

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

WellCare of Maine, Inc.

Organized under the Laws of Maine State of Domicile or Port of Entry Maine Country of Domicile Licensed as business type: Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Incorporated/Organized 10/16/2017 Commenced Business Statutory Home Office 110 Mein Street, 5th Floor Seaco, ME_US 04072 (Siested and Number) (City or Town. State, Country and Zerode) Main Administrative Office 7700 Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477 (Siested and Number) (City or Town. State, Country and Zerode) (Inception Number) Mail Address 8725 Henderson Road Troub Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477 (Siested and Number) (City or Town. State, Country and Zerode) (Inception Number) Primary Location of Books and Records 7700 Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477 (Siested and Number) (City or Town. State, Country and Zerode) (Inception Number) Intermet Web State Address Www.centene.com 813-206-2725 Www.centene.com 813-206-2725 Kimberly bringhurst@centene.comm 1813-206-2725 Name President President Judi Ellen Neveux President Pre	NAIC Group Code	01295 (Current Period)	, <u>01295</u> (Prior Period)	NAIC Company Code _	16344	Employer's	ID Number	82-3114517
Country of Domicile Licensed as business type: Life, Accident & Health [] Property/Casulty [] Hospital, Medical & Dental Service or Indemnity [] Other [] Vision Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Is HAMO Federally Qualified? Yes [] No	Organized under the	,	,	Sta	te of Domicile	e or Port of Entry	N	∕laine
Licensed as business type: Life, Accident & Health [] Property/Casualty [] Health Maintenance Organization [] Other [] Oth	· ·		ao				<u> </u>	,
Incorporated/Organized 10/16/2017 Commenced Business 0.1/01/2019	•	Dental Se		Property/Casualty []	Health Maintenand	ce Organization	[X]
Administrative Office Site and Number) St. Louis, MO, US 6310 314-725-4477	Incorporated/Organize		10/16/2017	Commenced Bu	siness	- Tivio i caciany		[] [[]
Main Administrative Office 700 Forsyth Boulevard (Site and Number) (City or fown, State, Country and Zp. Cote) (Area Code) (Telegépore Number) (Site and Number or F.O. Box) (City or fown, State, Country) and Zp. Cote) (Area Code) (Telegépore Number) Primary Location of Books and Records 7700 Forsyth Boulevard St. Louis, MO, US 63105 314-725-4477 (Site and Number) (Site and Number or F.O. Box) (City or fown, State, Country) and Zp. Cote) (Area Code) (Telegépore Number) Internet Web Site Address Www.centene.com (Number) (Site and Number) (Site and Number) (City or fown, State, Country) and Zp. Cote) (Telegépore Number) Internet Web Site Address (Number) (Site and Number) (Site and Nu	Statutory Home Office 110 Main St				,			
Assistant Secretary City or Town, State, Country and Zpr Code) (Area Code) Telephone Number)	Main Administrativa O	office 7	,	,	Ct Lauis	, ,		•
Mail Address 8725 Henderson Road (Street and Number or P.O. Box) (Street and Number) (Street Street and Number) (Street Street and Number) (Street Street and Number) (St	iviain Administrative O	7 mice						
Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number) (Str	Mail Address	872	,	,		Tampa, FL	,	, , ,
State and Number City or Town, State, Country and Zip Code) Telephone Number Tele		,	,		O. 1	•	•	*
Internet Web Site Address Statutory Statement Contact Kimberly Bringhurst Kimberly Bringhust Kimberly Bringhust Kimberly Bringhust Kimberly Bringhust	Primary Location of Bo	ooks and Records						
Statutory Statement Contact Kimberly Bringhurst Kimberly bringhurst@centene.comm (Remain Address)	Internet Web Site Add	Iress	(Olloot di	,		•	(71100 00	do) (Tolophone Hamber)
Kimberly_bringhurst@centene.comm S13-675-2899 Kimberly_bringhurst@centene.comm S13-675-2899 Ce-Mail Address CoFFICERS Company Ce-Mail Address CoFFICERS Name			Kimberly Bring				206-2725	
OFFICERS Name Title Judi Ellen Neveux President James Edward Snyder III Treasurer and Vice President Mendra Louise Archer Secretary and Vice President Tricia Lymp Dinkelman Vice President Vice President Tricia Lymp Dinkelman OTHER OFFICERS Benjamin Mark Craig Assistant Secretary DIRECTORS OR TRUSTEES Richard St. Patrick Parnell Judi Ellen Neveux Benjamin Mark Craig State of Secretary Sudding Secretary State of Secretary and Vice President Secretary Secretar	•		(Name)	-	_			nsion)
Name Title Name Title Name Title Treasurer and Vice President James Edward Snyder III Treasurer and Vice President Vice President Vice President Vice President Vice President Vice President Of Tax OTHER OFFICERS	Kimi							
Name Title President James Edward Snyder III Treasurer and Vice President Tricia Lynn Dinkelman Treasurer and Vice President OTHER OFFICERS Benjamin Mark Craig Assistant Secretary DIRECTORS OR TRUSTEES Richard St. Patrick Parnell Judi Ellen Neveux Benjamin Mark Craig State of Ss. County of Ss. County of State or Ss. County 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 required differences in reporting not related to accounting practices and procedures manual except 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. Judi Ellen Neveux James Edward Snyder III Kendra Louise Archer		•	,	OFFICERS		,	,	
State of	Name		Title	OFFICERO	Name	е		Title
Secretary and Vice President Tricia Lynn Dinkelman Vice President of Tax		eveux .		Ja				
DIRECTORS OR TRUSTEES Richard St. Patrick Parnell State of County of The officers of this reporting entity being duly swom, 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 his statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all 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 ene 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. Judi Ellen Neveux President Treasurer and Vice President a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed								
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DIRECTORS OR TRUSTEES Richard St. Patrick Parnell State of	Reniamin Marl	k Crain			-110			
State of		, _						
State of								
State of								
County of	Richard St. Patric	ck Parnell	Judi Ellen Nev	/eux	Benjamin Ma	ark Craig		
County of								
County of								
County of	State of							
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President Treasurer and Vice President a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of, J. State the amendment number 2. Date filed	above, all of the herein do this statement, together vand of the condition and been completed in accordiffer; or, (2) that state is knowledge and belief, re- when required, that is ar	escribed assets were with related exhibits, affairs of the said reladance with the NAIC rules or regulations spectively. Furthermon exact copy (except	the absolute property of schedules and explanati porting entity as of the recent and a schedules and explanati porting entity as of the recent and the schedules are the scope of this attraction of the scope of the	the said reporting entity, freons therein contained, anni- porting period stated above ructions and Accounting Pro- porting not related to account estation by the described o	ee and clear from exed or referre e, and of its industrices actices and Propunting practices fficers also industrices	om any liens or claims to ded to, is a full and true come and deductions to cocedures manual excess and procedures, actually the related correlated corre	thereon, except as statement of all therefrom for the ept to the extent ecording to the be esponding electro	s herein stated, and that the assets and liabilities period ended, and have that: (1) state law may est of their information, nic filing with the NAIC,
President Treasurer and Vice President a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of, J. State the amendment number 2. Date filed	Judi E	Ellen Neveux		James Edward Snvd	er III		Kendra Louise	Archer
Subscribed and sworn to before me this day of for Date filed								
day of, 1. State the amendment number					á	a. Is this an original t	filing?	Yes [X] No []
day of, 1. State the amendment number 2. Date filed	Subscribed and sw	vorn to before me t	his		k	o. If no:		
2. Date filed							dment number	
3. Number of pages attached	·							
						Number of page	s attached	

ASSETS

			Current Statement Date)	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	29,760,475		29 , 760 , 475	29 , 171 , 052
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	L0
	4.3 Properties held for sale (less				
	\$encumbrances)			0	0
5	Cash (\$5,426,175),				
0.	cash equivalents (\$16,766,630)				
	and short-term investments (\$	22 192 805		22 102 805	11 608 57/
۾	Contract loans (including \$ premium notes)	1	1	0	0
	Derivatives			0	L0
	Other invested assets				0
		1	ı		
	Receivables for securities				0
	Securities lending reinvested collateral assets.				0
11.	Aggregate write-ins for invested assets	54 050 000	0		
ı	Subtotals, cash and invested assets (Lines 1 to 11)	51,953,280	ļ	51,953,280	40,869,626
13.	Title plants less \$				
l	only)	i		0	
l	Investment income due and accrued	231,783		231,783	219 , 139
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	110,270		110,270	0
	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 (\$7, 120, 464) and				
	contracts subject to redetermination (\$)	7,120,464		7 , 120 , 464	8,139,696
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans	5,868,628		5,868,628	4,669,641
	Current federal and foreign income tax recoverable and interest thereon				0
18.2	Net deferred tax asset	1,191,050		1,191,050	2,592,924
l	Guaranty funds receivable or on deposit	l .	l	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	ļ	ļ	0	0
l	Receivables from parent, subsidiaries and affiliates			0	1,835,047
i	Health care (\$5,646,266) and other amounts receivable	i e	i		i i
	Aggregate write-ins for other-than-invested assets			0	
l	Total assets excluding Separate Accounts, Segregated Accounts and	ĺ	<u> </u>		
	Protected Cell Accounts (Lines 12 to 25)	74,336,876	2,215,135	72,121,741	66,225,056
27.	From Separate Accounts, Segregated Accounts and Protected	, ,,,,,	, , , , ,	, ,	, -,
	Cell Accounts	<u></u>	<u> </u>	<u> </u>	0
28	Total (Lines 26 and 27)	74,336,876	2,215,135	72,121,741	66,225,056
	DETAILS OF WRITE-INS	77,000,070	2,210,100	12,121,171	30,220,000
1101					
1101.					
i					
1103.	Current of consisting units in fact line 11 from everflow need		^		^
l	Summary of remaining write-ins for Line 11 from overflow page		0	0	l
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
ı	Other non-admitted assets (prepaids)	367,093	367,093	0	J0
2502.					
2503.					
ı	Summary of remaining write-ins for Line 25 from overflow page		0	0	J0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	367,093	367,093	0	0

LIABILITIES, CAPITAL AND SURPLUS

Covered Covered Covered Covered Covered Total Total Total		LIABILITIES, SAI		Current Period		Prior Year
1			1		3	
2. Accordant modelation control pool and forms a monorish. 3. Unjust of times and electronic approaches 8. Unjust of times and electronic approaches 8. For modelation can show he had been should be shown to show the shown to be shown to be shown to be shown to show the shown to be shown to show the shown to be shown to						
3. Unposit chains adjustment appeares. 161.012 181.012 147.5	1.					
4. Aggregate health policy reserves including the liability of 3. For medical loss ratio related part the Public Health Storice Act	2.					i
S	3.	Unpaid claims adjustment expenses	181,912		181,912	147 , 584
Service Fort.	4.	Aggregate health policy reserves including the liability of				
5. Aggregate life policy reserves		\$ for medical loss ratio rebate per the Public Health				
6. Property/country unexample promitum reserve 0 7. Aggregate health claim reserves 0 8. Premituma received in advance 2,722 2,722 9. General register income is a populse and interest threator (including) 375,965 375,965 10. Current forder all red inclinity 0 0 11. Celed referred tax liability 0 0 11. Remittance and fears not disclosed 0 0 14. Borrowell money (including 8 month) 0 0 0 15. Amounts due to parent, subsidiaries and affiliates 90,920 98 500 5.8 16. Derivatives. 0 0 0 0 5.8 17. Payable for securities in straining and certified (s) 0 0 0 5.8 18. Probable for securities and straining and certified (s)		Service Act	12,262,695		12,262,695	16,816,340
6. Property/country unexample promitum reserve 0 7. Aggregate health claim reserves 0 8. Premituma received in advance 2,722 2,722 9. General register income is a populse and interest threator (including) 375,965 375,965 10. Current forder all red inclinity 0 0 11. Celed referred tax liability 0 0 11. Remittance and fears not disclosed 0 0 14. Borrowell money (including 8 month) 0 0 0 15. Amounts due to parent, subsidiaries and affiliates 90,920 98 500 5.8 16. Derivatives. 0 0 0 0 5.8 17. Payable for securities in straining and certified (s) 0 0 0 5.8 18. Probable for securities and straining and certified (s)	5.	Aggregate life policy reserves			0	0
7	6.					0
8. Premittions received in advance	i					0
9. General expenses due or accounted 190,561 133,051 277.21	l					
10.1 Current seate and frowing in comore tax poyables and intersect thereon (including S	ı					
Secretary 1.00		· · · · · · · · · · · · · · · · · · ·	100,001		100,001	
10.2 Met deferred tax siability	10.1		27E EGE		275 565	1 204 005
1.1. Ceded minimurance premiums payable	400					
12						
13. Remittances and terms not allocated	1					İ
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) 0 0 0 0 0 0 0 0 0	12.	Amounts withheld or retained for the account of others				0
Interest thereon S	13.	Remittances and items not allocated			0	0
Security	14.	Borrowed money (including \$ current) and				
15. Amounts due to parent, subsidiaries and affiliates 908,420 908,900 8,88 16. Derivatives 706,677 708,677		interest thereon \$ (including				
16		\$ current)			0	0
16	15.	Amounts due to parent, subsidiaries and affiliates	908,920		908,920	8,658
17. Payable for securities endring	i		·			0
18. Payable for securities lending	i					
19. Funds held under enisurance treaties (with \$	i					
authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers 0.0 20. Reinsurance in unauthorized and certified (5	i					
and \$ certified reinsurers)	10.	·				
20. Reinsurance in unauthorized and certified (\$		* *			0	0
Companies		,			U	U
21. Not adjustments in assets and liabilities due to foreign exchange rates	20.				•	
22 Liability for amounts held under uninsured plans 7,607,455 2,846,15						
23	21.					
current) 206, 238 0 206, 238 302, 8 24 Total liabilities (Lines 1 to 23) 41, 285, 871 0 41, 285, 871 41, 161, 18 25 Aggregate write-ins for special surplus funds XXX XXX <td>22.</td> <td>Liability for amounts held under uninsured plans</td> <td>7 , 607 , 455</td> <td></td> <td>7,607,455</td> <td>5,486,190</td>	22.	Liability for amounts held under uninsured plans	7 , 607 , 455		7,607,455	5,486,190
24. Total liabilities (Lines 1 to 23).	23.					
25. Aggregate write-ins for special surplus funds XXX XXX 1,000 1,00 26. Common capital stock XXX XXX XXX 1,000 1,00 27. Preference capital stock XXX <		current)	206,238	0	206,238	302,818
25. Aggregate write-ins for special surplus funds	24.	Total liabilities (Lines 1 to 23)	41,285,871	0	41,285,871	41 , 161 , 182
26. Common capital stock	1			xxx	0	0
27. Preferred capital stock XXX XXX<	26.					1.000
28. Gross paid in and contributed surplus XXX XXX 14,612,150 .10,150 .10,150	i	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
29. Surplus notes	i	'			14 612 150	
30. Aggregate write-ins for other-than-special surplus funds	1					
31. Unassigned funds (surplus)						
32. Less treasury stock, at cost: 32.1						
32.1			XXX	XXX	10,222,720	10,430,724
\$ 32.2	I	• •				
32.2						
\$			XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)						
34. Total liabilities, capital and surplus (Lines 24 and 33)						
DETAILS OF WRITE-INS 2301. State income tax payable	33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	30,835,870	25,063,874
2301. State income tax payable 206,238 206,238 297,44	34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	72, 121, 741	66,225,056
2301. State income tax payable 206,238 206,238 297,44		DETAILS OF WRITE INS				
2302. Unlicatimed property payable	0001		000 000		000 000	007 404
2303. 2398. Summary of remaining write-ins for Line 23 from overflow page	2301.					·
2398. Summary of remaining write-ins for Line 23 from overflow page	2302.	Unlcaimed property payable			0	5,384
2398. Summary of remaining write-ins for Line 23 from overflow page	2303.					
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) 206,238 0 206,238 302,8 2501. XXX XXX XXX XXX 2502. XXX XXX XXX XXX 2503. XXX XXX XXX XXX XXX 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 0				٨		n
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 XXX 3002. XXX XXX XXX 3003. XXX XXX XXX 3098. Summary of remaining write-ins for Line 30 from overflow page XXX XXX XXX						
2502. XXX XXX XXX 2503. XXX XXX XXX 2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) XXX XXX XXX 3001. XXX XXX XXX 3002. XXX XXX XXX 3003. XXX XXX XXX 3098. Summary of remaining write-ins for Line 30 from overflow page XXX XXX XXX	2399.				· · · · · · · · · · · · · · · · · · ·	· ·
2503. XXX	2501.		XXX	XXX		
2503. XXX	2502.		xxx	xxx		
2598. Summary of remaining write-ins for Line 25 from overflow page XXX XXX XXX 0 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) XXX XXX XXX 0 3001. XXX XXX XXX 3002. XXX XXX XXX 3003. XXX XXX XXX 3098. Summary of remaining write-ins for Line 30 from overflow page XXX XXX XXX						i
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) XXX XXX 0 3001. XXX XXX XXX 3002. XXX XXX XXX 3003. XXX XXX XXX 3098. Summary of remaining write-ins for Line 30 from overflow page XXX XXX XXX						
3001.	2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
3002. XXX XXX XXX 3003. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3002. XXX XXX XXX XXX XXX 3003. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	3001		YYY	YYY	. <u></u>	n
3003. XXX XXX XXX 3098. Summary of remaining write-ins for Line 30 from overflow page XXX XXX				i		i
3098. Summary of remaining write-ins for Line 30 from overflow page	3002.					
	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	İ	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	

