,774,902	8,159,634
11. Net cash from operations (Line 4 minus Line 10)	(780,695)	(1,021,517)	(3,148,015)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	–	–	–
12.8 Total investment proceeds (Lines 12.1 to 12.7)	–	–	–
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	–	–	–
13.7 Total investments acquired (Lines 13.1 to 13.6)	–	–	–
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	–	–	–
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	3,500,000	–	3,500,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	786	2,660,147	2,331,482
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	3,500,786	2,660,147	5,831,482
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)	2,720,091	1,638,630	2,683,467
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,073,222	3,389,755	3,389,755
19.2 End of period (Line 18 plus Line 19.1)	8,793,313	5,028,385	6,073,222
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. Surplus contribution receivable			3,500,000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year	938	798	140											
2. First Quarter	1,233	1,119	114											
3. Second Quarter	1,299	1,146	153											
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	7,476	6,657	819											
Total Member Ambulatory Encounters for Period:														
7. Physician	1,242	1,161	81											
8. Non-Physician	7,414	7,080	334											
9. Total	8,656	8,241	415											
10. Hospital Patient Days Incurred	100	76	24											
11. Number of Inpatient Admissions	28	16	12											
12. Health Premiums Written (a)	3,804,135	3,411,340	392,795											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	3,804,135	3,411,340	392,795											
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	4,247,721	3,852,641	395,080											
18. Amount Incurred for Provision of Health Care Services	4,592,289	4,092,240	500,049											

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999 – Aggregate accounts not individually listed-covered	51,099					51,099
0499999 – Subtotals	51,099					51,099
0599999 – Unreported claims and other claim reserves						1,262,874
0799999 – Total claims unpaid						1,313,973
0899999 – Accrued medical incentive pool and bonus amounts						

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual	182,754	3,077,058	24,207	1,120,329	206,961	742,111
2. Comprehensive (hospital and medical) group	122,421	272,069	11,751	157,686	134,172	64,640
3. Medicare Supplement						
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	305,175	3,349,127	35,958	1,278,015	341,133	806,751
14. Health care receivables (a)	76,224	220,384			76,224	133,954
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)	228,951	3,128,743	35,958	1,278,015	264,909	672,797

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Taro Health Plan of Maine, Inc. (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Maine Bureau of Insurance. The state of Maine requires insurance companies domiciled in the state of Maine to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Maine Bureau of Insurance. The Company does not have any permitted practices.

	SSAP #	F/S Page	F/S Line #	06/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (1,143,687)	\$ (3,087,716)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (1,143,687)</u>	<u>\$ (3,087,716)</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 4,554,352	\$ 5,811,732
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 4,554,352</u>	<u>\$ 5,811,732</u>

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

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from these estimates.

C. Accounting Policy

Health premiums received are recognized as income in the month of coverage. Premiums are reported net of reinsurance. Claims are reported based on the service date of services rendered. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, will be charged to operations as incurred. Expenses for management and administration of the organization are charged to operations as incurred.

- (1) Short-term investments - Not Applicable
- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26 - Not Applicable
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Asset-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) The Company does not anticipate investment income when evaluating the need for premium deficiency reserves, in accordance with SSAP 54 Individual and Group Accident and Health Contracts.
- (11) Unpaid claims and claim adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, 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 liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Changes in capitalization policy - Not Applicable
- (13) Pharmacy rebates are recorded based on information received from the pharmacy benefit manager. Additionally, estimates are made for unreceived rebates based on historical trends.

D. Going Concern

The Plan has sustained recurring losses from operations since its inception in 2022 and has relied on capital contributions from the Parent. Based on historical results, the Plan is expected to incur losses through the going concern evaluation period. However, the Parent has committed to continue to make capital contributions up to \$1,000,000 to meet needed liquidity and capital needs. Management believes that they will have the liquidity to meet their obligations as they become due during the going concern evaluation period.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill

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

Notes to the Financial Statements

3. Business Combinations and Goodwill (Continued)

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - Not Applicable

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale - Not Applicable
- B. Change in Plan of Sale of Discontinued Operation - Not Applicable
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - Not Applicable
- D. Equity Interest Retained in the Discontinued Operation After Disposal - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate - Not Applicable
- K. Investments in Tax Credit Structures (tax credit investments) - Not Applicable
- L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	101,066	102,513	(1,447)		101,066	1.023	1.044
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets (Sum of a through n)	\$ 101,066	\$ 102,513	\$ (1,447)	\$	\$ 101,066	1.023 %	1.044 %

