

ANNUAL STATEMENT

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

NAIC Group Code 4918,..... 4918..... NAIC Company Code 86371..... Employer's ID Number 31-0522223.....
(Current) (Prior)

Organized under the Laws of NJ State of Domicile or Port of Entry NJ
Country of Domicile US
Licensed as business type: Life, Accident & Health Is HMO Federally Qualified? N/A
Incorporated/Organized 10/25/1947 Commenced Business 02/06/1948
Statutory Home Office 30 Montgomery Street, 15th Floor Jersey City, NJ, US 07302
Main Administrative Office 30 Montgomery Street, 15th Floor
Jersey City, NJ, US 07302 201-432-2133
(Telephone)
Mail Address 30 Montgomery Street, 15th Floor Jersey City, NJ, US 07302
Primary Location of Books and
Records 30 Montgomery Street, 15th Floor
Jersey City, NJ, US 07302 201-432-2133
(Telephone)
Internet Website Address www.cloverhealth.com
Statutory Statement Contact Mark Herbers 201-432-2133
(Telephone)
registeredagent@cloverhealth.com
(E-Mail) (Fax)

OFFICERS

..... Vivek Garipalli, Chief Executive Officer Jamie Reynoso, Chief Operating Officer
..... Mark Herbers#, Interim Chief Financial Officer

OTHER

..... Wendy Richey, Chief Medicare Compliance Officer Gia Lee, General Counsel
..... Rachel Fish, Chief People Officer Andrew Toy, President & Chief Technology Officer
..... Mark Spektor, Chief Medical Officer Sophia Chang, Chief Clinical Informatics Officer
..... Prabhdeep Singh#, Chief Growth Officer

DIRECTORS OR TRUSTEES

..... Vivek Garipalli Edward Berde
..... Justin Doheny

State of
County of SS

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

x	x	x
Vivek Garipalli Chief Executive Officer	Mark Herbers Interim Chief Financial Officer	Jamie Reynoso Chief Operating Officer