STATEMENT OF REVENUE AND EXPENSES

					Prior Year Ended
		Current Y	ear To Date	Prior Year To Date	December 31
		Uncovered	Total	Total	Total
			69,097		94,531
	Net premium income (including \$non-health premium income)				
	Change in unearned premium reserves and reserve for rate credits				
	Fee-for-service (net of \$medical expenses)				
	Risk revenue				
	Aggregate write-ins for other health care related revenues				
	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX		94,681,616	125,080,012
•	l and Medical:				
	Hospital/medical benefits				
	Other professional services				
	Outside referrals				
	Emergency room and out-of-area				
	Prescription drugs				
	Aggregate write-ins for other hospital and medical				
	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0		72,425,576	98,906,701
Less:					
	Net reinsurance recoveries		i	i	
	Total hospital and medical (Lines 16 minus 17)				
	Non-health claims (net)				
20.	Claims adjustment expenses, including \$56,365 cost containment expenses.		939,424	800,684	1,083,651
	General administrative expenses		14,666,678	14,305,090	18,775,773
	Increase in reserves for life and accident and health contracts (including		(0.705.770)	4 040 400	0.700.050
	\$ increase in reserves for life only)		1		
	Total underwriting deductions (Lines 18 through 22)			1	
	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX			
	Net investment income earned		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	625,480	
	Net realized capital gains (losses) less capital gains tax of \$(880)			(24,797)	
	Net investment gains (losses) (Lines 25 plus 26)	0	1,178,238	600,683	892,059
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered		(04.404)	(04, 000)	(00, 040)
	\$		1		(28,843)
	. 999	0	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)			5,882,690	(2,562,850)
31.	Federal and foreign income taxes incurred	XXX	128,965	2,046,872	1,529,971
32.	Net income (loss) (Lines 30 minus 31)	XXX	7,302,154	3,835,818	(4,092,821)
0004	DETAILS OF WRITE-INS				
		XXX			
		XXX			
		XXX	1		
	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
		XXX			
0702.		XXX			
0703.	Common of complete units in a feet line 7 from a conflorence	XXX			^
	, ,	XXX	0	0	0
	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	1	U	U
1401. 1402.				<u> </u>	
1402.			†	<u> </u>	
	Summary of ramaining write inc for Line 1/1 from everflow page	0	0		^
	Summary of remaining write-ins for Line 14 from overflow page	0	i	0	0
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. 2902.			<u> </u>		
2902. 2903.			†	<u> </u>	
	Summary of remaining write-ins for Line 29 from overflow page		0	0	^
				1	0
2000	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	YENSES (Continue	a)
		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	25,063,874	28 , 227 , 832 .	28 , 227 , 832
34.	Net income or (loss) from Line 32	7,302,154	3,835,818	(4,092,821)
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	(1,401,874)	979,592	2,359,552
39.	Change in nonadmitted assets	(128,284)	(808,058).	(1,430,689)
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	5,771,996	4,007,352	(3,163,958)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	30,835,870	32,235,184	25,063,874
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance.	100 , 860 , 904	98,709,718	128 , 862 , 74
2.	Net investment income	1 , 306 , 089	857 , 211	1,136,98
3.	Miscellaneous income	0	0	
4.	Total (Lines 1 to 3)	102,166,993	99,566,929	129,999,72
	Benefit and loss related payments	78,529,579	75,601,268	101,823,46
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
7.	Commissions, expenses paid and aggregate write-ins for deductions	14 , 757 , 827	13,512,189	20,052,31
	Dividends paid to policyholders		0	
	Federal and foreign income taxes paid (recovered) net of \$tax on capital			
	gains (losses)	1,047,324	306.405	875.73
	Total (Lines 5 through 9)	94,334,730	89,419,862	122,751,50
	Net cash from operations (Line 4 minus Line 10)	7,832,263	10.147.067	7.248.21
	Cash from Investments	7,002,200	10,111,001	7,210,21
12	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	1 537 920	2,543,044	3,039,46
			0	
	12.3 Mortgage loans		0	
		0	٥	
			0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	
	- · · · · · · · · · · · · · · · · · · ·	706,677	0	
	12.7 Miscellaneous proceeds	2 244 507	2,543,045	3,039,46
40	12.8 Total investment proceeds (Lines 12.1 to 12.7)	2 , 244 , 397	2,343,043	
	Cost of investments acquired (long-term only):	0 000 740	0 400 400	0.004.00
	13.1 Bonds		2, 189, 426	' '
	13.2 Stocks		0	
	13.3 Mortgage loans		0	
	13.4 Real estate		0	
			0	
	13.6 Miscellaneous applications	0	0	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	2,268,718	2,189,426	3,804,06
	Net increase/(decrease) in contract loans and premium notes	0	0	
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(24, 121)	353,619	(764,60
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock	0	0	
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders		0	
	16.6 Other cash provided (applied)	2,686,089	(1,968,495)	150,57
	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5		,	
	plus Line 16.6)	2,686,089	(1,968,495)	150,57
	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)	10,494,231	8,532,191	6,634,18
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	11,698,574	5,064,387	5,064,38
	19.2 End of period (Line 18 plus Line 19.1)	22,192,805	13,596,578	11,698,57

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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE WellCare of Maine, Inc.

EXHIBIT OF PREMIUMS. ENROLLMENT AND UTILIZATION

	1	Compre (Hospital &	hensive	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	7,675	0	0	0	0	٥	0	7 ,675	0	0	0	0	0	0
2. First Quarter	7,668	0	0	0	0	٥	0	7 ,668	0	0	0	0	0	0
3. Second Quarter	7,686	0	0	0	0	0	0	7 ,686	0	0	0	0	0	0
4. Third Quarter	7,803	0	0	0	0	0	0	7,803	0	0	0	0	0	0
5. Current Year	0													
Current Year Member Months	69,097							69,097						
Total Member Ambulatory Encounters for Period:														
7. Physician	54,460							54,460						
8. Non-Physician	. 40,227							40,227						
9. Total	94,687	0	0	0	0	0	0	94,687	0	0	0	0	0	0
10. Hospital Patient Days Incurred	13,894							13,894						
11. Number of Inpatient Admissions	1,685							1,685						
12. Health Premiums Written (a)	97 , 359 , 689							97 , 359 , 689						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	97 ,777 ,615							97 ,777 ,615						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	80,606,650							80,606,650						
18. Amount Incurred for Provision of Health Care Services	82,620,278							82,620,278						

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 97,359,689

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)							
	·						
	-						
0199999 Individually listed claims unpaid	. 0	J0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered	638,702	2,824	0	18,057	202,596		
0399999 Aggregate accounts not individually listed-covered 0499999 Subtotals	638,702	2,824	0	18,057	202,596	862,179	
0599999 Unreported claims and other claim reserves	XXX	XXX XXX	XXX	XXX	XXX XXX	14,861,567	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	14,001,307	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	15,723,746	
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	3,116,890	
Dogo and Accided inequal incentive pool and bonds amounts				^^^		3,110,090	

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

7117121010 01 01211111	Clai	ms	Liak			
	Paid Year		End of Curr	ent Quarter	5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical) individual					0	0
Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	10,179,439	75 , 582 , 709	1,308,956	14,414,790	11,488,395	13,051,707
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)		75 , 582 , 709	1,308,956	14,414,790	11,488,395	13,051,707
14. Health care receivables (a)		7 ,494 , 308			0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	1,626,126	712,684	894,634	2 , 222 , 256	2,520,760	3,775,302
17. Totals (Lines 13-14+15+16)	11,805,565	68,801,085	2,203,590	16,637,046	14,009,155	16,827,009

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

NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare of Maine, Inc. (the "Company"), domiciled in the State of Maine, are presented on the basis of accounting practices prescribed or permitted by the State of Maine Department of Professional & Financial Regulation Bureau of Insurance, (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Maine for determining and reporting the financial condition, results of operations, and cash flow of an insurance company for determining its solvency under Maine 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 Maine.

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 Maine is shown below:

		SSAP#	F/S Page	F/S Line #	2024		2023
	NET INCOME		g -				
1	Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 7,302,154	\$	(4,092,821)
	2 State Prescribed Practices that are an increase/(decrease)						
	from NAIC SAP: None	_		_	_		_
3	State Permitted Practices that are an increase/(decrease)						
	from NAIC SAP: None	_	_	_			
4	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 7,302,154	_\$_	(4,092,821)
	SURPLUS						
5	6 Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 30,835,870	\$	25,063,874
6	State Prescribed Practices that are an increase/(decrease)						
	from NAIC SAP: None	_	_	_	_		
7	7 State Permitted Practices that are an increase/(decrease)						
	from NAIC SAP: None	_	_	_			
8	3 NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 30,835,870	\$	25,063,874

- B. Uses of Estimates in the Preparation of the Financial Statements No significant change.
- C. Accounting Policy No significant change.
- D. Going Concern The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No significant change.
- B. Debt Restructuring No significant change.
- C. Reverse Mortgages No significant change.
- D. Loan-Backed Securities
- 1. Prepayment assumptions for loan-backed securities were obtained from Reuters.
- 2. The Company has no other-than-temporary impairment ("OTTI") to recognize.
- 3. The Company has not recognized OTTI based on cash flow analysis.

NOTES TO FINANCIAL STATEMENT

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

1.Less than 12 Months	\$
2.12 Months or Longer	\$ 787,699

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

1.Less than 12 Months	\$
2.12 Months or Longer	\$ 4,626,129

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of OTTI related to these securities.

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

- E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the period September 30, 2024.
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate No significant change.
- K. Low-Income Housing Tax Credits ("LIHTC") No significant change.
- L. Restricted Assets (including Pledged) No significant change.
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None
- O. 5* GI Securities No significant change.
- P. Short Sales No significant change.
- Q. Prepayment Penalty and Acceleration Fees No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type None
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

None

NOTES TO FINANCIAL STATEMENT

9. Income Taxes

No significant change.

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

No significant change.

11. Debt

- A. Debt No significant change.
- B. Federal Home Loan Bank Agreements None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments No significant change.
- B. Assessments No significant change.
- C. Gain Contingencies No significant change.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits No significant change.
- E. Joint and Several Liabilities No significant change.
- F. All Other Contingencies No significant change.

15. Leases

No significant change.

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

No significant change.

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

- A. Transfers of Receivables Reported as Sales No significant change.
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

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

No significant change.

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

No significant change.

20. Fair Value Measurements

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are as follows:

NOTES TO FINANCIAL STATEMENT

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

1. The following table summarizes fair value measurements by level at September 30, 2024, for assets and liabilities measured at fair value.

Description of each class of asset or liability a. Assets at fair value		Level 1		Level 2		Level 3		(NAV)		Total
Cash, cash equivalents and short-term investments	\$	22,192,805	\$	_	\$	_	\$	_	\$	22,192,805
Bonds Total Bonds	<u> </u>	<u>=</u>					\$			<u>=</u>
Common stock	Ψ		Ψ		Ψ		Ψ		Ψ	
Parent, subsidiaries and affiliates Total Common stock	\$	<u> </u>	\$	<u> </u>	\$		\$	<u> </u>	\$	<u> </u>
Derivatives assets Total Derivatives assets	\$		-\$	<u>_</u>	-\$		\$		\$	
Separate account assets Total assets at fair value	<u>\$</u>	22,192,805	<u>\$</u>		<u>\$</u>		\$		\$	22,192,805
b. Liabilities at fair value										
Total liabilities at fair value	\$		\$		\$		\$		\$	

- B. Fair Value Disclosures Under Other Pronouncements None
- C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at September 30, 2024, for all financial instruments:

Type of Financial	Aggregate	Admitted				1.0	Va	Asset	Not Practicable (Carrying
Instrument	Fair Value	Assets	Level 1	Level 2	Le	vel 3	(N <i>i</i>	AV)	Value)
Cash and cash equivalents	\$ 22,192,805	\$ 22,192,805	\$ 22,192,805	\$ _	\$	_	\$	_	\$ _
Bonds	28,084,001	29,760,475	119,006	27,964,995		_		_	_
Total Investments	\$ 50,276,806	\$ 51,953,280	\$ 22,311,811	\$ 27,964,995	\$	_	\$	_	\$ _

- D. Unable to Estimate Fair Value None
- E. Assets Measured at Net Asset Value None

21. Other Items

- A. Extraordinary Items No significant change.
- B. Troubled Debt Restructuring No significant change.
- C. Other Disclosures and Unusual Items No significant change.
- D. Business Interruption Insurance Recoveries No significant change.
- E. State Transferable and Non-Transferable Tax Credits No significant change.
- F. Subprime Mortgage Related Risk Exposure No significant change.
- G. Retained Assets No significant change.
- H. Insurance-Linked Securities ("ILS") Contracts No significant change.

NOTES TO FINANCIAL STATEMENT

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No significant change.

22. Events Subsequent

There were no events occurring subsequent to September 30, 2024, requiring disclosure. Subsequent events have been considered through November 1, 2024, for the Statutory statement issued on November 1, 2024.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. B. C. D. - No significant change.