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

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

Notes to the Financial Statements

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus - Not Applicable
- B. Total Amount Excluded - Not Applicable
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross.....	\$ 7,352
2. Nonadmitted.....	\$
3. Admitted.....	\$ 7,352

- D. The aggregate deferred interest - Not Applicable
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - Not Applicable

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - Derivatives - Not Applicable
- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - Not Applicable

9. Income Taxes - No Significant Changes

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

- A. The Company is a Maine-domiciled health maintenance organization. The Company is a wholly-owned subsidiary of Taro Health, Inc.
- B. Detail of Related Party Transactions - Not Applicable
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. The Company has an amount due from Taro Health, Inc. of \$100,649 and \$3,688,064 as of June 30, 2025 and December 31, 2024, respectively.

The Company has an amount due from Taro Health Plan of Oklahoma, Inc. of \$86,685 and \$56 as of June 30, 2025 and December 31, 2024, respectively.

- E. The Company has an administrative services agreement with Taro Health, Inc. Pursuant to the agreement certain administrative, management, and support services are provided by Taro Health, Inc. to the Company. Administrative expenses associated with these services are allocated to the Company based on the actual cost. The results of the Company's operations could differ from the amounts reported if the Company were required to secure all services directly or contract with an unrelated party.
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - Not Applicable
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt

- A. Debt, Including Capital Notes - Not Applicable
- B. FHLB (Federal Home Loan Bank) Agreements - Not Applicable

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

- A. Defined Benefit Plan - Not Applicable
- B. Investment Policies and Strategies of Plan Assets - Not Applicable
- C. Fair Value of Each Class of Plan Assets - Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans - Not Applicable
- H. Postemployment Benefits and Compensated Absences - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

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

The Company had a surplus contribution from their parent of \$3,500,000 in 2024. At December 31, 2024, the Company recorded a capital contribution receivable in the amount of \$3,500,000 which was properly reflected in surplus at 12/31/24. The receivable was settled in cash prior to March 17, 2025, which is the date the filing was due to the Maine Bureau of Insurance.

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- A. The Company has 1,000 shares of \$1 par value common stock authorized, issued, and outstanding. The Company has no preferred stock authorized, issued or outstanding
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. Dividend Restrictions - Not Applicable
- D. Ordinary Dividends - Not Applicable
- E. Company Profits Paid as Ordinary Dividends - Not Applicable
- F. Surplus Restrictions - Not Applicable
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable
- J. Unassigned Funds (Surplus) - Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - Not Applicable
- B. Assessments - Not Applicable
- C. Gain Contingencies - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable
- E. Joint and Several Liabilities - Not Applicable
- F. All Other Contingencies - Not Applicable

15. Leases

- A. Lessee Operating Lease - Not Applicable
- B. Lessor Leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

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

- A. Transfers of Receivables Reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets - Not Applicable
- C. Wash Sales - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

- A. Fair Value Measurement

SSAP 100, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Company has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Company believes its valuation methods are appropriate and consistent with other market participants. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Cash Equivalents	\$ 7,894,285	\$	\$	\$	\$ 7,894,285
	Total assets at fair value/NAV	\$ 7,894,285	\$	\$	\$	\$ 7,894,285
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- (2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable
- (3) Policy on transfers into and out of Level 3 - Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values - Not Applicable
- (5) Derivatives - Not Applicable

- B. Other Fair Value Disclosures - Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash Equivalents.....	\$..... 7,894,285	\$..... 7,894,285	\$..... 7,894,285	\$.....	\$.....	\$.....	\$.....

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

21. Other Items

- A. Unusual or Infrequent Items - Not Applicable
- B. Troubled Debt Restructuring - Not Applicable
- C. Other Disclosures - Not Applicable
- D. Business Interruption Insurance Recoveries - Not Applicable
- E. State and Federal Tax Credits - Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure - Not Applicable
- G. Retained Assets - Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts - Not Applicable
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through August 15, 2025 for the statutory statement issued on August 15, 2025. There were no Type I events.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through August 15, 2025 for the statutory statement issued on August 15, 2025. There were no Type II events.

23. Reinsurance

The Company has entered into a reinsurance arrangement to provide for reimbursement of all medical and prescription claims over a certain retention amount. The attachment point is \$135,000, with 75% coinsurance up to \$275,000.