Subscribed and sworn to before me
this _____ day of _____

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

x _____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	109,246,225		109,246,225	51,715,841
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....				
4.2 Properties held for the production of income (less \$ encumbrances).....				
4.3 Properties held for sale (less \$ encumbrances).....				
5. Cash (\$ 116,372,504, Schedule E - Part 1), cash equivalents (\$ 2,532,863, Schedule E - Part 2) and short-term investments (\$ 54,970,453, Schedule DA).....	173,875,820		173,875,820	36,450,254
6. Contract loans (including \$ premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	283,122,045		283,122,045	88,166,095
13. Title plants less \$ charged off (for Title insurers only).....				
14. Investment income due and accrued.....	230,069		230,069	135,161
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,140,492	511,656	628,836	598,405
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ 32,521,365).....	32,521,365		32,521,365	33,929,344
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	95,879		95,879	5,047
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....	4,800		4,800	
17. Amounts receivable relating to uninsured plans.....	12,816,218		12,816,218	8,467,366
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....	34,681		34,681	34,681
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....	25,033		25,033	26,533,418
24. Health care (\$ 23,360,140) and other amounts receivable.....	39,867,656	16,507,517	23,360,139	19,943,704
25. Aggregate write-ins for other-than-invested assets.....	3,069,735	3,069,735	-	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	372,927,973	20,088,908	352,839,065	177,813,220
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	372,927,973	20,088,908	352,839,065	177,813,220
Details of Write-Ins				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Intangible Assets-Licenses.....	2,990,000	2,990,000	-	
2502. Prepaid Assets.....	79	79	-	
2503. Other Receivables.....	79,656	79,656	-	
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	3,069,735	3,069,735	-	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 135,000 reinsurance ceded).....	121,508,432		121,508,432	93,736,411
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....	4,599,362		4,599,362	3,461,298
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	111,259,973		111,259,973	6,512,075
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....	27,693		27,693	471,149
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....	35,358		35,358	43,884
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....				
15. Amounts due to parent, subsidiaries and affiliates.....	1,871,473		1,871,473	4,736,007
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				624,323
23. Aggregate write-ins for other liabilities (including \$ current).....	4,451		4,451	4,451
24. Total liabilities (Lines 1 to 23).....	239,306,742		239,306,742	109,589,598
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	543,140,037	235,290,037
29. Surplus notes.....	XXX	XXX	40,000,000	40,000,000
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	(472,107,713)	(209,566,415)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	113,532,324	68,223,622
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	352,839,066	177,813,220
Details of Write-Ins				
2301. Escheat Liability.....	4,451		4,451	4,451
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	4,451		4,451	4,451
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	728,401	619,445
2. Net premium income (including \$ 0 non-health premium income).....	XXX	725,324,430	611,881,353
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$ medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX		
7. Aggregate write-ins for other non-health revenues.....	XXX		
8. Total revenues (Lines 2 to 7).....	XXX	725,324,430	611,881,353
Hospital and Medical:			
9. Hospital/medical benefits.....		521,550,056	331,364,585
10. Other professional services.....		32,798,011	19,721,812
11. Outside referrals.....		140,970,762	117,622,187
12. Emergency room and out-of-area.....		27,124,606	22,247,024
13. Prescription drugs.....		49,427,552	53,655,931
14. Aggregate write-ins for other hospital and medical.....		1,313,819	1,985,397
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....		773,184,806	546,596,935
Less:			
17. Net reinsurance recoveries.....		154,285	2,756
18. Total hospital and medical (Lines 16 minus 17).....		773,030,521	546,594,179
19. Non-health claims (net).....		-	
20. Claims adjustment expenses, including \$ 10,272,460 cost containment expenses.....		13,272,330	16,161,713
21. General administrative expenses.....		96,629,971	85,962,959
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		104,009,870	(14,041,939)
23. Total underwriting deductions (Lines 18 through 22).....		986,942,692	634,676,911
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(261,618,262)	(22,795,558)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		(42,089)	662,740
26. Net realized capital gains (losses) less capital gains tax of \$.....		16,504	898,761
27. Net investment gains (losses) (Lines 25 plus 26).....		(25,585)	1,561,501
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....			
29. Aggregate write-ins for other income or expenses.....			18,058
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(261,643,847)	(21,216,000)
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	(261,643,847)	(21,216,000)
Details of Write-Ins			
0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX		
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX		
1401. Other Hospital and Medical Expenses.....		1,313,819	1,985,397
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....		1,313,819	1,985,397
2901. Other Income(Expenses).....			18,058
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....			18,058