E. Risk-Sharing Provisions of the Affordable Care Act ("ACA") - None

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2023 were \$16,827,009. As of September 30, 2024, \$11,805,565 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2,203,590 as a result of reestimation of unpaid claims. Therefore, there has been \$2,817,855 favorable prior-year development since December 31, 2023. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves as of September 30, 2024

Liability carried for premium deficiency reserves - \$ 3,014,174
 Date of most recent evaluation of this liability - October 31, 2024

3. Was anticipated investment income utilized in the calculation?

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material trandomicile, as required by the Model Act?	nsactions requiring the filing of Disclosure	of Material Tra	ınsactioı	ns with the S	ate of		Yes []	No [X]
1.2	If yes, has the report been filed with the domiciliary							Yes []	No []
2.1	Has any change been made during the year of this reporting entity?	statement in the charter, by-laws, articles	of incorporation	n, or de	ed of settlem	ent of the		Yes []	No [X]
2.2	If yes, date of change:									
3.1	Is the reporting entity a member of an Insurance Howhich is an insurer?							Yes [X]	No []
	If yes, complete Schedule Y, Parts 1 and 1A.									
3.2	Have there been any substantial changes in the org	ganizational chart since the prior quarter of	nd?					Yes []	No [X]
3.3	If the response to 3.2 is yes, provide a brief descrip									
3.4	Is the reporting entity publicly traded or a member of								1	No []
3.5	If the response to 3.4 is yes, provide the CIK (Centr									
4.1	Has the reporting entity been a party to a merger or	consolidation during the period covered	by this stateme	nt?				Yes []	No [X]
4.2	If yes, provide the name of entity, NAIC Company C ceased to exist as a result of the merger or consolid		state abbrevia	tion) for	any entity th	at has				
	N	1 lame of Entity	2 NAIC Compar	y Code	3 State of D					
5.	If the reporting entity is subject to a management agfact, or similar agreement, have there been any sig If yes, attach an explanation.						Yes []	No [X]	NA []
6.1	State as of what date the latest financial examination	on of the reporting entity was made or is b	eing made						12/3	1/2022
6.2	State the as of date that the latest financial examina This date should be the date of the examined balance.	ation report became available from either ace sheet and not the date the report was	the state of do completed or r	micile or eleased	the reporting	g entity.			12/3	1/2022
6.3	State as of what date the latest financial examination the reporting entity. This is the release date or consheet date).	empletion date of the examination report	and not the date	of the	examination	(balance				
6.4	By what department or departments? Maine Department of Professional & Financial R									
6.5	Have all financial statement adjustments within the statement filed with Departments?						Yes []	No [1	NA [X]
6.6	Have all of the recommendations within the latest fi							-	-	
7.1	Has this reporting entity had any Certificates of Auti suspended or revoked by any governmental entity of	hority, licenses or registrations (including during the reporting period?	corporate regis	tration,	if applicable)			Yes [1	No [X]
7.2	If yes, give full information:								•	. ,
8.1	Is the company a subsidiary of a bank holding comp	pany regulated by the Federal Reserve B	oard?					Yes []	No [X]
8.2	If response to 8.1 is yes, please identify the name of	- · · ·								
8.3 8.4	Is the company affiliated with one or more banks, the If response to 8.3 is yes, please provide below the rederal regulatory services agency [i.e. the Federal Deposit Insurance Corporation (FDIC) and the Sectoregulator.]	names and location (city and state of the Reserve Board (FRB), the Office of the O	main office) of a	any affili ne Curre	ates regulate ncy (OCC), t	d by a he Federal		Yes []	No [X]
	1	2 Location	3	3	4	5	6			
	Affiliate Name	(City, State)	FF	RB	OCC	FDIC	SEC	\dashv		
9.1	Are the senior officers (principal executive officer, p similar functions) of the reporting entity subject to a							Yes [X]	No []
	 (a) Honest and ethical conduct, including the ethical (b) Full, fair, accurate, timely and understandable of (c) Compliance with applicable governmental laws, (d) The prompt internal reporting of violations to an (e) Accountability for adherence to the code. 	disclosure in the periodic reports required rules and regulations;	to be filed by th	ne repor	•	ofessional re	lationships;			
9.11	If the response to 9.1 is No, please explain:									
9.2	Has the code of ethics for senior managers been ar	mended?						Yes []	No [X]
9.21	If the response to 9.2 is Yes, provide information re	lated to amendment(s).								
9.3	Have any provisions of the code of ethics been wait							Yes []	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of a									
10.1	Does the reporting entity report any amounts due fr	FINANCIA om parent, subsidiaries or affiliates on Pa	_	tement?)			Yes []	No [X]
10.2	If yes, indicate any amounts receivable from parent	included in the Page 2 amount:				\$				

GENERAL INTERROGATORIES

INVESTMENT

11.2	for use by another pe	mplete inform	nation relating	thereto:		,					Yes []	No [X]
12.	Amount of real estate			er invested assets								0
13.	Amount of real estate	and mortgag	ges held in sho	ort-term investment	s:					\$		0
14.1	Does the reporting e											
14.2				,								
	, ,,		J				Book/	1 ′ear-End Adjusted ng Value	Book	2 nt Quarter :/Adjusted ring Value		
								0 0	\$ \$			
								0 0	\$ \$			
	14.25 Mor	tgage Loans	on Real Estat	e		\$		0 0	\$ \$	0		
	14.27 Tota	al Investment	in Parent, Sul	bsidiaries and Affili	ates							
)uded in Lines 14.2				0	\$			
	abo	ve				\$		0	\$	0		
15.1	Has the reporting enti	ity entered in	to any hedging	transactions repo	rted on Sched	dule DB?					Yes []	No [X
15.2	If yes, has a compreh	ensive descr	iption of the he	edging program be	en made ava	ilable to the	domicili	ary state?] No []	NA [X
	If no, attach a descrip	tion with this	statement.									
16.	For the reporting entit 16.1 Total fair valu			m, state the amoun ssets reported on S		-		t statement date:		\$		0
				nvested collateral a				Parts 1 and 2		\$		
	16.3 Total payable	for securities	lending repor	ted on the liability	page					\$		0
17.	Excluding items in Sc entity's offices, vaults pursuant to a custodia Considerations, F. Ou Handbook?	or safety dep al agreement utsourcing of	posit boxes, we with a qualifie Critical Function	ere all stocks, bond d bank or trust con ons, Custodial or S	ds and other some and according A	securities, ovordance with agreements o	vned the Section of the N	roughout the curr n 1, III – General AIC <i>Financial Co</i>	ent year held Examination Indition Examiner	s	Yes [X]	No [
17.1	For all agreements th	at comply wit	h the requirem		inancial Con	dition Exam	iners Ha		te the following:			
			Name o	1 f Custodian(s)				2 Custodian Addre	988			
		US BANK		f Custodian(s)		.555 S. W.	DAK STR	EET, PORTLAND,	OR 97204			
17.2	For all agreements th location and a comple		on: 1		2		Examii	3		, ,		
			Name(s)		Location(s))		Complete Exp	olanation(s)			
	Have there been any		· ·		todian(s) ider	ntified in 17.1	during	the current quar	ter?		Yes []	No [X]
17.4	If yes, give full and co	mplete inforr 1	nation relating	thereto:		3			4			
		Old Cust	odian	New Custoo	dian	Date of Cha	inge	R	eason			
17.5	Investment managem authority to make inverse reporting entity, note	estment decis as such. ["…t 1	sions on behal that have acce	f of the reporting e	ntity. For asse	ets that are r	nanage ecurities 2	d internally by ens"]	Is that have the nployees of the			
	Wellington Managem	lame of Firm ent Company	or Individual LLP		J		Affilia	tion				
7.509	7 For those firms/indivi (i.e., designated with	duals listed i	n the table for	Question 17.5, do	any firms/indi	ividuals unaf	filiated v				Yes [X]	No [
7.509	8 For firms/individuals								7.5,		V	Ma EVO
176	does the total assets			-					ravida tha inform	ation for the tab	Yes []	No [X
17.0	For those firms or ind	ividuais iisted	in the table to	2	lation code of	3	a) or U	(unamiliated), p	4	ation for the tab	5	
	Central Regist Depository Nu			e of Firm or dividual		egal Entity. entifier (LEI)		Regis	tered With		nt Managem ent (IMA) File	
	•		Wellington M	anagement Company	,	, ,		1			, ,	<u> </u>
	106595		LLP		.] 54930011121.	2TEZNLCX41		5E6				
	Have all the filing req If no, list exceptions:	uirements of	the <i>Purposes</i>	and Procedures M	anual of the I	NAIC Investr	nent An	alysis Office bee	n followed?		Yes [X]	No [
19.	PL security is b. Issuer or obliq	on necessary not available gor is current	to permit a ful c. on all contract	entity is certifying to I credit analysis of ted interest and pri ultimate payment of	the security on	does not exis	t or an	NAIC CRP credit	=	or		
	Has the reporting enti		•				•	•			Yes []	No [X
20	By self-designating P											r.,
20.	a. The security v	was purchase	ed prior to Janu	, , ,	J			Ü	LOI Security.			

GENERAL INTERROGATORIES

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

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

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:				
1.1 A&H loss percent	·····-—			77.7 %
1.2 A&H cost containment percent	<u>-</u>			0.1 %
1.3 A&H expense percent excluding cost containment expenses.				15.9 %
2.1 Do you act as a custodian for health savings accounts?		Yes	Ш	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$			
2.3 Do you act as an administrator for health savings accounts?		Yes	[]	No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$			
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes	[]	No [X]
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 dom the reporting entity?	icile of	Yes	[]	No [X]

SCHEDULE S - CEDED REINSURANCE

			Showing All New Reinsurance Treaties	s - Current Year to	Date				
1 NAIC Company Code	2	3 Effective	4	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Company Code	ID Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only 10 Federal Employees lealth Benefits Life & Annuity Accident & Premiums & Property/ Total Active Program Other Columns Deposit-Type Premium Title XVIII Title XIX CHIP Title XX Through 8 1 Alabama ΑI Ν 0 2. Alaska ΑK Ν 0 3 Arizona A7 Ν 0 4. Arkansas AR Ν 0 5 California CA Ν 0 6. Colorado CO Ν. ..0 7. Connecticut CT Ν 0 8 Delaware DF Ν 0 9. Dist. Columbia DC Ν 0 10 Florida FI Ν 0 GΑ 11. Georgia N .0 12. Hawaii ΗΙ Ν 0 ID 13. Idaho . N. ..0 14. Illinois IL Ν 0 15 Indiana IN Ν 0 16. lowaIA Ν 0 KS 17. Kansas Ν 0 18. Kentucky KY .N. ..0 19. Louisiana LA Ν 0 .97,359,689 ME .97,359,689 20. Maine L. MD 21. Maryland Ν 0 22. Massachusetts MA .N. ..0 МІ 23. Michigan ..0 . N. MN 24. Minnesota Ν 0 MS 25. Mississippi .N. ..0 .MO 26. Missouri Ν. ..0 MT 27. Montana ..0 .N. 28. Nebraska NE . N. ..0 .NV 29. Nevada0 .N. 30. New Hampshire NH Ν. ..0 NJ ..0 31. New Jersey N. 32. New Mexico NM. ..0 .N. 33. New York ... NY ..0 .N. 34. North Carolina NC .N. ..0 ND .0 35. North Dakota... N. ОН 36. Ohio... ..0 N. OK 37. Oklahoma0 .N. OR 38. OregonN. ..0 39. Pennsylvania PA ..0 .N. 40. Rhode Island RI .0 Ν. 41. South Carolina SC .0 N. 42. South Dakota ... SD ..0 .N. 43. Tennessee ... TN .N. ..0 44. Texas ΤX .N. ..0 UT 45. Utah0 .N. 46. Vermont ... VT .N. .0 47. Virginia .. VA ..0 .N. 48. Washington .. WA ..0 .N. 49. West Virginia .. WV ..0 .N. WI 50. WisconsinN. .0 51. Wyoming. WY Ν. ..0 52. American Samoa ... AS .N. ..0 53. Guam ... GU .0 54. Puerto RicoPR .0 .N. 55. U.S. Virgin Islands .. VI .0 MP. 56. Northern Mariana Islands N. 57. Canada ... CAN .N. ..0 58. Aggregate other alien XXX. 59. Subtotal.... XXX. .97,359,689 .0 .0 ..0 ..97 , 359 , 689 60. Reporting entity contributions for Employee Benefit Plans. XXX Total (Direct Business) 61 0 97.359.689 0 0 0 97.359.689 XXX 0 0 **DETAILS OF WRITE-INS** 58001. XXX 58002. XXX 58003. XXX

(a) Active Status Counts

0

0

.0

0

0

0

.0

0

0

0

58998. Summary of remaining write-ins for Line 58 from overflow page...

58999. Totals (Lines 58001 through 58003

plus 58998) (Line 58 above)

XXX.

XXX

entene Corporation		42-1406317	DE	
Bankers Res	serve Life Insurance Company of Wisconsin	39-0993433	WI	71013
	Health Plan Real Estate Holding, Inc (17%)	46-2860967	МО	
Peach State	e Health Plan, Inc	20-3174593	GA	12315
	Health Plan Real Estate Holding, Inc (21%)	46-2860967	МО	
Iowa Total C	Care, Inc	46-4829006	IA	15713
Buckeye Co	ommunity Health Plan, Inc	32-0045282	ОН	11834
	Health Plan Real Estate Holding, Inc (18%)	46-2860967	МО	
Absolute To	otal Care, Inc	20-5693998	SC	12959
	Health Plan Real Estate Holding, Inc (1%)	46-2860967	МО	
Coordinated	d Care Corporation	39-1821211	IN	95831
	Health Plan Real Estate Holding, Inc (15%)	46-2860967	МО	
Healthy Was	shington Holdings, Inc	46-5523218	DE	
	Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Ho	ealth Services Insurance Corp	39-1678579	WI	96822
	Health Plan Real Estate Holding, Inc (2%)	46-2860967	МО	
Hallmark Lif	ie Insurance Co	86-0819817	AZ	60078
Superior He	ealthPlan, Inc	74-2770542	TX	95647
	Health Plan Real Estate Holding, Inc (21%)	46-2860967	МО	
Healthy Lou	isiana Holdings LLC	27-0916294	DE	
	Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia He	ealth Plan Inc	20-8570212	MS	13923
Sunshine H	ealth Holding LLC	26-0557093	FL	
	Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148
Healthy Mis	souri Holding, Inc	45-5070230	МО	
	Home State Health Plan, Inc	45-2798041	МО	14218
	Health Plan Real Estate Holding, Inc (5%)	46-2860967	МО	
Sunflower S	State Health Plan, Inc	45-3276702	KS	14345

Granite State Health Plan, Inc	45-4792498	NH	
California Health and Wellness Plan	46-0907261	CA	T
Western Sky Community Care, Inc.	45-5583511	NM	Т
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	T
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	Γ
Trillium Community Health Plan, Inc.	42-1694349	OR	Ī
Nebraska Total Care, Inc.	47-5123293	NE	T
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Sunshine Health Community Solutions, Inc.	47-5667095	VA	T
Buckeye Health Plan Community Solutions, Inc.	47-5664342	ОН	Ī
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	Ī
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	T
Bridgeway Health Solutions, LLC	20-4980875	DE	Ī
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	Ī
Celtic Group, Inc	36-2979209	DE	Ī
Celtic Insurance Company	06-0641618	IL	Ī
Ambetter of Magnolia Inc	35-2525384	MS	Ī
Ambetter of Peach State Inc.	36-4802632	GA	Γ
Ambetter Health of Louisiana, Inc	92-3523808	LA	
Novasys Health, Inc	27-2221367	DE	Ī
Centene Management Company LLC	39-1864073	WI	Ī
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	Ī
Lifeshare Management Group, LLC	46-2798132	NH	
Envolve Holdings, LLC	22-3889471	DE	T