In addition, the Company has entered into a second excess loss reinsurance arrangement to provide for reimbursement of all medical and prescription claims over a certain retention amount. The retention per insured person is \$275,000 plus 90% for claims up to \$1,000,000 and 30% for all claims in excess of \$1,000,000.

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes () No (X)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes () No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes () No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

Section 3 – Ceded Reinsurance Report – Part B

- 1)

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

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
- Yes () No (X)

- B. Uncollectible Reinsurance - Not Applicable
- C. Commutation of Ceded Reinsurance - Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable
- E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - Not Applicable
- B. Method Used to Record - Not Applicable
- C. Amount and Percent of Net Retrospective Premiums - Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

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

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

- 2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

		Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments).....	\$	
Liabilities		
2. Risk adjustment user fees payable for ACA risk adjustment.....	\$	
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	1,671,793	
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$.....(748,793)	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....		

- 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

										Unsettled Balances as of the Reporting Date	
				Differences		Adjustments					
Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year				Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
(1)		(2)		(3)		(4)		(5)		(6)	
(7)		(8)		(9)		(10)		(11)		(12)	
Receivable		(Payable)		Receivable		(Payable)		Receivable		(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments).....		\$..... 47,000	\$.....	\$.....	\$.....	\$..... 47,000	\$.....	\$.....	\$.....	A	\$..... 47,000
2. Premium adjustments (payable) (including high risk pool premium).....			(970,000)				(970,000)		(145,922)	B	(1,115,922)
3. Subtotal ACA Permanent Risk Adjustment Program....		\$..... 47,000	\$..... (970,000)	\$.....	\$.....	\$..... 47,000	\$..... (970,000)	\$.....	\$..... (145,922)		\$..... 47,000

Explanations of Adjustments
A: Adjust to actual
B: Adjust to actual

25. Change in Incurred Claims and Claim Adjustment Expenses

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

Activity in the liabilities for unpaid claims and unpaid claim adjustment expenses for the period ended June 30, 2025 and December 31, 2024 is summarized as follows (000s omitted):

Notes to the Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses (Continued)

	6/30/2025	12/31/2024
Net unpaid claims and CAE at beginning of year	\$ 839	\$ 768
Incurred related to:		
Current year	4,498	5,007
Prior year	(415)	(171)
Total claims and CAE incurred	4,083	4,836
Paid related to:		
Current year	3,182	4,197
Prior year	363	568
Total claims and CAE paid	3,545	4,765
Net unpaid claims and CAE at end of year	\$ 1,377	\$ 839

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements

- A. Entities Participating in Pool - Not Applicable
- B. Lines and Types of Business Subject to Pooling Agreement - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2025	\$ 122,101	\$ -	\$ -	\$ -	\$ -
03/31/2025	152,290	98,283	-	-	-
12/31/2024	52,627	52,627	-	-	-
09/30/2024	47,358	48,474	-	-	31,259
06/30/2024	40,361	32,853	-	-	26,471
03/31/2024	42,783	30,708	-	-	30,708
12/31/2023	51,078	22,976	-	-	22,976
09/30/2023	33,644	13,482	-	-	13,482
06/30/2023	32,224	32,224	-	-	32,224
03/31/2023	21,912	21,912	-	-	21,912

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$1,670,961
2. Date of the most recent evaluation of this liability: 06/30/2025
3. Was anticipated investment income utilized in the calculation? NO

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....
- 6.4 By what department or departments?
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... 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?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... YES
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 100,649

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$
13. Amount of real estate and mortgages held in short-term investments:..... \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... NO
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.3 Total payable for securities lending reported on the liability page..... \$
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?..... Yes

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

1	2
Name of Custodian(s)	Custodian Address
US Bank.....	800 Nicollet Mall Minneapolis, MN 55402.....

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?..... NO
- 17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2
Name of Firm or Individual	Affiliation
Dan Phillips	I

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... NO
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... NO

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... YES

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

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... NO

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

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... NO

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

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO

GENERAL INTERROGATORIES
PART 2 – HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	111.608 %
1.2	A&H cost containment percent.....	1.463 %
1.3	A&H expense percent excluding cost containment expenses.....	33.937 %
2.1	Do you act as a custodian for health savings accounts?	No.....
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
2.3	Do you act as an administrator for health savings accounts?	No.....
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	No.....
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	No.....