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

	1	2
CAPITAL & SURPLUS ACCOUNT	Current Year	Prior Year
33. Capital and surplus prior reporting year.....	68,223,623	65,115,932
34. Net income or (loss) from Line 32.....	(261,643,847)	(21,216,000)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....	(897,450)	(2,176,309)
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....	-	
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	307,850,000	26,500,000
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....		
48. Net change in capital and surplus (Lines 34 to 47).....	45,308,703	3,107,691
49. Capital and surplus end of reporting year (Line 33 plus 48).....	113,532,326	68,223,623
Details of Write-Ins		
4701.....		
4702.....		
4703.....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	726,919,824	593,029,791
2. Net investment income	232,486	1,078,509
3. Miscellaneous income	(4,800)	
4. Total (Lines 1 to 3)	727,147,510	594,108,301
5. Benefit and loss related payments	753,240,591	534,454,268
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	110,012,133	104,996,371
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Lines 5 through 9)	863,252,724	639,450,639
11. Net cash from operations (Line 4 minus Line 10)	(136,105,214)	(45,342,338)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	15,383,359	75,520,387
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	949	
12.7 Miscellaneous proceeds	-	152,424
12.8 Total investment proceeds (Lines 12.1 to 12.7)	15,384,308	75,672,811
13. Cost of investments acquired (long-term only):		
13.1 Bonds	73,267,674	81,706,950
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	-	
13.7 Total investments acquired (Lines 13.1 to 13.6)	73,267,674	81,706,950
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(57,883,366)	(6,034,139)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	-	
16.2 Capital and paid in surplus, less treasury stock	334,350,000	
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(2,935,854)	41,875,259
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	331,414,146	41,875,259
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)	137,425,567	(9,501,219)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	36,450,254	45,951,473
19.2 End of year (Line 18 plus Line 19.1)	173,875,821	36,450,254
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Net premium income	725,324,430						725,324,430			-
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	725,324,430						725,324,430			-
8. Hospital/medical benefits	521,550,056						521,550,056			XXX
9. Other professional services	32,798,011						32,798,011			XXX
10. Outside referrals	140,970,762						140,970,762			XXX
11. Emergency room and out-of-area	27,124,606						27,124,606			XXX
12. Prescription drugs	49,427,552						49,427,552			XXX
13. Aggregate write-ins for other hospital and medical	1,313,819						1,313,819			XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	773,184,806						773,184,806			XXX
16. Net reinsurance recoveries	154,285						154,285			XXX
17. Total hospital and medical (Lines 15 minus 16)	773,030,521						773,030,521			XXX
18. Non-health claims (net)	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-
19. Claims adjustment expenses including \$ 10,272,460 cost containment expenses	13,272,330						13,272,330			
20. General administrative expenses	96,629,971						96,629,971			
21. Increase in reserves for accident and health contracts	104,009,870						104,009,870			XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	986,942,692						986,942,692			-
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(261,618,262)						(261,618,262)			-
Details of Write-Ins										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. Other Medical	1,313,819						1,313,819			XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	1,313,819						1,313,819			XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business		1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1.	Comprehensive (hospital and medical)				
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII – Medicare	725,693,898		369,468	725,324,430
7.	Title XIX – Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	725,693,898		369,468	725,324,430
10.	Life	488,731		488,731	–
11.	Property/casualty				
12.	Totals (Lines 9 to 11)	726,182,629		858,199	725,324,430

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	754,187,290						753,304,046			883,244
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	946,697						63,453			883,244
1.4 Net	753,240,593						753,240,593			-
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	121,643,432						121,508,432			135,000
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	135,000									135,000
3.4 Net	121,508,432						121,508,432			-
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivables (a)	7,891,260						7,891,260			
7. Amounts recoverable from reinsurers December 31, current year	95,879						95,879			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	93,823,915						93,736,411			87,504
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	87,504									87,504
8.4 Net	93,736,411						93,736,411			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	5,047						5,047			
12. Incurred benefits:										
12.1 Direct	774,115,547						773,184,807			930,740
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	1,085,025						154,285			930,740
12.4 Net	773,030,522						773,030,522			-
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Reported in Process of Adjustment:										
1.1 Direct.....	34,428,763						34,293,763			135,000
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....	135,000									135,000
1.4 Net.....	34,293,763						34,293,763			—
2. Incurred but Unreported:										
2.1 Direct.....	87,214,669						87,214,669			
2.2 Reinsurance assumed.....										
2.3 Reinsurance ceded.....										
2.4 Net.....	87,214,669						87,214,669			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct.....										
3.2 Reinsurance assumed.....										
3.3 Reinsurance ceded.....										
3.4 Net.....										
4. TOTALS:										
4.1 Direct.....	121,643,432						121,508,432			135,000
4.2 Reinsurance assumed.....										
4.3 Reinsurance ceded.....	135,000									135,000
4.4 Net.....	121,508,432						121,508,432			—

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....						
2. Medicare Supplement.....						
3. Dental Only.....						
4. Vision Only.....						
5. Federal Employees Health Benefits Plan.....						
6. Title XVIII – Medicare.....	86,459,864	666,689,896	6,865,843	114,642,589	93,325,707	93,736,411
7. Title XIX – Medicaid.....						
8. Other health.....						
9. Health subtotal (Lines 1 to 8).....	86,459,864	666,689,896	6,865,843	114,642,589	93,325,707	93,736,411
10. Health care receivables (a).....	9,794,472	30,073,185			9,794,472	31,976,397
11. Other non-health.....						
12. Medical incentive pools and bonus amounts.....						
13. Totals (Lines 9-10+11+12).....	76,665,392	636,616,711	6,865,843	114,642,589	83,531,235	61,760,014