	Cenpatico Behavioral Healt	, LLC		68-0461584	CA	
	Envolve, Inc.			37-1788565	DE	Γ
	Envolve Benefits Options, I	C.		61-1846191	DE	
	Envolve V	sion Benefits, Inc.		20-4730341	DE	T
		Envolve Vision of Texas, Inc.		75-2592153	TX	
		Envolve Vision, Inc		20-4773088	DE	T
		Envolve Vision of Florida, Inc		65-0094759	FL	
		Envolve Total Vision, Inc.		20-4861241	DE	T
	Envolve D	ental, Inc.		46-2783884	DE	Ī
		Envolve Dental of Florida, Inc).	81-2969330	FL	T
		Envolve Dental of Texas, Inc.		81-2796896	TX	
	Centene Pharmacy Service	, Inc.		77-0578529	DE	T
	MeridianR	, LLC		27-1339224	MI	
Specialty	y Therapeutic Care Holdings, LL)		27-3617766	DE	T
	Specialty Therapeutic Care	LP (99.99%)		73-1698808	TX	
	Specialty Therapeutic Care	GP, LLC		73-1698807	TX	T
	Specialty ⁻	herapeutic Care, LP (0.01%)		73-1698808	TX	Ī
	Presonyx, Inc.			80-0856383	DE	T
	AcariaHealth, Inc.			45-2780334	DE	
	AcariaHea	th Pharmacy #14, Inc		27-1599047	CA	T
	AcariaHea	th Pharmacy #11, Inc		20-8192615	TX	
	AcariaHea	th Pharmacy #12, Inc		27-2765424	NY	T
	AcariaHea	th Pharmacy #13, Inc		26-0226900	CA	
	AcariaHea	th Pharmacy, Inc		13-4262384	CA	
	HomeScri	ts.com, LLC		27-3707698	MI	
	Foundatio	Care LLC (80%)		20-0873587	МО	
	AcariaHea	th Pharmacy #26, Inc.		20-8420512	DE	

Health Net, LLC			47-5208076	DE	
Health Net o	California, Inc.		95-4402957	CA	
	Health Net Life Insurance Company		73-0654885	CA	
	Health Net Life Reinsurance Company		98-0409907	CJ	
	MEB Ventures II, LLC		83-1570018	DE	
	BLR Properties, LLC (80	0%)	83-1576137	DE	
Managed He	alth Network, LLC		95-4117722	DE	
	Managed Health Network		95-3817988	CA	
	MHN Services, LLC		95-4146179	CA	
Health Net F	ederal Services, LLC		68-0214809	DE	
	MHN Government Services LLC		42-1680916	DE	
	Network Providers, LLC	(10%)	88-0357895	DE	
	Network Providers, LLC (90%)		88-0357895	DE	
Health Net H	ealth Plan of Oregon, Inc.		93-1004034	OR	
Health Net (ommunity Solutions, Inc.		54-2174068	CA	
Health Net o	Arizona, Inc.		36-3097810	AZ	
Health Net (ommunity Solutions of Arizona, Inc.		81-1348826	AZ	
Health Net A	ccess, Inc.		46-2616037	AZ	
Centene Health Plan Hold	ings, Inc.		82-1172163	DE	
Ambetter of	North Carolina, Inc.		82-5032556	NC	
Carolina Co	nplete Health Holding Company Partnership	p (80%)	82-2699483	DE	
	Carolina Complete Health, Inc.		82-2699332	NC	
New York Quality Healtho	are Corporation		82-3380290	NY	
WellCare of	Connecticut, Inc.		06-1405640	СТ	
Community Medical Holdi	ngs Corp		47-4179393	DE	
Access Med	cal Acquisition, LLC		46-3485489	DE	
	Access Medical Group of North Miami	Beach, LLC	45-3191569	FL	

	A 22225 M = 5	lical Crays of Miami III C	4E 0404740	Г	
		lical Group of Miami, LLC	45-3191719	FL	
	Access Med	lical Group of Hialeah, LLC	45-3192283	FL	
	Access Med	lical Group of Westchester, LLC	45-3199819	FL	
	Access Med	lical Group of Opa-Locka, LLC	45-3505196	FL	
	Access Med	lical Group of Perrine, LLC	45-3192955	FL	
	Access Med	lical Group of Florida City, LLC	45-3192366	FL	
	Access Med	lical Group of Tampa, LLC	82-1737078	FL	
	Access Med	lical Group of Tampa II, LLC	82-1750978	FL	
	Access Med	lical Group of Tampa III, LLC	82-1773315	FL	
	Access Med	lical Group of Lakeland, LLC	84-2750188	FL	
	Access Med	lical Group of Pembroke Pines, LLC	88-2251274	FL	
	Access Med	lical Group of Margate, LLC	88-2263310	FL	
	Access Med	lical Group of Riverview, LLC	88-2284518	FL	
	Access Med	lical Group of Kendall, LLC	92-0235557	FL	
	Access Med	lical Group of Lauderdale Lakes, LLC	92-0261029	FL	
Interpreta Holdings, I	nc. (80.1%)		82-4883921	DE	
Interpre	ta, Inc.		46-5517858	DE	
Next Door Neighbors	, LLC		32-2434596	DE	
Next Do	or Neighbors, Inc.		83-2381790	DE	
	Centene Ve	nture Company Alabama Health Plan, Inc.	84-3707689	AL	1677
	Centene Ve	nture Company Illinois	83-2425735	IL	1650
	Centene Ve	nture Company Kansas	83-2409040	KS	1652
	Centene Ve	nture Company Florida	83-2434596	FL	1649
	Centene Ve	nture Company Indiana, Inc.	84-3679376	IN	1677
	Centene Ve	nture Company Tennessee	84-3724374	TN	1677
	Centene Ve	nture Insurance Company Texas	86-1543217	TX	1699
				1 '	1

Comprehensive Health Manageme	SIII, LLO	59-3547616 FL	
WellCare Health Plans, Inc.		83-4405939 DE	≣
WCG Health Manage	ement, Inc.	04-3669698 DE	
The	WellCare Management Group, Inc.	14-1647239 NY	1
	WellCare of Mississippi, Inc.	81-5442932 MS	3
	WellCare of Virginia, Inc.	82-0664467 VA	4
	WellCare of Oklahoma, Inc.	81-3299281 OK	<
	WellCare Health Insurance Company of Nevada, Inc.	84-3731013 NV	/
	WellCare Health Insurance of the Southwest, Inc.	84-3739752 AZ	<u> </u>
	WellCare of Georgia, Inc.	20-2103320 GA	٩
	WellCare of Texas, Inc.	20-8058761 TX	(
	WellCare of South Carolina, Inc.	32-0062883 SC)
	WellCare Health Plans of New Jersey, Inc.	20-8017319 NJ	J
	WellCare of Pennsylvania, Inc.	81-1631920 PA	١
	WellCare Health Plans of Massachusetts, Inc	84-3547689 MA	٩
	WellCare Health Insurance Company of Oklahoma, Inc.	84-4449030 OK	<
	WellCare Health Plans of Missouri, Inc.	84-3907795 MC)
	WellCare Prescription Insurance, Inc.	20-2383134 AZ	<u> </u>
	WellCare Health Insurance of Hawaii, Inc.	84-4664883 HI	ı
	WellCare Health Plans of Rhode Island, Inc.	84-4627844 RI	l
	WellCare of Illinois, Inc.	84-4649985 IL	
	Rhythm Health Tennessee, Inc.	45-5154364 TN	1
	WellCare Health Insurance of New York, Inc	11-3197523 NY	′
	Ohana Health Plan, Inc.	27-0386122 HI	I
	WellCare of Indiana, Inc.	83-2840051 IN	ı
	America's 1st Choice California Holdings, LLC	45-3236788 FL	-
	WellCare of California, Inc.	20-5327501 CA	1

WellCare Health Insurance of Tennessee, Inc.	83-2276159	TN	16532
WellCare of New Hampshire, Inc.	83-2914327	NH	16515
WellCare Health Plans of Vermont, Inc.	83-2255514	VT	16514
WellCare Health Insurance of Connecticut, Inc.	83-2126269	СТ	16513
WellCare of Washington, Inc.	83-2069308	WA	16571
WellCare Health Plans of Kentucky, Inc.	47-0971481	KY	15510
WellCare of Alabama, Inc.	82-1301128	AL	16239
WellCare of Maine, Inc.	82-3114517	ME	16344
Harmony Health Systems Inc.	22-3391045	NJ	
Harmony Health Plan, Inc.	36-4050495	IL	11229
WellCare Health Insurance Company of Kentucky, Inc.	36-6069295	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-0269558	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-3493160	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-3333918	LA	16788
WellCare of Missouri Health Insurance Company, Inc.	83-3525830	МО	16512
Care 1st Health Plan of Arizona, Inc.	57-1165217	AZ	
Care1st Health Plan Administrative Services, Inc.	46-2680154	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-1742685	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-3166908	WA	16570
WellCare of North Carolina, Inc.	82-5488080	NC	16547
WellCare Health Insurance Company of America	82-4247084	AR	16343
WellCare National Health Insurance Company	82-5127096	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-3091673	NH	16516
WellCare Health Insurance Company of New Jersey, Inc.	84-4709471	NJ	16789
WellCare of Michigan Holding Company	26-4004578	MI	
Meridian Health Plan of Michigan, Inc.	38-3253977	MI	52563
Meridian Health Plan of Illinois, Inc.	20-3209671	IL	13189

		Sunshine Sta	ate Health Plan	, Inc (50%)						20-8937577	FL	13148
		Universal An	nerican Corp.							27-4683816	DE	
			Universal A	merican Holdin	gs, LLC					45-1352914	DE	
				American Pr	ogressive Life	and Health In	nsurance	Company of N	lew York	13-1851754	NY	8062
				Heritage Hea	alth Systems, I	nc.				62-1517194	TX	
					SelectCare	of Texas, Inc	D.			62-1819658	TX	1009
					Heritage He	ealth System	s of Texas	, Inc.		76-0459857	TX	
						Golden Tr	iangle Ph	ysician Alliand	е	62-1694548	TX	
					Heritage Ph	nysician Netw	orks			76-0560730	TX	
QCA Healthplan, Inc.										71-0794605	AR	9544
Qualchoice Life and He	ealth Insurance Con	npany								71-0386640	AR	7099
District Community Ca	ire Inc.									84-4119570	DC	168
Oklahoma Complete H	Health Holding Comp	pany, LLC								86-2318658	OK	
Oklahom	a Complete Health I	nc.								81-3121527	OK	1690
RI Health & Wellness,	Inc.									86-2694770	RI	
Delaware First Health,	Inc.									88-3410060	DE	
Delaware First Health	Complete, Inc.									88-4145615	DE	
Magellan Health, Inc										58-1076937	DE	
Magellan	Pharmacy Services	s, Inc.								47-5588795	DE	
	Magellan Be	ehavioral Health	of New Jerse	y, LLC						52-2310906	NJ	1263
	Magellan He	ealth Services o	of California, Inc	c Employer S	ervices					95-2868243	CA	
Magellan	Healthcare, Inc.									52-2135463	DE	
	Human Affa	irs International	l of California							93-0999350	CA	
	Magellan Co	omplete Care o	f Louisiana, Inc).						46-4188169	LA	155
	Magellan Be	ehavioral Health	n of Florida, Inc	· .						20-1919978	FL	
	Magellan He	ealth Services of	of Arizona, Inc.							20-1728452	AZ	
	Magellan He	ealth Services o	of New Mexico	Inc.						85-0420095	NM	

Magellan of Idaho, LLC	85-4065417	ID	
Magellan Complete Care of Pennsylvania, Inc.	46-4457706	PA	15924
Magellan Life Insurance Company	57-0724249	DE	97292
Merit Behavioral Care Corporation	22-3236927	DE	
Magellan Providers of Texas, Inc.	76-0513383	TX	
Magellan Behavioral Health of Pennsylvania, Inc.	23-2759528	PA	47019
Magellan Behavioral of Michigan, Inc.	52-1946167	MI	
Magellan of Maryland, LLC	92-0642038	MD	
Magnolia Joint Venture Holding Company, Inc.	92-0679069	DE	

				_											
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
0000	0.046 .14	- 5545		1.002	<u> </u>	New York Stock	5. 7 thinates	2000000		Shareholders/Board of	Shareholders/Boa		Centene	(100,110)	
01295	Centene Corporation	00000	42-1406317		0001071739		Centene Corporation	DE	UIP	Directors	rd of Directors.		Corporation	.lNO	0
]	Bankers Reserve Life Insurance		1			1	Centene		
01295	Centene Corporation	71013	39-0993433				Company of Wisconsin.	WI	IA	Centene Corporation	Ownership	100.0	Corporation	. NO	0
İ	· ·						' '			Bankers Reserve Life	i i		'		
							Health Plan Real Estate			Insurance Company of			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Wisconsin	Ownership	17.0	Corporation	YES	0
				1							•		Centene		
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Corporation	. N0	0
							Health Plan Real Estate						Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Corporation	YES	0
													Centene		
01295	Centene Corporation	15713	46 - 4829006				lowa Total Care, Inc	I A	I A	Centene Corporation	Ownership	100 . 0	Corporation	. N0	0
							Buckeye Community Health Plan,						Centene		
01295	Centene Corporation	11834	32-0045282				Inc	0H	IA	Centene Corporation	Ownership	100.0	Corporation	. NO	0
							Health Plan Real Estate			Buckeye Community Health			Centene		
01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Plan, Inc	Ownership	18.0	Corporation	YES	0
													Centene		
01295	Centene Corporation	12959	20 - 5693998	-			Absolute Total Care, Inc	SC	I A	Centene Corporation	Ownership	100.0	Corporation	. N0	0
							Health Plan Real Estate			l <u>-</u>			Centene		
01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporation	YES	0
0.4005		05004	00 1001011						l			400.0	Centene		
01295	Centene Corporation	95831	39 - 1821211				Coordinated Care Corporation	IN	I A	Centene Corporation	Ownership	100.0	Corporation	. NO	0
04005		00000	40.0000007				Health Plan Real Estate			Coordinated Care Corporation		45.0	Centene	VE0	
01295	Centene Corporation	00000 4	46 - 2860967	-			Holding, "Inc.	MO	NIA	d/b/a Managed Health Services.	Ownership	15.0	Corporation	YES	0
04005		00000	40 5500040				Healthy Washington Holdings,	DE				400.0	Centene		
01295	Centene Corporation	00000	46 - 5523218	-			Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	. NU	0
04005	0	45050	40 0570070				Coordinated Care of Washington,	WA	1.4	Healthy Washington Holdings,	O	400.0	Centene	NO	0
01295	Centene Corporation	15352	46 - 2578279	-			Inc	WA	I A	Inc	Ownership	100.0	Corporation	. NU	
04205	Cantana Cananatian	00000	39 - 1678579				Managed Health Services	l wı	1.4	Conton Consonting	O	100.0	Centene	NO.	0
01295	Centene Corporation	96822	39 - 10/85/9	-			Insurance Corp	W 1	I A	Centene Corporation	Ownership	100.0	Corporation	. NU	
01205	Contono Cornoration	00000	46-2860967				Health Plan Real Estate	MO	NI A	Managed Health Services	Ownership.	2.0	Centene	YES	0
01295	Centene Corporation	00000	40-200090/	-			Holding, Inc		NIA	Insurance Corp	ownersinp	· Z.U	Corporation Centene	. 1⊏9	
01295	Centene Corporation	60078	86-0819817	1			Hallmark Life Insurance Co	A7	IA	Centene Corporation	Ownership	100.0	Corporation	NO	0
0 1290	Centene corporation		00-001901/	1			That illark Life HISUTAIICE CO	AZ	I A	Centene corporation	Ownersinp		Centene	- INU	U
01295	Centene Corporation	95647	74-2770542	1			Superior HealthPlan, Inc.	TX	IA	Centene Corporation	Ownership	100.0	Corporation	NO	0
0 1230	locurene corporation	30041	14-2110042	1			Health Plan Real Estate	1 Λ	1 A	Contone corporation	Ownersinp		Centene	. INU	
01295	Centene Corporation	00000	46-2860967				Holding, Inc.	MO	NIA	Superior HealthPlan. Inc	Ownership	21 0	Corporation	YES	0
01200			TU-2000301	1			,	J#I∪	N1/\tau	Ouportor Hearth ran, 1116	O#1101 3111 P		Centene	- 1L3	
01295	Centene Corporation	00000	27 - 0916294	1			Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
01230			Z1 -UU 1UZU4	1			Louisiana Healthcare			Healthy Louisiana Holdings	O#1101 3111 P	1	Centene	- INO	
01295	Centene Corporation	13970	27 - 1287287	1			Connections. Inc	JLA	IA	ILLC	Ownership	100 0	Corporation	NO	ا ۱
0 1200			LI 1201201				1 10011100110110, 1110		I //		O #1101 3111 P		Centene		
01295	Centene Corporation	13923	20-8570212	1			Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100 0	Corporation	NO	ا ۱
0 1200			_ 0010Z1Z				I I I I I I I I I I I I I I I I I I I	J		Outroile Corporation	• =1101 0111 P		Centene	- iwo	
01295	Centene Corporation	00000	26-0557093	1			Sunshine Health Holding LLC.	FL	NIA	Centene Corporation	Ownership	100 0	Corporation	NO	0
0 1200	1 00 00.0 00. por at 1011			-	1	1	goanonno noarth horanng LLO	4	4	100	oor orrip		100. por at 1011		