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 93572	43-1235868.....	..... 01/01/2025	RGA Reinsurance Company.....	..... MO .....	..... SSL/G .....	..... CMM.....	Authorized.....	.....	.....
..... 93572	43-1235868.....	..... 01/01/2025	RGA Reinsurance Company.....	..... MO .....	..... SSL/I.....	..... CMM.....	Authorized.....	.....	.....
.....	45-4331075.....	..... 01/01/2025	Maine Guaranteed Access Reinsurance Association.....	..... ME .....	..... SSL/G .....	..... CMM.....	Authorized.....	.....	.....
.....	45-4331075.....	..... 01/01/2025	Maine Guaranteed Access Reinsurance Association.....	..... ME .....	..... SSL/I.....	..... CMM.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			Direct Business Only									
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit—Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	L	3,804,135							3,804,135	
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	N									
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	N									
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX		3,804,135							3,804,135	
60.	Reporting entity contributions for employee benefits plans	XXX										
61.	Total (Direct Business)	XXX		3,804,135							3,804,135	
Details of Write-Ins												
58001.		XXX										
58002.		XXX										
58003.		XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX										

(a) Active Status Counts

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

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

Taro Health, Inc.
Corporate Entity Organization Chart



** – 100% owned by Taro Health, Inc.

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
5056		17315	87-3357382				Taro Health Plan of Maine, Inc.	ME	RE	Taro Health, Inc.	Ownership	100.0	Taro Health, Inc.	NO	
5056		17508	88-0991670				Taro Health Plan of Oklahoma, Inc.	OK	IA	Taro Health, Inc.	Ownership	100.0	Taro Health, Inc.	NO	
			86-1480308				Taro Health, Inc.	DE	UDP						
Asterisk	Explanation														

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?.....	NO.....

August Filing

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

EXPLANATION:

1.
2.

BARCODES:

1.

17315202536500002
2.

OVERFLOW PAGE FOR WRITE-INS

(SI-01) Schedule A - Verification - Real Estate

NONE

(SI-01) Schedule B - Verification - Mortgage Loans

NONE

(SI-01) Schedule BA - Verification - Other Long-Term Invested Assets

NONE

(SI-01) Schedule D - Verification - Bonds and Stocks

NONE

(SI-02) Schedule D - Part 1B

NONE

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	2,602,513	101,313
2.	Cost of cash equivalents acquired.....	8,335,162	2,501,200
3.	Accrual of discount.....		
4.	Unrealized valuation increase / (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration received on disposals.....	3,043,390	
7.	Deduct amortization of premium.....		
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	7,894,285	2,602,513
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	7,894,285	2,602,513

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

(E-05) Schedule D - Part 4
NONE

(E-06) Schedule DB - Part A - Section 1
NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)
NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-07) Schedule DB - Part B - Section 1
NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name
NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)
NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-08) Schedule DB - Part D - Section 1
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity
NONE

(E-10) Schedule DB - Part E
NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
US Bank – P.O.Box 1800, St. Paul, MN 55101					257,749	341,334	849,944	XXX
Mercury Bank – 660 Mission Street, San Francisco, CA 94105					49,908	49,084	49,084	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories					307,657	390,418	899,028	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit					307,657	390,418	899,028	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					307,657	390,418	899,028	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Exempt Money Market Mutual Funds – as Identified by SVO								
09248U-71-8	Blackrock Money Market Fund		06/01/2025	4.180	XXX	600,000	894	–
233809-30-0	Fidelity Money Market Fund		06/24/2025	4.150	XXX	508,827	495	7,099
316175-50-4	Fidelity Money Market Fund		06/01/2025	4.190	XXX	509,088	1,689	7,344
31846V-32-8	First American Money Market Fund		06/17/2025	4.210	XXX	600,000	901	–
60934N-50-0	Federated Hermes Money Market		06/01/2025	4.170	XXX	509,067	1,678	7,272
31846V-54-2	First American Funds Treasury Obligations Class Z	SD	06/30/2025	0.600	XXX	101,066	–	602
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						2,828,048	5,657	22,317
All Other Money Market Mutual Funds								
617455-69-6	Morgan Stanley Institutional Fund		06/02/2025	4.420	XXX	1,139,280	–	23,335
921932-10-9	Vanguard Treasury Money Market Fund		06/02/2025	4.200	XXX	3,417,839	–	64,913
09248U-70-0	Blackrock Money Market Fund		06/01/2025	4.190	XXX	509,118	1,694	7,307
8309999999 – All Other Money Market Mutual Funds						5,066,237	1,694	95,555
8589999999 – Total Cash Equivalents (Unaffiliated)						7,894,285	7,351	117,872
8609999999 – Total Cash Equivalents						7,894,285	7,351	117,872