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

GRAND TOTAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	16,270	9,832	9,832	9,832	9,832
2.	2017.....	223,714	255,761	253,543	253,630	253,636
3.	2018.....	XXX	220,279	244,244	242,705	241,011
4.	2019.....	XXX	XXX	384,339	459,694	460,308
5.	2020.....	XXX	XXX	XXX	450,651	536,543
6.	2021.....	XXX	XXX	XXX	XXX	660,441

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	17,025	9,832	9,832	9,832	9,832
2.	2017.....	267,701	255,761	253,543	253,630	253,636
3.	2018.....	XXX	266,011	245,340	242,705	241,011
4.	2019.....	XXX	XXX	454,938	461,161	460,308
5.	2020.....	XXX	XXX	XXX	542,921	543,409
6.	2021.....	XXX	XXX	XXX	XXX	775,083

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	267,219	253,636	13,187	5.199	266,823	99.852			266,823	99.852
2.	2018.....	290,080	241,011	15,410	6.394	256,421	88.397			256,421	88.397
3.	2019.....	432,547	460,308	11,801	2.564	472,109	109.146			472,109	109.146
4.	2020.....	611,881	536,543	14,790	2.757	551,333	90.105	6,866	260	558,459	91.269
5.	2021.....	725,324	660,441	10,368	1.570	670,809	92.484	114,642	4,339	789,790	108.888

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....			XXX		
5.	2020.....			XXX	XXX	
6.	2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....			XXX		
5.	2020.....			XXX	XXX	
6.	2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

12HM

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	NONE									
2. 2018.....										
3. 2019.....										
4. 2020.....										
5. 2021.....										

12.MS

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	NONE									
2. 2018.....										
3. 2019.....										
4. 2020.....										
5. 2021.....										

12.D0

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	NONE									
2. 2018.....										
3. 2019.....										
4. 2020.....										
5. 2021.....										

12 VO

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

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

Section B – Incurred Health Claims

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

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

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

12.FE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

TITLE XVIII MEDICARE

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	16,270	9,832	9,832	9,832	9,832
2.	2017.....	223,714	255,761	253,543	253,630	253,636
3.	2018.....	XXX	220,279	244,244	242,705	241,011
4.	2019.....	XXX	XXX	384,339	459,694	460,308
5.	2020.....	XXX	XXX	XXX	450,651	536,543
6.	2021.....	XXX	XXX	XXX	XXX	660,441

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	17,025	9,832	9,832	9,832	9,832
2.	2017.....	267,701	255,761	253,543	253,630	253,636
3.	2018.....	XXX	266,011	245,340	242,705	241,011
4.	2019.....	XXX	XXX	454,938	461,161	460,308
5.	2020.....	XXX	XXX	XXX	542,921	543,409
6.	2021.....	XXX	XXX	XXX	XXX	775,083

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	267,219	253,636	13,187	5.199	266,823	99.852			266,823	99.852
2.	2018.....	290,080	241,011	15,410	6.394	256,421	88.397			256,421	88.397
3.	2019.....	432,547	460,308	11,801	2.564	472,109	109.146			472,109	109.146
4.	2020.....	611,881	536,543	14,790	2.757	551,333	90.105	6,866	260	558,459	91.269
5.	2021.....	725,324	660,441	10,368	1.570	670,809	92.484	114,642	4,339	789,790	108.888

UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	NONE									
2. 2018.....										
3. 2019.....										
4. 2020.....										
5. 2021.....										

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	NONE				
2. 2017.....					
3. 2018.....					
4. 2019.....			XXX		
5. 2020.....			XXX	XXX	
6. 2021.....			XXX	XXX	XXX

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017.....	NONE									
2. 2018.....										
3. 2019.....										
4. 2020.....										
5. 2021.....										