		1 . 1			•		1		1 40	1			T	1 4- 1	10
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) (Yes/No)	
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan. Inc.	FI	IA	Sunshine Health Holding LLC	Ownership	50.0	Centene Corporation	NO	٥
01200	deriterio corporation	10140	20-0001011				Journal of a to ricartif Fram, The			Constitute fleatth florating ELC	Owner 3111 p		Centene		
01295	Centene Corporation.	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
	'									· ·	· ·		Centene		
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	МО	A	Healthy Missouri Holding, Inc	Ownership	100.0	Corporat ion	N0	0
04005	Cantana Cananatian	00000	40 0000007				Health Plan Real Estate	MO	NII A	Hama Chata Haalib Blan Inc	O		Centene	YES	
01295	Centene Corporation	00000	46 - 2860967				Holding, IncSunflower State Health Plan,	JWIU	NIA	Home State Health Plan, Inc	Ownership	5.0	Corporation Centene	rE3	0
01295	Centene Corporation	14345	45-3276702				Inc.	KS	IA	Centene Corporation	Ownership.	100.0	Corporation	NO	0
01200	ourtone corporation	1 10 10	10 02/0/02				1110			Contone corporation	0 #1101 0111 P		Centene		
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	I A	Centene Corporation	Ownership	100.0	Corporation	N0	0
							California Health and Wellness		l				Centene		
01295	Centene Corporation	00000	46-0907261				Plan	CA	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	16351	45-5583511				Western Sky Community Care,	NM	I A	Centene Corporation	Ownership	100.0	Centene Corporation	NO	0
01295	Comporation	10331	40-0000011					JNW		Centene Corporation	Ownersinp	100.0	Centene	INO	
01295	Centene Corporation	00000	26-1849394				Tennessee Total Care, Inc.	TN	NIA	Centene Corporation	Ownership	100.0	Corporat ion	NO	0
							,						Centene		
01295	Centene Corporation	16143	20-4761189				SilverSummit Healthplan, Inc	NV	I A	Centene Corporation	Ownership	100.0		NO	0
04005	0	00000	00 0000045				Halana ita Haalah Blass II.	N. I		0	Owner and his	400.0	Centene	NO	
01295	Centene Corporation	00000	22-3292245				University Health Plans, Inc	NJ	NIA	Centene Corporation	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc.	OR.	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
0.200	00.170.10 00.1po.101.101.1111111111111111111111111		20 0 100200				Trillium Community Health Plan,				· · · · · · · · · · · · · · · · · · ·		Centene		
01295	Centene Corporation	12559	42-1694349				Inc	OR	I A	Agate Resources, Inc	Ownership	100.0	Corporation	NO	0
		45000	17 5 1 2 2 3 3 3 3 3 3 3 3 3 3						l			400.0	Centene		
01295	Centene Corporation	15902	47 - 5123293	-			Nebraska Total Care, Inc Pennsylvania Health & Wellness,	NE		Centene Corporation	Ownership	100.0	Corporation Centene	NU	0
01295	Centene Corporation	16041	47 - 5340613				Inc.	PA	I A	Centene Corporation	Ownership	100 0	Corporation	NO	٥
01200	dontono dorporatron	100+1	47 0040010				Sunshine Health Community			Contone corporation	0 #1101 5111 p	1	Centene		
01295	Centene Corporation.	15927	47 - 5667095				Solutions, Inc.	VA	IA	Centene Corporation	Ownership	100.0	Corporation	NO	0
<u>.</u>							Buckeye Health Plan Community		l				Centene		
01295	Centene Corporation	16112	47 - 5664342				Solutions, Inc.	0H	I A	Centene Corporation	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	16130	81-1282251				Arkansas Health & Wellness Health Plan. Inc	AR	I A	Centene Corporation	Ownership	100.0	Centene Corporation	NIO	0
01230	Contone Corporation	10130	U I - IZUZZJ I				Arkansas Total Care Holding	AIN		Arkansas Health & Wellness	Owner 2111h		Centene		
01295	Centene Corporation.	00000	38-4042368				Company, LLC	DE	NIA	Health Plan, Inc.	Ownership	49.0	Corporat ion	NO	0
	'								1	Arkansas Total Care Holding	'		Centene		
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc	AR	I A	Company, LLC	Ownership	100.0	Corporation	NO	0
04005	Contana Connection	00000	00 4000075				Daideewey Health October 110		ALL A	Contone Connection	Own a mala i e	400.0	Centene	N/O	
01295	Centene Corporation	00000	20-4980875	-			Bridgeway Health Solutions, LLC. Bridgeway Health Solutions of	DE	N I A	Centene Corporation Bridgeway Health Solutions,	Ownership	100.0	Corporation Centene	NO	υ
01295	Centene Corporation	16310	20-4980818				Arizona Inc.	AZ	IIA	LLC	Ownership	100 0	Corporation	NO	٥
01200	our condition de l'on	10010	20 4000010				1120110				0 milor on 1 p		Centene		
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
											L		Centene		
01295	Centene Corporation	80799	06-0641618	.			Celtic Insurance Company	<u> L</u>	I A	Celtic Group, Inc	Ownership	100.0	Corporation	N0	0

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						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	' ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc.	MS	I A	Celtic Insurance Company	Ownership	100.0	Centene Corporation	NO	0
01233	Centene corporation	10102	. 33-2323304				Anibetter of magnorra mo	JJVIO		l certife mourance company		100.0	Centene	.	
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.0	Corporation	NO	0
							Ambetter Health of Louisiana,						Centene		
01295	Centene Corporation	17514	92-3523808				Inc	LA	I A	Celtic Group, Inc	.Ownership	100.0	Corporation	N0 .	0
01295	Centene Corporation	00000	27 - 2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership.	100.0	Centene Corporation	NO	0
01200	deritaria der per at ron	00000	. 21 -222 1001				Novasys Hoartii, Illo			l cortro oroup, mo	. O WING I SITTP	100.0	Centene		
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0		NO .	0
							Illinois Health Practice			Centene Management Company			Centene		
01295	Centene Corporation	00000	82-2761995				Alliance, LLC	DE	NIA	LLC	.Ownership	50.0		NO .	0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC.	NH	NIA	Centene Corporation	Ownership.	100.0	Centene Corporation	NO	0
01233	deritaria der par at ron	00000	140-2730132				Errosnaro managoment oroup, EEo.			Contone corporation	. O #1101 3111 p		Centene		
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO .	0
							Cenpatico Behavioral Health,						Centene		
01295	Centene Corporation	00000	68 - 0461584				LLC	CA	NIA	Envolve Holdings, LLC	Ownership	100.0		NO .	0
01295	Centene Corporation	00000	37 - 1788565				Envolve, Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Centene Corporation	NO	0
01233	deritaria der par at ron	00000	37 - 17 00303				Livorvo, mo	DL			. O will Girip		Centene		
01295	Centene Corporation	00000	61-1846191				Envolve Benefits Options, Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Corporation	NO .	0
0.4005		00000	00 4700044				N B	55		Envolve Benefits Options,		400.0	Centene	l No	
01295	Centene Corporation	00000	20-4730341				Envolve Vision Benefits, Inc	DE	NIA	Inc	Ownership	100.0	CorporationCentene	N0 .	
01295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas. Inc	TX	IA	Envolve Vision Benefits, Inc.	Ownership	100.0	Corporation	NO	0
													Centene		
01295	Centene Corporation	00000	20-4773088				Envolve Vision, Inc	DE	N I A	Envolve Vision Benefits, Inc.	.Ownership	100.0			0
01295	Contona Corneration	00000	65-0094759				Envolve Vision of Florida, Inc	FI	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0	Centene	NO.	0
01295	Centene Corporation	00000	. 00-00947 39				Envolve vision of Florida, inc	.	N I A	Envoive vision benefits, inc.	. ownership	100.0	CorporationCentene	. NU	
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc.	DE	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0	Corporation	NO	0
										Envolve Benefits Options,	,		Centene		
01295	Centene Corporation	00000	46 - 2783884				Envolve Dental, Inc.	DE	NIA	Inc	Ownership	100.0		. N0 .	0
01295	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc.,	FL	NIA	Envolve Dental, Inc	Ownership	100.0	Centene Corporation	NO	0
01200	deritaria der par at ron	00000	01-2303330				Livorve Bentar of Frorrea, me.			Livorve bentar, me	. O WING I SITT P		Centene		
01295	Centene Corporation	16106	81-2796896				Envolve Dental of Texas, Inc	ТХ	IA	Envolve Dental, Inc	Ownership	100.0	Corporation	NO .	0
0.4005		00000	77 0570500					55		- I II II I		400.0	Centene	l No	
01295	Centene Corporation	00000	77 - 0578529				Centene Pharmacy Services, Inc.	DE	NIA	Envolve Holdings, LLC Centene Pharmacy Services,	Ownership	100.0	Corporation Centene	. N0 .	0
01295	Centene Corporation	00000	27 - 1339224				MeridianRx. LLC	MI	NIA	Inc	.Ownership	100.0	Corporation	NO	ا ۱
01200	ositiono dorporatiron	00000					Specialty Therapeutic Care				. oor on ip		Centene		
01295	Centene Corporation	00000	27 - 36 17 766				Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO .	0
04005	0	00000	70 4000000				Occasional Thomas and Company	-TV	ALL A	Specialty Therapeutic Care	O	400 0	Centene		_
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care, GP.	TX	NIA	Holdings, LLCSpecialty Therapeutic Care	.Ownership	100.0	Corporation Centene	NU	
01295	Centene Corporation	00000	73-1698807				ILLC	TX	NIA	Holdings, LLC	Ownership	100 0	Corporat ion	NO	0
						1	1	1					1		