12.0T

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	104,009,870						104,009,870		
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	854,916						854,916		
5. Aggregate write-ins for other policy reserves	6,395,187						6,395,187		
6. Totals (gross)	111,259,973						111,259,973		
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)	111,259,973						111,259,973		
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
Details of Write-Ins									
0501. Risk Adjustment Payable	6,313,562						6,313,562		
0502. Payable to CMS	81,625						81,625		
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	6,395,187						6,395,187		
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes \$ 104,009,870 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	207,126	37,540	1,440,388		1,685,054
2. Salaries, wages and other benefits	3,383,148	613,170	23,526,925		27,523,243
3. Commissions (less \$ ceded plus \$ assumed)			23,897,236		23,897,236
4. Legal fees and expenses	124,825	22,624	868,049		1,015,498
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	207,153	37,545	2,244,001		2,488,699
7. Traveling expenses			2,913		2,913
8. Marketing and advertising			11,649,989		11,649,989
9. Postage, express and telephone	117,579	21,310	817,661		956,550
10. Printing and office supplies	89,463	16,215	622,141		727,819
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	6,143,166	2,251,467	31,070,229		39,464,862
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			150		150
17. Collection and bank service charges				294,685	294,685
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			110,645		110,645
23.3 Regulatory authority licenses and fees			387,941		387,941
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)			(8,298)		(8,298)
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)	10,272,460	2,999,871	96,629,970	294,685	(a) 110,196,986
27. Less expenses unpaid December 31, current year		4,599,362	27,693		4,627,055
28. Add expenses unpaid December 31, prior year		3,461,298	471,149		3,932,446
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	10,272,460	1,861,807	97,073,426	294,685	109,502,378
Details of Write-Ins					
2501. Sponsorships and Charitable Contributions					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$ 78,932,018 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds	(a) 129,741	220,704
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 27,947	31,892
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	157,688	252,596
11. Investment expenses		(g) 294,685
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		294,685
17. Net investment income (Line 10 minus Line 16)		(42,089)
Details of Write-Ins		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes \$ 13,355 accrual of discount less \$ 382,838 amortization of premium and less \$ 129,231 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ 11,607 accrual of discount less \$ 8,287 amortization of premium and less \$ 3,127 paid for accrued interest on purchases.

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

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

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

(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	15,552		15,552		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	952		952		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	16,504		16,504		
Details of Write-Ins					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	511,656		(511,656)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....		4,168,735	4,168,735
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....			
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....	16,507,517	12,032,693	(4,474,824)
25. Aggregate write-ins for other-than-invested assets.....	3,069,735	2,990,030	(79,705)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	20,088,908	19,191,458	(897,450)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27).....	20,088,908	19,191,458	(897,450)
Details of Write-Ins			
1101.....			
1102.....			
1103.....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
2501. Intangible Assets-Licenses.....	2,990,000	2,990,000	-
2502. Prepaid Assets.....	79	30	(49)
2503. Other Receivables.....	79,656		(79,656)
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	3,069,735	2,990,030	(79,705)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....						
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....	52,565	60,307	60,397	60,995	61,822	728,401
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....	52,565	60,307	60,397	60,995	61,822	728,401
Details of Write-Ins						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of the Company have been prepared in conformity with accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under New Jersey Code. 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 New Jersey Department of Banking and Insurance (DOBI).

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Jersey is shown below:

	SSAP #	F/S Page	F/S Line #	2021	2020
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (261,643,847)	\$ (21,216,000)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (261,643,847)</u>	<u>\$ (21,216,000)</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 113,532,324	\$ 68,223,622
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 113,532,324</u>	<u>\$ 68,223,622</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be authorized. Expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs reported on Schedule D-1.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.
- (7) The Company had no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company had no joint ventures, partnership, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed.
- (13) The Company's pharmaceutical rebate receivables are estimated based on a historical percentage of gross pharmaceutical claims methodology.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern and the parent company is committed to maintaining adequate capital and surplus levels.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

A. Statutory Purchase Method - None

Notes to the Financial Statements

3. Business Combinations and Goodwill (Continued)

- B. Statutory Merger - None
- C. Assumption Reinsurance - None
- D. Impairment Loss - None
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale - None
- B. Change in Plan of Sale of Discontinued Operation - None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - None
- D. Equity Interest Retained in the Discontinued Operation After Disposal - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements 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 - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	2,822,269	2,869,098	(46,829)		2,822,269	0.757	0.800
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets	<u>\$ 2,822,269</u>	<u>\$ 2,869,098</u>	<u>\$ (46,829)</u>	<u>\$</u>	<u>\$ 2,822,269</u>	<u>0.757 %</u>	<u>0.800 %</u>

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset type - None

Notes to the Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets - None
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus

Due and accrued income was excluded from surplus that are over 90 days past due with the exception of mortgage loans in default

- B. Total Amount Excluded - None

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - Derivatives - None
- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - None

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability)

The statutory basis of accounting requires that the Company record deferred tax assets and liabilities for certain temporary differences between statutory basis income before federal income taxes, plus certain items recorded directly to surplus, and taxable income as reflected in the Company's federal income tax return, subject to certain limitations.

- (1) Change between years by tax character

	2021			2020			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 97,574,269	\$	\$ 97,574,269	\$ 41,951,696	\$	\$ 41,951,696	\$ 55,622,573	\$	\$ 55,622,573
(b) Statutory valuation allowance adjustments	97,294,609		97,294,609	41,703,912		41,703,912	55,590,697		55,590,697
(c) Adjusted gross deferred tax assets (1a - 1b)	279,660		279,660	247,784		247,784	31,876		31,876
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 279,660	\$	\$ 279,660	\$ 247,784	\$	\$ 247,784	\$ 31,876	\$	\$ 31,876
(f) Deferred tax liabilities	279,660		279,660	247,784		247,784	31,876		31,876
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$	\$ -	\$ -	\$	\$ -	\$ -	\$	\$ -

- (2) Admission calculation components SSAP No. 101

	2021			2020			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX		XXX	XXX		XXX	XXX	
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	279,660		279,660	247,784		247,784	31,876		31,876
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 279,660	\$	\$ 279,660	\$ 247,784	\$	\$ 247,784	\$ 31,876	\$	\$ 31,876

- (3) Ratio used as basis of admissibility

	2021	2020
(a) Ratio percentage used to determine recovery period and threshold limitation amount	369.000 %	311.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 113,532,325	\$ 68,223,622

Notes to the Financial Statements

9. Income Taxes (Continued)

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	2021		2020		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 279,660	\$	\$ 247,784	\$	\$ 31,876	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 279,660	\$	\$ 247,784	\$	\$ 31,876	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

B. Regarding Deferred Tax Liabilities That Are Not Recognized - None

C. Major Components of Current Income Taxes Incurred

	(1)	(2)	(3)
	2021	2020	Change (1-2)
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal	\$	\$	\$
(b) Foreign			
(c) Subtotal	\$	\$	\$
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred	\$	\$	\$
	(1)	(2)	(3)
	2021	2020	Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 370,783	\$ 310,405	\$ 60,378
(2) Unearned premium reserve			
(3) Policyholder reserves	21,842,073		21,842,073
(4) Investments	322,038		322,038
(5) Deferred acquisition costs	300,036	349,357	(49,321)
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted	4,218,671	3,573,181	645,490
(11) Net operating loss carry-forward	67,755,145	34,783,244	32,971,901
(12) Tax credit carry-forward			
(13) Other (including items less than 5% of total ordinary tax assets)	2,765,523	2,935,509	(169,986)
(99) Subtotal	\$ 97,574,269	\$ 41,951,696	\$ 55,622,573
(b) Statutory valuation allowance adjustment	97,294,609	41,703,912	55,590,697
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 279,660	\$ 247,784	\$ 31,876
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total capital tax assets)			
(99) Subtotal	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 279,660	\$ 247,784	\$ 31,876

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 2021	(2) 2020	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$ 243	\$ (243)
(2) Fixed assets			
(3) Deferred and uncollected premium	38,965	48,706	(9,741)
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)	240,695	198,835	41,860
(99) Subtotal	\$ 279,660	\$ 247,784	\$ 31,876
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 279,660	\$ 247,784	\$ 31,876
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

The change in net deferred income taxes is comprised of the following, before consideration of non-admitted deferred tax assets:

	12/31/2021	12/31/2020	Change
Adjusted gross deferred tax assets	279,660	247,784	(31,876)
Total deferred tax liabilities	279,660	247,784	(31,876)
Net deferred tax assets (liabilities)	0	0	0
Tax effect of change in unrealized gains (losses)			0
Total change in net deferred income tax			0

D. Among the More Significant Book to Tax Adjustments

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

	2021	Effective Tax Rate
Provision computed at statutory rate	\$ (54,945,208)	21.000 %
Permanent Differences		
PY True Up (to Deferred)		
PY True Up (to Current)		
Change in Non-admitted Assets	(188,465)	0.072
Rate Differential		
Tax Cuts & Jobs Act Rate Change		
Change in deferred income taxes		
Change in Valuation Allowance	55,133,673	-21.072
Income in Equity of Subsidiaries		
Total	\$ -	-
	2021	Effective Tax Rate
Federal and foreign income taxes incurred	\$ -	-
Current taxes on realized capital gains	-	-
Total statutory income taxes	\$ -	-
	2020	Effective Tax Rate
Provision computed at statutory rate	\$ (4,455,360)	21.000 %
Permanent Differences	2,624,746	-12.372
PY True Up (to Deferred)	(717,309)	3.381
PY True Up (to Current)		
Change in Non-admitted Assets		
Rate Differential		
Tax Cuts & Jobs Act Rate Change		
Change in deferred income taxes		
Change in Valuation Allowance	2,547,923	-12.009
Income in Equity of Subsidiaries		
Total	\$ -	-
	2020	Effective Tax Rate
Federal and foreign income taxes incurred	\$ -	-
Current taxes on realized capital gains	-	-
Total statutory income taxes	\$ -	%

Notes to the Financial Statements

9. Income Taxes (Continued)

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2021, the Company had unused operating loss carryforwards available to offset against future taxable income of \$322,643,546. The carryforwards begin to expire in 2033.
- (2) Income tax expense available for recoupment - None
- (3) Deposits admitted under IRS Code Section 6603 - None

F. Consolidated Federal Income Tax Return

- (1) The Company's federal income tax return is filed on a consolidated basis with:
 - Clover Health Investments Corp
 - Clover HMO, Corp
 - Clover Health, Corp
 - Clover Health Holdings, Inc.

- (2) Method of allocation - None

G. Federal or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit - None

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

A. , B, E.

In 2021 the Company has received the following additional surplus contributions from the parent company totaling \$307,850,000:

1st Quarter	\$35,450,000
2nd Quarter	\$90,800,000
3rd Quarter	\$82,300,000
4th Quarter	\$99,300,000
	\$307,850,000

The Company has an administrative services agreement with Clover Health, LLC (ASO) to make use of certain employees, vendor arrangements, and other miscellaneous overhead of the Company. Under the terms of this agreement that was approved by NJ DOBI, the Company pays an administrative fee based on a percentage of the premiums earned for all the services and expenses incurred by ASO on the Company's behalf. The Company has incurred expense of \$78,932,018 for 2021, and has a payable of \$1,802,561 at December 31, 2021 under the agreement.

C. Transactions With Related Party Who Are Not Reported on Schedule Y - None

D. Amounts Due from or to Related Parties

At year end 2021 the Company had the following amounts due from (to) related parties:

Clover Health Investment Corp.	\$(8,148)	Services and expenses incurred on behalf of the other party
Clover HMO of NJ	\$(37,141)	Services and expenses incurred on behalf of the other party
Clover Health ASO, LLC	\$(1,802,561)	Services and expenses incurred on behalf of the other party
MSPNJ, LLC	\$(23,622)	Services and expenses incurred on behalf of the other party
Clover Health Labs, LLC	\$25,033	Services and expenses incurred on behalf of the other party

F. Guarantees or Contingencies - None

G. Common Control

The Company is owned by Clover Health Holdings, Inc. which is a member of Clover Health Investments, Corp., a Delaware domesticated company.