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						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC	ID	Federal		Publicly	Names of Parent. Subsidiaries	Damiailian	to	Directly Controlled by	Management,	Ownership	Ultimate Controlling	Filing	
Code	Group Name	Company Code	Number	RSSD	CIK	Traded (U.S. or International)	or Affiliates	Domiciliary Location	Reporting Entity	(Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage		Required? (Yes/No)	*
Code	Group Name	Code	Number	ROOD	OIIX	international)	Of Affiliates	Location		Specialty Therapeutic Care,	illiluerice, Other)	reicentage	Centene	(163/140)	
01295	Centene Corporation	. 00000 7	73 - 1698808				Specialty Therapeutic Care, LP	TX	NIA	IGP. LLC	Ownership	0.0	Corporation	N0	0
01295	Centene Corporation	00000	30-0856383				Presonyx, Inc.	DE	NIA	Specialty Therapeutic Care	Ownership	100 0	Centene Corporation	NO	0
01200	Contone corporation		00 0000000				11 100011yX, 1110			Specialty Therapeutic Care	ο πιτο τ στι τ ρ	100.0	Centene		
01295	Centene Corporation	. 00000 4	15 - 2780334				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation	N0	0
01295	Centene Corporation	00000 2	27 - 1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100 0	Centene Corporation	NO	0
	'						,			·	·		Centene		
01295	Centene Corporation	. 00000 2	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc.	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	000002	27 - 2765424				 AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100 0	Centene Corporation	NO	0
	'						•			,	·		Centene		
01295	Centene Corporation	. 00000 2	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N0	0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	N I A	AcariaHealth, Inc	Ownership	100.0	Corporation	NO	0
	'						,			,	·		Centene		
01295	Centene Corporation	. 00000 2	27 - 3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N0	0
01295	Centene Corporation	00000	20 - 0873587				Foundation Care LLC	MO	NIA	AcariaHealth, Inc	Ownership	80.0	Corporation	NO	0
	'										· '		Centene		
01295	Centene Corporation	. 00000 2	20 - 8420512				AcariaHealth Pharmacy #26, Inc	DE	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	NO	0
01295	Centene Corporation	000004	17 - 5208076				Health Net, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	0
0.4005			- 4400057							L		400.0	Centene		
01295	Centene Corporation	. 000009	95 - 4402957	-			Health Net of California, Inc Health Net Life Insurance	CA	NIA	Health Net, LLC Health Net of California.	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	66141 7	73-0654885				Company	CA		Inc.	Ownership	100.0	Corporation	NO	0
	'						Health Net Life Reinsurance			Health Net of California,			Centene		
01295	Centene Corporation	. 000009	98-0409907				Company	CYM	NIA	Inc Health Net of California,	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	00000	33-1570018				MEB Ventures II, LLC.	DE	NIA	Inc.	Ownership.	100.0	Corporation	NO	0
	'						,				,		Centene		
01295	Centene Corporation	. 000008	33 - 1576137				BLR Properties, LLC	DE	NIA	MEB Ventures II, LLC	Ownership	80.0	Corporation Centene	NO	0
01295	Centene Corporation	000009	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, LLC	Ownership	100.0	Corporation	NO	0
	,									,	· '		Centene		
01295	Centene Corporation	. 000009	95-3817988	-			Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporation	N0	0
01295	Centene Corporation	000009	95-4146179				MHN Services, LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporation	N0	0
0.405-							Health Net Federal Services,						Centene		
01295	Centene Corporation	. 00000 6	88-0214809				LLC	DE	NIA	Health Net, LLC Health Net Federal Services.	Ownership	100.0	Corporation Centene	NO	0
01295	Centene Corporation	00000	12-1680916				MHN Government Services LLC	DE	N I A	LLC	Ownership	100.0	Corporation	NO	0
	'										, , , , , , , , , , , , , , , , , , , ,		Centene		
01295	Centene Corporation	00000 8	38 - 0357895				Network Providers, LLC	DE	NIA	MHN Government Services LLC	Ownership	10.0	Corporation	NO	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
Code	Gloup Name	Code	Number	ROOD	CIR	international)	Of Affiliates	Location	Littly	Health Net Federal Services.	miliderice, Other)	reiceillage	Centene	(165/140)	
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	LLC	Ownership	90.0	Corporation	NO	0
01200	dentend corporation		00 0001000				Health Net Health Plan of	DL			ожног эттр		Centene		
01295	Centene Corporation	95800	93-1004034				Oregon, Inc.	OR OR	IA	Health Net, LLC	Ownership.	100.0	Corporation	NO	0
0.200	00. po. ac ron						Health Net Community Solutions,				оот оттр		Centene		
01295	Centene Corporation	. 00000	54-2174068				Inc.	CA	NIA	Health Net. LLC.	Ownership	100.0	Corporation	NO	0
								1					Centene		
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc.	AZ	I A	Health Net. LLC	Ownership.	100.0	Corporation	NO	0
	'						Health Net Community Solutions			·	· '		Centene		
01295	Centene Corporation	. 15895	81-1348826				of Arizona, Inc.	AZ	I A	Health Net, LLC	Ownership	100.0	Corporation	NO	0
	·						·						Centene		
01295	Centene Corporation	. 00000	46-2616037				Health Net Access, Inc	AZ	NIA	Health Net, LLC	Ownership	100.0	Corporation	. N0	0
	,						Centene Health Plan Holdings,				· ·		Centene		
01295	Centene Corporation	. 00000	82-1172163				Inc	DE	NIA	Centene Corporation	Ownership	100.0		. N0	0
							Ambetter of North Carolina,			Centene Health Plan Holdings,			Centene		
01295	Centene Corporation	. 16395	82-5032556				Inc	NC		Inc	Ownership	100.0	Corporation	. NO	0
							Carolina Complete Health			Centene Health Plan Holdings,			Centene		
01295	Centene Corporation	. 00000	82-2699483				Holding Company Partnership	DE	NIA	Inc	Ownership	0.08	Corporation	. N0	0
										Carolina Complete Health			Centene		
01295	Centene Corporation	. 16526	82-2699332				Carolina Complete Health, Inc	NC		Holding Company Partnership	Ownership	100.0		. N0	0
		40050					New York Quality Healthcare		l				Centene		
01295	Centene Corporation	. 16352	82-3380290				Corporation	NY	I A	Centene Corporation	Ownership	100.0	Corporation	. NU	0
04005	Conton Consonting	05040	00 4405040				WallCare of Connections Inc			New York Quality Healthcare	O	100.0	Centene	NO	0
01295	Centene Corporation	95310	06-1405640				WellCare of Connecticut, Inc	CT	I A	Corporation	Ownership	100.0	Corporation	. NU	
01205	Contono Cornoration	. 00000	47 - 4179393				Community Medical Holdings Corp.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	. 00000	47 -4179393				Community wearcar norallys corp.	DE	N I A	Community Medical Holdings	Owner Sirrp	100.0	Centene	. INU	
01295	Centene Corporation	. 00000	46-3485489				Access Medical Acquisition, LLC.	DE	NIA	Corp	Ownership	100.0	Corporation	NO	0
01233	l	. 00000	40-0400400				Access Medical Group of North	DL	N 1 /	Access Medical Acquisition,	Owner Sirrp	1100.0	Centene		
01295	Centene Corporation	00000	45-3191569				Miami Beach. LLC	FI	NIA	IIIC	Ownership.	100.0	Corporation	NO	0
0.200	our condition our por at ron		10 0101000				Access Medical Group of Miami,	1	1	Access Medical Acquisition,	о ино тогтр		Centene		
01295	Centene Corporation	00000	45-3191719				LLC	FL	NIA	LLC	Ownership	100.0	Corporation	NO	0
							Access Medical Group of	1		Access Medical Acquisition,			Centene		
01295	Centene Corporation	. 00000	45-3192283				Hialeah, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	. NO	0
	,						Access Medical Group of			Access Medical Acquisition,		1	Centene		
01295	Centene Corporation	. 00000	45-3199819				Westchester, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	. N0	0
							Access Medical Group of Opa-		1	Access Medical Acquisition,		1	Centene		
01295	Centene Corporation	. 00000	45-3505196				Locka, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	. N0	0
	<u> </u>						Access Medical Group of		l	Access Medical Acquisition,			Centene	1]	
01295	Centene Corporation	. 00000	45-3192955				Perrine, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	. N0	0
0.4005		00000	45 0400000				Access Medical Group of Florida		l ,	Access Medical Acquisition,			Centene		
01295	Centene Corporation	. 00000	45-3192366				City, LLC	FL	NIA	LLC	Ownership	100.0		. N0	0
04005	C+ C+:	00000	00 4707070				Access Medical Group of Tampa,	FI	I NIIA	Access Medical Acquisition,	O	100.0	Centene	NO.	
01295	Centene Corporation	. 00000	82-1737078				LLCAccess Medical Group of Tampa	FL	NIA	Access Medical Accuration	Ownership	1	Corporation	. NU	
01295	Centene Corporation	. 00000	82-1750978				III, LLC	FI	NIA	Access Medical Acquisition,	Ownership	100.0	Centene Corporation	NO	0
0 1290	locuteus corporation	. 00000	02-1100910				Access Medical Group of Tampa		N I A	Access Medical Acquisition,	Ownersiirp	100.0	Centene	. INU	
01295	Centene Corporation	. 00000	82-1773315				Access Medical Group of Tampa	FI	NIA	IIIC	Ownership	100.0	Corporation	NO	0
0 1290	rentene corporation	. ບບບບບ	02-1113313					.[N I A	LLV	Owner 2111b	1	Tool hol at 1011	. NU	U

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			1							<u>, </u>					
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
04005	Cantana Cananatian	00000	04 0750400				Access Medical Group of	FL	NIA	Access Medical Acquisition,	O	100.0	Centene	NO	0
01295	Centene Corporation	00000	84-2750188				Lakeland, LLCAccess Medical Group of		N I A	Access Medical Acquisition.	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	00000	88 - 2251274				Pembroke Pines. LLC	FL	NIA	III C	Ownership.	100.0	Corporation	NO	0
01200	contono corporation	00000	00 220127 1				Access Medical Group of			Access Medical Acquisition.	0 11101 0111 p		Centene		
01295	Centene Corporation	00000	88-2263310				Margate, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	NO	0
							Access Medical Group of			Access Medical Acquisition,			Centene		
01295	Centene Corporation	00000	88 - 2284518				Riverview, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	00000	92-0235557				Access Medical Group of Kendall, LLC	FL	NIA	Access Medical Acquisition,	Ownership.	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	92-0233337				Access Medical Group of	J L	N 1 A	Access Medical Acquisition,	Ownersinp	100.0	Centene	JNU	
01295	Centene Corporation	00000	92-0261029				Lauderdale Lakes, LLC	FL	NIA	LLC	Ownership	100.0	Corporation	NO	0
													Centene		
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership		Corporation	NO	0
0.4005	0 1 0 1:	00000	40 5547050					55				400 0	Centene	l No	
01295	Centene Corporation	00000	46 - 55 178 58				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	Corporation Centene	NU	0
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	00000	32-2434390				INEXT DOOR NEIGHBOTS, ELC	DL	N I A	Centene corporation	Ownersinp	100.0	Centene	INU	
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Corporation	NO	0
							Centene Venture Company Alabama				, , , , , , , , , , , , , , , , , , , ,		Centene		
01295	Centene Corporation	16771	84-3707689				Health Plan, Inc.	AL	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
04005	0	40505	00 0405705				Centene Venture Company			Neut Beer Neishberg Lee	Own a sale in	400.0	Centene	NO.	
01295	Centene Corporation	16505	83-2425735					IL	I A	Next Door Neighbors, Inc	Ownership	100.0	CorporationCentene	NO	
01295	Centene Corporation	16528	83-2409040				Centene Venture Company Kansas	KS	IA	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
01200	contone corporation	10020	2400040				dentend fenture company naneas			Noxt Boot Norghbors, The	0 #1101 3111 p	1	Centene		
01295	Centene Corporation	16499	83-2434596				Centene Venture Company Florida.	FL	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
							Centene Venture Company						Centene		
01295	Centene Corporation	16773	84-3679376				Indiana, Inc.	IN	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
01295	Centene Corporation	16770	84-3724374				Centene Venture Company Tennessee	TN	IA	Next Door Neighbors, Inc.	Ownership.	100.0	Centene Corporation	NO	0
01295	Centene Corporation	10//0	04-3124314				Centene Venture Insurance	IN	I /	INEXT DOOR NETGIBOTS, THE	Ownersinp	100.0	Centene		
01295	Centene Corporation	16990	86-1543217				Company Texas	TX	IA	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
							Centene Venture Company						Centene		
01295	Centene Corporation	16613	83-2446307				Michigan	MI	I A	Next Door Neighbors, Inc	Ownership	100.0	Corporation	NO	0
0.4005	0 1 0 1:	00000	50 05 47040				Comprehensive Health					400 0	Centene	l No	
01295	Centene Corporation	00000	59-3547616				Management, LLC	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	NU	0
01295	Centene Corporation	00000	83-4405939				WellCare Health Plans. Inc.	DF	UIP	Centene Corporation	Ownership.	100.0	Centene Corporation	NO	0
01230	ourtone corporation	00000	00-4400000	[I morroare nearth rians, inc	µ∟		Ochtone corporation	O#1101 3111 P	100.0	Centene	INO	
01295	Centene Corporation	00000	04-3669698				WCG Health Management, Inc	DE	JUIP	WellCare Health Plans, Inc	Ownership	100.0	Corporation	NO	0
	,						The WellCare Management Group,			,			Centene		
01295	Centene Corporation	00000	14-1647239				Inc	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Corporation		0
01205	Contono Corneration	16220	04 5440000				WellCore of Missississis las	MO	1.4	The WellCare Management	Ownershi-	400.0	Centene	NO	
01295	Centene Corporation	16329	81-5442932				WellCare of Mississippi, Inc	MS	I A	Group, IncThe WellCare Management	Ownership	100.0	CorporationCentene	NU	
01295	Centene Corporation	16763	82-0664467				WellCare of Virginia, Inc	VA	I A	Group, Inc	Ownership	100 0	Corporation	NO	ا ۱
0 1200	Contone Corporation	10100	02 0007701	I			profitation of firginia, inc	<i>T</i> //	· · · · · · · · · · · · · · · · · · ·	[O 1 Oup , 1110	O #1101 3111 P	1	1001 por at 1011	N∪	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			Dalatianahin		(Ownership,	If Control io		Is an SCA	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence. Other)		Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	NOOD	CIN	international)	Of Allillates	Location	Littity	The WellCare Management	miliderice, Other)	reiceillage	Centene	(165/140)	
01295	Centene Corporation	16117	81-3299281				WellCare of Oklahoma. Inc.	0K	IA	Group, Inc.	Ownership	100.0	Corporation	NO	0
01200	dentend corporation	10117	01 0200201				WellCare Health Insurance			The WellCare Management	о ино то то тр		Centene		
01295	Centene Corporation	00000	84-3731013				Company of Nevada, Inc.	NV	NIA	Group, Inc.	Ownership.	100.0	Corporation	NO	0
							WellCare Health Insurance of		1	The WellCare Management			Centene		
01295	Centene Corporation	16692	84-3739752				the Southwest, Inc.	AZ	IA	Group. Inc.	Ownership	100.0	Corporation	.lNO	0
	'	1 1					,			The WellCare Management	İ '		Centene		
01295	Centene Corporation	10760	20-2103320				WellCare of Georgia, Inc	GA	IA	Group, Inc	Ownership	100.0	Corporation	NO	0
		1								The WellCare Management			Centene		
01295	Centene Corporation	12964	20-8058761				WellCare of Texas, Inc	ТХ	IA	Group, Inc	Ownership	100.0	Corporation	. NO	0
							WellCare of South Carolina,			The WellCare Management			Centene		
01295	Centene Corporation	. 11775	32-0062883	-			Inc	SC	I A	Group, Inc	Ownership	100.0	Corporat ion	. N0	0
		1,000	00 0017010				WellCare Health Plans of New			The WellCare Management			Centene		
01295	Centene Corporation	13020	20-8017319				Jersey, Inc.	NJ	I A	Group, Inc.	Ownership	100.0	Corporat ion	. NO	0
04005	040		04 4004000				Wallows of Barrandons's las	D.4	NI A	The WellCare Management	0	400.0	Centene	NO	0
01295	Centene Corporation	. 00000	81 - 1631920				WellCare of Pennsylvania, Inc WellCare Health Plans of	PA	NIA	Group, IncThe WellCare Management	Ownership	100.0	Corporation	. NU	
01295	Contono Corneration	16970	84-3547689					MA	IA		Ownership	100.0	Centene Corporation	NO	0
01295	Centene Corporation	. 10970	04-334/009				Massachusetts, Inc WellCare Health Insurance	JWA	I A	Group, IncThe WellCare Management	ownership	100.0	Centene	. INU	
01295	Centene Corporation	16752	84-4449030				Company of Oklahoma, Inc	0K	IA	Group, Inc	Ownership	100.0	Corporation	NO	0
01293	l	. 107 32	04-4449030				WellCare Health Plans of	ON	I A	The WellCare Management	Owner Sirry	100.0	Centene	. INO	
01295	Centene Corporation	16753	84-3907795				Missouri, Inc.	MO	IA	Group, Inc	Ownership	100.0	Corporation	NO	0
0.200	ourtone corporation	10700	01 0001100				WellCare Prescription			The WellCare Management	0 #1101 0111 p		Centene		
01295	Centene Corporation.	10155	20-2383134				Insurance, Inc.	AZ	I A	Group, Inc.	Ownership	100.0	Corporation	NO	0
	, , , , , , , , , , , , , , , , , , , ,						WellCare Health Insurance of			The WellCare Management			Centene		
01295	Centene Corporation	17002	84-4664883				Hawaii, Inc	HI	I A	Group, Inc	Ownership	100.0	Corporation	NO	0
							WellCare Health Plans of Rhode			The WellCare Management	· ·		Centene		
01295	Centene Corporation	. 16766	84-4627844				Island, Inc	R1	I A	Group, Inc	Ownership	100.0	Corporation	. N0	0
<u>.</u>		1								The WellCare Management			Centene		
01295	Centene Corporation	16765	84-4649985				WellCare of Illinois, Inc	IL	I A	Group, Inc.	Ownership	100.0	Corporat ion	. N0	0
04005	040	40500	45 5454004				Dhotha Harlah Tanana Ing		1.4	The WellCare Management	0	400.0	Centene	NO	
01295	Centene Corporation	16533	45 - 5154364	-			Rhythm Health Tennessee, Inc	TN	IA	Group, IncThe WellCare Management	Ownership	100.0	Corporation	. NU	
01295	Centene Corporation	10884	11-3197523				WellCare Health Insurance of New York. Inc	NY	IA	Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01293		. 10004	11-3191323	-			INCW TOTK, THO	JN1	I M	The WellCare Management	Owner Sirip	100.0	Centene	. INO	
01295	Centene Corporation	00000	27 - 0386122				Ohana Health Plan. Inc.	Н	NIA	Group. Inc	Ownership	100.0	Corporation	NO	٥
0 1200			21 0000122							The WellCare Management	O #1101 3111 P		Centene	INO	
01295	Centene Corporation	00000	83-2840051				WellCare of Indiana. Inc.	I.I.I.N	NIA	Group, Inc	Ownership	100 0	Corporation	NO	0
							America's 1st Choice California		1	The WellCare Management			Centene		
01295	Centene Corporation.	00000	45-3236788				Holdings, LLC	FL	NIA	Group, Inc.	Ownership	100.0	Corporation	. NO	0
										America's 1st Choice			Centene		
01295	Centene Corporation	. 00000	20-5327501	.			WellCare of California, Inc	CA	NIA	California Holdings, LLC	Ownership	100.0	Corporation	. N0	0
							WellCare Health Insurance of			The WellCare Management		1	Centene		
01295	Centene Corporation	16532	83-2276159				Tennessee, Inc	TN	I A	Group, Inc.	Ownership	100.0	Corporation	. NO	0
										The WellCare Management			Centene	1	.
01295	Centene Corporation	16515	83-2914327	.			WellCare of New Hampshire, Inc	NH	I A	Group, Inc.	Ownership	100.0	Corporat ion	. N0	0
04005		10544	00 0055544				WellCare Health Plans of			The WellCare Management		100 0	Centene		
01295	Centene Corporation	16514	83-2255514				Vermont, Inc	VT	I A	Group, Inc	Ownership	1100.0	Corporation	.[N0]	U

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
							WellCare Health Insurance of			The WellCare Management			Centene		
01295	Centene Corporation	16513	83-2126269				Connecticut, Inc.	CT	IA	Group, Inc.	Ownership	100.0	Corporation	N0	0
04005		10574	00 0000000				W 110 6 W 1 : 1			The WellCare Management		400.0	Centene	NO	
01295	Centene Corporation	16571	83-2069308				WellCare of Washington, Inc	<u>W</u> A	IA	Group, Inc	Ownership	100.0		NU	0
01295	Contona Corneration	15510	47 - 0971481				WellCare Health Plans of	KY	IA	The WellCare Management	Ownership	100.0	Centene	NO	0
01295	Centene Corporation	. 100 10	47 -097 1461				Kentucky, Inc	N1	I A	Group, Inc The WellCare Management	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	16239	82-1301128				WellCare of Alabama. Inc.	Al	I A	Group. Inc.	Ownership	100.0	Corporation	NO	0
01200	dentene corporation	10200	02 1001120				morroure or Arabana, mo			The WellCare Management	о и пот эттр	1	Centene		
01295	Centene Corporation	16344	82-3114517				WellCare of Maine, Inc.	ME	RE	Group, Inc.	Ownership.	100.0	Corporation	NO	0
							, , , , , , , , , , , , , , , , , , , ,			The WellCare Management			Centene		
01295	Centene Corporation	. 00000	22-3391045				Harmony Health Systems Inc	NJ	NIA	Group, Inc	Ownership	100.0	Corporation	NO	0
	•									,	·		Centene		
01295	Centene Corporation	. 11229	36-4050495				Harmony Health Plan, Inc	IL		Harmony Health Systems Inc	Ownership	100.0		N0	0
		1					WellCare Health Insurance			The WellCare Management			Centene		
01295	Centene Corporation	64467	36-6069295				Company of Kentucky, Inc	KY	IA	Group, Inc.	Ownership	100.0	Corporation	NO	0
04005	Conton Connection	00445	00 0000550				WellCare Health Insurance of	4.7	1.4	The WellCare Management	O	100.0	Centene	NO	0
01295	Centene Corporation	83445	86 - 0269558				Arizona, Inc WellCare Health Insurance of	AZ	I A	Group, IncThe WellCare Management	Ownership	100.0	Corporation	INU	U
01295	Centene Corporation	16548	83-3493160				North Carolina. Inc	NC	I A	Group, Inc.	Ownership	100.0	Centene Corporation	NO	0
01293	l	. 10340	03-3493100				WellCare Health Insurance		I A	The WellCare Management	Owner Sirrp	1100.0	Centene	INO	
01295	Centene Corporation	16788	83-3333918				Company of Louisiana, Inc.	LA	IA	Group, Inc.	Ownership	100 0	Corporation	NO	0
0.200	00.10.10 00.10.10.10.10.10.10.10.10.10.10.10.10.1		00 00000 10				WellCare of Missouri Health			The WellCare Management	0 0 p		Centene		
01295	Centene Corporation	16512	83-3525830				Insurance Company, Inc.	MO		Group, Inc.	Ownership	100.0	Corporation	NO	0
	•	i i					Care 1st Health Plan of			The WellCare Management			Centene		
01295	Centene Corporation	. 00000	57 - 1165217				Arizona, Inc	AZ	NIA	Group, Inc	Ownership	100.0	Corporation	N0	0
							Care1st Health Plan			Care 1st Health Plan of			Centene		
01295	Centene Corporation	. 00000	46-2680154				Administrative Services, Inc	AZ	NIA	Arizona, Inc.	Ownership	100.0	Corporation	N0	0
04005	040	00000	06 - 1742685				One Care by Care1st Health	4.7	NII A	The WellCare Management	0	400.0	Centene	NO	
01295	Centene Corporation	. 00000	00 - 1742000				Plans of Arizona, Inc WellCare Health Insurance	AZ	NIA	Group, Inc The WellCare Management	Ownership	100.0	Corporation Centene	INU	
01295	Centene Corporation	16570	83-3166908				Company of Washington, Inc.	WA WA	I A	Group, Inc.	Ownership.	100.0	Corporation	NO	0
01233		. 10070	03-3100300				WellCare of North Carolina.			The WellCare Management	Owner 3111 P	100.0	Centene	INO	
01295	Centene Corporation	16547	82-5488080				Inc.	NC	IA	Group, Inc.	Ownership.	100.0	Corporation	NO	0
	, , , , , , , , , , , , , , , , , , ,						WellCare Health Insurance			The WellCare Management			Centene		
01295	Centene Corporation	16343	82-4247084				Company of America	AR	IA	Group, Inc	Ownership	100.0	Corporation	NO	0
	·	i i					WellCare National Health			The WellCare Management	·		Centene		
01295	Centene Corporation	16342	82-5127096				Insurance Company	TX	I A	Group, Inc.	Ownership	100.0	Corporation	NO	0
<u>.</u>		.					WellCare Health Insurance			The WellCare Management			Centene		
01295	Centene Corporation	16516	83-3091673				Company of New Hampshire, Inc	NH	IA	Group, Inc.	Ownership	100.0	Corporation	NO	0
04005	Contana Connection	10700	04 4700474				Wellcare Health Insurance	N. 1		The WellCare Management	Owner mele i :	400 0	Centene	NO	
01295	Centene Corporation	. 16789	84-4709471				Company of New Jersey, Inc WellCare of Michigan Holding	NJ	I A	Group, Inc The WellCare Management	Ownership	100.0		NO	0
01295	Centene Corporation	00000	26-4004578				Company	MI	NIA	Group, Inc	Ownership	100.0	Centene Corporation	NIO	0
01230	ן ספורנפוופי סטויףטוימניוטוו		20-4004010				Meridian Health Plan of	J	1N 1 /A	WellCare of Michigan Holding	Owner 2111h	100.0	Centene	INU	
01295	Centene Corporation	52563	38-3253977				Michigan. Inc.	MI	IA	Company	Ownership	100 0	Corporation	NO	0
	00.10.10		00 0200011				Meridian Health Plan of			WellCare of Michigan Holding			Centene		
01295	Centene Corporation	13189	20-3209671				Illinois, Inc	L	IA	Company	Ownership	100.0	Corporation	NO.	0
	1		0_0001 1				1	1		1	,		1		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	(Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
04005	04	10110	00 0007577				Occasion Odraka Haraldia Blancolar	-		The WellCare Management	0	50.0	Centene	NO	
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	I A	Group, Inc The WellCare Management	Ownership	50.0	Corporation Centene	N0	
01295	Centene Corporation	00000	27 - 4683816				Universal American Corp.	DF	NIA	Group, Inc.	Ownership.	100.0	Corporation	NO	0
01200	deliterio del per at ron	00000	27 4000010				Universal American Holdings.			100 cup, 1110	0 #1101 3111 p		Centene		
01295	Centene Corporation	00000	45-1352914				LLC	DE	NIA	Universal American Corp	Ownership	100.0	Corporation	NO	0
	•						American Progressive Life and			·					
							Health Insurance Company of New			Universal American Holdings,			Centene		
01295	Centene Corporation	80624	13-1851754				York	NY	IA	LLC	Ownership	100.0	Corporation	N0	0
01205	Contone Corneration	00000	62-1517194				Haritaga Haalth Cuatama Ina	ТХ	N I A	Universal American Holdings, LLC	Ownorshin	100.0	Centene	NO	0
01295	Centene Corporation	00000	02-151/194				Heritage Health Systems, Inc	λ		LL	Ownership	100.0	Corporation Centene	NU	
01295	Centene Corporation	10096	62-1819658				SelectCare of Texas. Inc	TX	IA	Heritage Health Systems, Inc.,	Ownership	100.0	Corporation	NO	0
0 1200	osirtono ociporation	10000	02 1010000				Heritage Health Systems of			Thorreago mourtin by otomo, mo.s	0 "1101 0111 p		Centene		
01295	Centene Corporation	00000	76-0459857				Texas, Inc	TX	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	Corporation	NO	0
	·						Golden Triangle Physician			Heritage Health Systems of			Centene		
01295	Centene Corporation	00000	62 - 1694548				Alliance	TX	NIA	Texas, Inc	Ownership	100.0	Corporation	N0	0
04005	04	00000	70 0500700				Healthan Bloominian Nationals	TV	NII A	Here't and Herelth Orestone Lee	0	400.0	Centene	NO	
01295	Centene Corporation	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	l ownership	100.0	Corporation Centene	NU	U
01295	Centene Corporation	95448	71-0794605				QCA Healthplan, Inc	AR	IA	Centene Corporation	Ownership	100.0	Corporation	NO	0
0 1200	deliterio del per at ron	00110	7 1 07 0 4 0 0 0				Qualchoice Life and Health	/11		Odiredio Odiporation	0 #1101 3111 p		Centene		
01295	Centene Corporation	70998	71-0386640				Insurance Company	AR	I A	Centene Corporation	Ownership	100.0	Corporation	NO	0
	•						, ,			·			Centene		
01295	Centene Corporation	16814	84-4119570				District Community Care Inc	DC		Centene Corporation	Ownership	100.0	Corporation	N0	0
04005	04	00000	00 0040050				Oklahoma Complete Health	01/	NII A	0	0	400.0	Centene	NO	
01295	Centene Corporation	00000	86-2318658				Holding Company, LLC	0K	NIA	Centene Corporation Oklahoma Complete Health	Ownership	100.0	Corporation Centene	N0	0
01295	Centene Corporation	16904	81-3121527				Oklahoma Complete Health Inc	0 K	I A	Holding Company, LLC	Ownership	100.0	Corporation	NO	0
0 1200	deliterio del per at ron	10004	01 0121027				okranoma comprete nearth me	OIL		Thorating company, ELC	0 #1101 3111 p		Centene		
01295	Centene Corporation	00000	86-2694770				RI Health & Wellness, Inc	RI	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
	·									·			Centene		
01295	Centene Corporation	00000	88-3410060				Delaware First Health, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	0
01205	Contone Corneration	00000	88-4145615				Delaware First Health Complete,	DF	NIA	Centene Corporation	Ownorshin	100.0	Centene	NO	0
01295	Centene Corporation	00000	00 -4 1430 13				Inc		N I A	l	Ownership	100.0	Corporation Centene	NU	
01295	Centene Corporation	00000	58 - 1076937				Magellan Health. Inc	DF	NIA	Centene Corporation	Ownership	100.0	Corporation	NO	0
0 1200	osirtono ociporation	00000	00 101 0001				Magellan Pharmacy Services,			ourtone serperation	0 "1101 0111 p		Centene		
01295	Centene Corporation.	00000	47 - 5588795				Inc.	DE	NIA	Magellan Health, Inc	Ownership	100.0	Corporation	NO	0
	·						Magellan Behavioral Health of			Magellan Pharmacy Services,			Centene		
01295	Centene Corporation	12632	52-2310906				New Jersey, LLC	NJ		Inc	Ownership	100.0	Corporation	N0	0
							Magellan Health Services of			Magallan Pharmany Carrylan			Contono		
01295	Centene Corporation	00000	95-2868243				California, Inc. – Employer Services	CA	NIA	Magellan Pharmacy Services,	Ownership	100.0	Centene Corporation	NO	0
01233	our tone our por action	00000	JJ-200024J				, 001 ¥ 1063	on	NIW	IIIU	. Omilio i si i i þ	100.0	Centene	IN∪	
01295	Centene Corporation	00000	52-2135463				Magellan Healthcare, Inc	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Corporation.	NO	0
	'						Human Affairs International of				F		Centene		
01295	Centene Corporation	00000	93-0999350				California	CA	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NO	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			D 1 11 11		(Ownership,				
		NAIG				Exchange if Publicly	Name of		Relationship		Board, Management.	If Control is Ownership		Is an SCA Filing	
Group		NAIC	ID	Federal		Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Company Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
Code	Gloup Name	Code	Nullibel	NOOD	CIK	international)	Magellan Complete Care of	Location	Littly	(Name of Entity/Ferson)	inilidence, Other)	reiceillage	Centene	(165/140)	
01295	Centene Corporation	15550	46-4188169				Louisiana. Inc.	LA	IA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NO	0
01200	Toontono oorporatron		40 4100100				Magellan Behavioral Health of			magerran neartheare, me	1 0 WINOT SITTP		Centene		
01295	Centene Corporation	00000	20-1919978				Florida. Inc.	FL	NIA	Magellan Healthcare, Inc.	Ownership	100 0	Corporation	NO	0
							Magellan Health Services of						Centene		
01295	. Centene Corporation	00000	20 - 1728452				Arizona, Inc.	AZ	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NO	0
	, '						Magellan Health Services of New				<u>'</u>		Centene		
01295	Centene Corporation	00000	85-0420095				Mexico, Inc.	NM	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	N0	0
	·												Centene		
01295	Centene Corporation	00000	85-4065417				Magellan of Idaho, LLC	ID	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	N0	0
							Magellan Complete Care of						Centene		
01295	. Centene Corporation	15924	46 - 4457706				Pennsylvania, Inc	PA	I A	Magellan Healthcare, Inc	Ownership	100.0	Corporation	N0	0
0.400.5		07000	57 0704040					DE				400 0	Centene	NO	
01295	. Centene Corporation	97292	57 - 0724249				Magellan Life Insurance Company.	DE	I A	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NU	0
01205	Contone Corneration	00000	22-3236927				Merit Behavioral Care	DE	NIA	Magellan Healthcare, Inc	Ownershin	100.0	Centene Corporation	NO	0
01295	Centene Corporation	00000	22-3230921				CorporationMagellan Providers of Texas,	DE	N I A	Merit Behavioral Care	.Ownership	100.0	Centene	NU	0
01295	Centene Corporation	00000	76-0513383				Inc.	ТХ	NIA	Corporation	Ownership	100.0	Corporation	NO	0
01293	. Centene corporation	00000	70-0313363			-	Magellan Behavioral Health of	/ /	IN I A	Merit Behavioral Care	Owner Strip	100.0	Centene	INO	
01295	Centene Corporation	47019	23-2759528				Pennsylvania. Inc.	PA	IA	Corporation	Ownership	100.0	Corporation	NO	0
01200	1 contone corporation	47 0 10	20 2100020				Magellan Behavioral of			l oor por at ron	0 #1101 0111p		Centene		
01295	Centene Corporation	00000	52-1946167				Michigan, Inc.	MI	NIA	Magellan Healthcare, Inc.	Ownership.	100.0	Corporation	NO	0
													Centene		
01295	Centene Corporation	00000	92-0642038				Magellan of Maryland, LLC	MD	NIA	Magellan Healthcare, Inc	Ownership	100.0	Corporation	NO	0
	, i						Magnolia Joint Venture Holding						Centene		
01295	. Centene Corporation	00000	92-0679069				Company, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N0	0
												0.0			0
														1	
													-	1	
1	1	- 1	I	1		1		1				1			

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

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition Current year change in encumbrances		0
3. Current year change in encumbrances		0
Total gain (loss) on disposals Deduct amounts applied as disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		0
10. Deduct total nonadmitted amounts		0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		0
5.	Unrealized valuation increase/(decrease) Total gain (loss) on disposals		0
6.	Total gain (loss) on disposals.		0
7.	Deduct amounts received on disposals		0
8.	Deduct amortization of premium and mortgage interest points and commitment fees Total foreign exchange change in book value/recorded investment excluding accrued interest		0
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10.	Deduct current year's other-than-temporary impairment recognized		0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
	8+9-10)	0	0
12.	Total valuation allowance		0
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts	0	0
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets		
-	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		L0
2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other. 4. Accrual of discount		0
3. Capitalized deferred interest and other		L0
4. Accrual of discount		l0
5. Unrealized valuation increase/(decrease)		· Λ
Capitalized deferred interest and other. A Accrual of discount. Unrealized valuation increase/(decrease). Total gain (loss) on disposals.		0
Total gain (loss) on disposals Deduct amounts received on disposals Deduct amortization of premium and depreciation		0
Deduct amortization of premium and depreciation		0
Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized.		L0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13 Statement value at end of current period (Line 11 minus Line 12)	1 0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks								
	1	2						
		Prior Year Ended						
	Year To Date	December 31						
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	29,171,053	28,688,757						
Cost of bonds and stocks acquired	2,268,718	3,804,065						
3. Accrual of discount	50,544	34,796						
Unrealized valuation increase/(decrease)		0						
5. Total gain (loss) on disposals.	(4,191)	(31,837)						
Deduct consideration for bonds and stocks disposed of	1,537,920	3,039,464						
Deduct consideration for bonds and stocks disposed of Deduct amortization of premium	187,728	285,264						
Total foreign exchange change in book/adjusted carrying value Deduct current year's other-than-temporary impairment recognized		0						
Deduct current year's other-than-temporary impairment recognized		0						
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0						
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	29,760,476	29,171,053						
12. Deduct total nonadmitted amounts.		L0						
13. Statement value at end of current period (Line 11 minus Line 12)	29,760,476	29,171,053						

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

		During the Current Qua	arter for all Bonds and Pre	ferred Stock by NAIC Design	gnation			
NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
NAIC Designation	Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	21,862,908	357 , 037	494,063	(28 , 148)	21,173,382	21,862,908	21,697,733	20,564,770
2. NAIC 2 (a)	7,444,974	732,922	100,000	(15,154)	7 , 459 , 920	7 ,444,974	8,062,742	8,606,282
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	29,307,882	1,089,959	594,063	(43,302)	28,633,302	29,307,882	29,760,475	29,171,052
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	29,307,882	1,089,959	594,063	(43,302)	28,633,302	29,307,882	29,760,475	29,171,052

(a) Book/Ad	ljusted Carrying Value column for the end of the current reporting period	includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$
NAIC 3\$; NAIC 4 \$; NAIC 5 \$; NAIC 6\$	

Schedule DA - Part 1

Schedule DA - Verification

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule DB - Verification

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,088,645	10 , 104
Cost of cash equivalents acquired		
Accrual of discount		0
Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
Deduct consideration received on disposals		8,729,300
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		3,088,645
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	16,766,630	3,088,645

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			Shov	v All Long-Term Bonds and Stock Acquired During the (Current Quarter				
1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Specia	al Revenue and Special Assessment and all Non-G	Guaranteed Obligations o	Agencies and Au	thorities of Governments and Their Political Subdivisions GOLDMAN SACHS & CO	T WW	000 007 1	044 000 1		
3132D1 -FN-5	FH SD5573 - RMBS		07/29/2024	GULUMAN SACHS & CU.	XXX	302,037	344,202		
		ment and all Non-Guarar	iteed Obligations of	of Agencies and Authorities of Governments and Their Politic	cal Subdivisions	302,037	344,202	832	XXX
Bonds - Industrial ar	nd Miscellaneous (Unaffiliated)			T					
760759 -BK -5	REPUBLIC SERVICES INC		09/30/2024	Various	XXX	732,922	700,000	9,687	
			09/10/2024	GUGGENHEIM SECURITIES, LLC	XXX	55,000	55,000		1.G FE
	Bonds - Industrial and Miscellaneous (Unaffiliated)					787,922	755,000	9,687	
2509999997 - E	Bonds - Subtotals - Bonds - Part 3					1,089,959	1,099,202	10,519	XXX
2509999999 - E	Bonds - Subtotals - Bonds					1,089,959	1,099,202	10,519	XXX
						4 000 555	WW		WW
6009999999 Total	IS					1,089,959	XXX	10,519	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Qua	rter
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					Sho	w All Long-T	erm Bonds a	nd Stock Sold	l, Redeemed				urrent Quart	er						
1	2 :	3 4	5 6 7 8 9 10 Change in Book/Adjusted Carrying Value							16	17	18	19	20	21	22				
		F						l [11	12	13	14	15							NAIC
		0																		Designation,
		r									Current Year's			Book/				Bond		NAIC Desig.
		е							Unrealized		Other Than	Total Change	Total Foreign	Adjusted	Foreign			Interest/Stock	Stated	Modifier and
CUSIP		i		Number of				Prior Year	Valuation	Current Year's	Temporary	in	Exchange	Carrying Value	Exchange Gain	Realized Gain	Total Gain	Dividends	Contractual	SVO
Identi-		g Disposal		Shares of				Book/Adjusted	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
Bonds - U.S	Special Revenue and Speci	ial Assessment	and all Non-Guaranteed C	Obligations of A	Agencies and Aut	thorities of Gove	rnments and Th	eir Political Subdi	visions											
3132D5-6Q-0.	FH SB8079 - RMBS	09/01/2024	Paydown	XXX	9,039	9,039	9,436	9,335		(296)		(296)		9,039		0	0	121	12/01/2035	
3132DM-2J-3	FH SD0777 - RMBS	09/01/2024	Paydown	XXX	2,435	2,435	1,995			440		440		2,435		0	0	19	11/01/2051	
3132DN-AY-9.	FH SD0923 - RMBS	09/01/2024	Paydown	XXX	5,389	5,389	4,409			979		979					0	46	01/01/2052	
3132DS-QD-7.	FH SD4952 - RMBS	09/01/2024	Paydown	XXX	1,639	1,639	1,351			288		288		1,639			0	13	03/01/2052	
	FH SD5573 - RMBS	09/01/2024	Paydown	XXX	6,006	6,006	5,270							6,006		0	0	22	08/01/2052	
3132DV - LE - 3.	FH SD7525 - RMBS	09/01/2024	Paydown	XXX	3,523	3,523	2,944	2,944				579				0	0	59	10/01/2050	
3132DW-AP-8.	FH SD8114 - RMBS	09/01/2024	Paydown	XXX	5, 167	5,167	5,433	5,386		(219)		(219)					0	87	12/01/2050	
3132DW-AW-3.	FH SD8121 - RMBS	09/01/2024	Paydown	XXX	6,525	6,525	6,773	6,734		(210)		(210)		6,525			0	87	01/01/2051	
3133AD-UW-4.	FH QB6897 - RMBS	09/01/2024	Paydown	XXX	8,521	8,521	8,849	8,799		(278)		(278)					0	113	12/01/2050	
3133GA-VM-5.	FH QN4220 - RMBS	09/01/2024	Paydown	XXX		8,209	8,594	8,496		(287)		(287)				٥	0	112	11/01/2035	
3133KK-VE-6.	FH RA4213 - RMBS	09/01/2024	Paydown	XXX		7,949	8,267	8,217		(268)		(268)					0	103	12/01/2050	
3133KL - AZ - 0.	FH RA4524 - RMBS	09/01/2024	Paydown	XXX		9,307	8,598	8,634				673					0	89	02/01/2051	
3133KN-LB-7.	FH RA6622 - RMBS	09/01/2024	Paydown	XXX	11,302	11,302	9,239			2,062		2,062		11,302			0	102	01/01/2052	
	FH RC1727 - RMBS	09/01/2024	Paydown	XXX	11,014	11,014	11,511	11,386		(372)		(372)		11,014			0	151	12/01/2035	
3137F8-PH-0.	FHR 5068 HB - CMO/RMBS	09/01/2024	Paydown	XXX	19,263	19,263	19,474	19,458		(195)		(195)					0	129	05/15/2039	
3140KM-TJ-9	FN BQ2352 - RMBS	09/01/2024	Paydown	XXX	4,917	4,917	5,193	5,148		(231)		(231)		4,917			0	89	09/01/2050	
3140QG-A8-0.	FN CA8130 - RMBS	09/01/2024	Paydown	XXX	6, 179	6, 179	6,526	6,465		(286)		(286)		6, 179		0	0	105	12/01/2050	
3140QL-HN-9.	FN CB1136 - RMBS	09/01/2024	Paydown	XXX	4,230	4,230	3,429					802		4,230			0	28	07/01/2051	
3140X7-2N-8.	FN FM4380 - RMBS	09/01/2024	Paydown	XXX	7,928	7,928	8,290	8,200		(272)		(272)					0	106	10/01/2035	
3140X8-RS-8.	FN FM4996 - RMBS	09/01/2024	Paydown	XXX		7,092		7,336		(243)		(243)				0	0	94	12/01/2050	
	FN FS4603 - RMBS	09/01/2024	Paydown	XXX	12, 173	12,173	10,446	10,462		1,711		1,711		12, 173		0	0	164	05/01/2042	
3140XM-MM-5.	FN FS5763 - RMBS	09/01/2024	Paydown	XXX	4,235	4,235	3,515	3,516				719		4,235		0	0	71	01/01/2052	
3140XM-Q6-6.	FN FS5876 - RMBS	09/01/2024	Paydown	XXX	5,879	5,879	5,039	5,035						5,879			0	99	05/01/2052	
31418D-V7-4.	FN MA4237 - RMBS	09/01/2024	Paydown	XXX	6, 179	6, 179	6,415	6,378		(199)		(199)		6 , 179		0	0	82	01/01/2051	
31418D-V8-2.	FN MA4238 - RMBS	09/01/2024	Paydown	XXX	6, 133	6, 133	6,449	6,391		(258)		(258)		6, 133			0	102	01/01/2051	
31418D-VC-3.	FN MA4210 - RMBS	09/01/2024	Paydown	XXX	5,873	5,873	6, 175	6,121		(248)		(248)		5,873			0	98	12/01/2050	
31418D-VX-7.	FN MA4229 - RMBS	09/01/2024	Paydown	XXX	9,465	9,465	9,879	9,774		(309)		(309)		9,465			0	127	01/01/2036	
462467 - Q2 - O_	IOWA FINANCE AUTHORITY	07/01/2024	Call @ 100.00	XXX	30,000	30,000	33,403	32,621		(177)		(177)		32,444		(2,444)	(2,444)	900	07/01/2051	1.A FE
09099999	99 - Bonds - U.S. Special Re																			
		of Agencies and	Authorities of Governmen	ts and Their	1															
	Political Subdivisions				225,572	225,572	224,283	196,838	0	5,484	0	5,484	0	228,016	0	(2,444)	(2,444)	3,317	XXX	XXX
Bonds - Indi	ustrial and Miscellaneous (Un	affiliated)																		
12511Q-AB-5.	CCG 2023-2 A2 - ABS	09/14/2024	Paydown	XXX	9,166	9,166	9,166	9,167		(1)		(1)		9,166		0	0	407	04/14/2032.	1.A FE
	EFF 232 A2 - ABS	09/20/2024	Paydown	XXX	18,619	18,619	18,616	18,615				5		18,619		0	0	696	04/22/2030	1.A FE
69335P-ED-3.	PFSFC 21B A - ABS	08/15/2024	Paydown.	XXX	200,000	200,000	188,031	193,715		6,285		6,285		200,000			0	1,027	08/17/2026	1.A FE
	TD SYNNEX CORP.	08/09/2024	Maturity @ 100.00	XXX	100,000	100,000	99,930	99,986		14		14		100,000			0	1,250	08/09/2024	2.C FE
89231C-AD-9.	TAOT 2022-C A3 - ABS	09/15/2024	Paydown.	XXX	38,262	38,262	38,256	38,259		3		3					0	1,003	04/15/2027	1.A FE
11099999	99 - Bonds - Industrial and M	iscellaneous (L	Jnaffiliated)		366,047	366,047	353,999	359,742	0	6,306	0	6,306	0	366,047	0	0	0	4,382	XXX	XXX
	97 - Bonds - Subtotals - Bond		,		591,619	591,619	578,282	556,579	0		0	11,790	0	594.063	0	(2,444)	(2,444)	7,700	XXX	XXX
	99 - Bonds - Subtotals - Bond				591,619	591,619	578,282	556,579	0		0	11.790	0		0	\ / /	(2,444)	/	XXX	XXX
60099999					591.619	XXX	578,282	556.579	0	11,790	0	11,790	0	594,063	0	(2.444)	(2,444)	,	XXX	XXX
00033333	oo roidis				331,013	7///	010,202	550,575	0	11,730	U	11,730		337,003		(2,444)	(2,444)	7,700	ллл	7///

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DB - Part E

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH Month End Depository Balances

1	Month End Depository Balances										
Amount of Interest Code Interest Inter	1								9		
See Registro 1			of	Interest Received During Current	Interest Accrued at Current Statement	6	7	8			
Sease of Personal Control of the Action 1.0		Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*		
0.99899 Deport is in			1 750	66 072		4 070 007	5 070 705	5 AOG 175	VVV		
Sign Institution Liquid			4.750	00,072		4,970,007	5,070,795		ΛΛΛ		
Sign Institution Liquid	not exceed the allowable limit in any one denository										
Digition fotal types Deposit for ice	(See Instructions) - Open Depositories	XXX	XXX						XXX		
0499999 Cash in Company's Office XXX XXX XXX XXX XXX XXX XXX XXX	0199999 Total Open Depositories	ХХХ	XXX	66,072	0	4,970,887	5,070,795	5,426,175			
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0499999 Cash in Company's Office XXXX XXXX XXXX XXXX XXXX XXXX XXXX X					····						
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0499999 Cash in Company's Office XXXX XXXX XXXX XXXX XXXX XXXX XXXX X		+				<u> </u>					
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0499999 Cash in Company's Office XXXX XXXX XXXX XXXX XXXX XXXX XXXX X	D300000 Total Cash on Denosit	YVV	YVV	66 N 7 2	0	/ O70 Q97	5 070 705	5 426 175	ууу		
0600000 Tatal	0499999 Cash in Company's Office		XXX	XXX		4,310,001	3,010,193	0,420,110			
. AXX C1/.024.0 C9/.070,C 100,070,P U 210,00 AAA AAA	0599999 Total	XXX	XXX	66,072	0	4,970,887	5,070,795	5,426,175	XXX		

8609999999 Total Cash Equivalents

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE WellCare of Maine, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		Sho	w Investments O	wned End of Current Quarter				
1	2	3	4	5	6	7	8	9
au au			Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
All Other Money Mark	ket Mutual Funds							
31846V - 33 - 6	FIRST AMER:GVT OBLG X	SD	09/04/2024	4.840	XXX		0	
31846V - 33 - 6 825252 - 88 - 5	FIRST AMER:GVT OBLG X.		09/25/2024	4.840	XXX		2,846	
825252-88-5	INVESCO GOV&AGENCY INST		08/30/2024	4.860	XXX		21,492	
857492-70-6	SS INST INV:US GV MM PRM.		09/25/2024	4.950	XXX	14,000,000	41,883	
8309999999 - All	Öther Money Market Mutual Funds	•				16,766,630	66,221	51,25
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