H. Amount Deducted for Investment in Upstream Company - None

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

K. Foreign Subsidiary Value Using CARVM - None

L. Downstream Holding Company Value Using Look-Through Method - None

M. All SCA Investments - None

N. Investment in Insurance SCAs - None

O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt

A. Debt, Including Capital Notes - None

B. FHLB (Federal Home Loan Bank) Agreements - None

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

A. Defined Benefit Plan - None

B. Investment Policies and Strategies of Plan Assets - None

Notes to the Financial Statements

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

- C. Fair Value of Each Class of Plan Assets - None
- D. Expected Long-Term Rate of Return for the Plan Assets - None
- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans - None
- H. Postemployment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

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

In 2021 the Company has received the following additional surplus contributions from the parent company totaling \$307,850,000:

1st Quarter	\$35,450,000
2nd Quarter	\$90,800,000
3rd Quarter	\$82,300,000
4th Quarter	<u>\$99,300,000</u>
	\$307,850,000

- A. The Company has 140,000 shares at \$17.86 per share authorized, issued and outstanding.
- B. Dividend Rate of Preferred Stock - None
- C. The Company's ability to declare and pay dividends is limited by state regulations. Although such regulations do not specifically restrict the Company from paying dividends, they require the Company to be financially sound as determined by the NJ Department of Banking and Insurance.
- D. Ordinary Dividends - None
- E. Company Profits Paid as Ordinary Dividends - None
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus) - None
- K. Company-Issued Surplus Debentures or Similar Obligations

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (YES/NO)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year	Unapproved Interest And/Or Principal
0001	12/22/2016	%	\$ 40,000,000	YES	\$ 40,000,000	\$ 40,000,000	\$
Total	XXX	XXX	<u>\$ 40,000,000</u>	XXX	<u>\$ 40,000,000</u>	<u>\$ 40,000,000</u>	<u>\$</u>

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity
0001	\$	\$	%	\$	\$	12/31/2020
Total	<u>\$</u>	<u>\$</u>	XXX	<u>\$</u>	<u>\$</u>	XXX

1	15	16	17	18	19
Item Number	Are Surplus Note payments contractually linked? (YES/NO)	Surplus Note payments subject to administrative offsetting provisions? (YES/NO)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (YES/NO)	Is Asset Issuer a Related Party (YES/NO)	Type of Assets Received Upon Issuance
0001	NO	NO	NO	YES	Cash
Total	XXX	XXX	XXX	XXX	XXX

Notes to the Financial Statements

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

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (YES/NO)
0001	\$ 40,000,000	\$ 40,000,000	NO
Total	<u>\$ 40,000,000</u>	<u>\$ 40,000,000</u>	XXX

The surplus note in the amount of \$40,000,000 listed above, including accrued interest, was issued to Clover Health Investments, Corp. in exchange for cash. The note was due and payable on December 31, 2020 but remains unpaid with the payment terms under review for extension until December 31, 2024. The Commissioner of Banking and Insurance of the State of New Jersey must approve any interest and principal payments associated with the note before they are paid.

The surplus note subordinations terms are that it will run *pari passu* with the any other future surplus notes of the Parent and with all other similarly subordinated claims.

The liquidation preference to the insurer's common stock are that in the event that the Parent is subject to such proceeding, holders of Indebtedness, Policy Claims and Prior Claims would be afforded a greater priority under the Liquidation Act and the terms of the Notes and, accordingly, would have the right to be paid in full before any payments of interest or principal are made to the Note holders.

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - None

B. Assessments - None

C. Gain Contingencies - None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None

E. Joint and Several Liabilities - None

F. All Other Contingencies - None

15. Leases

A. Lessee Operating Lease - None

B. Lessor Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

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

A. Transfers of Receivables Reported as Sales - None

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

A. ASO Plans - None

B. ASC Plans - None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) Revenue from the Company's Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing for 2021 and 2020 consisted of \$110,924,591 and \$102,271,514, respectively, for medical and hospital services.

(2) The Company has recorded receivables from CMS for the Medicare Part D Reinsurance Subsidy and Low- Income Cost Sharing in 2021 and 2020 in the amount of \$8,888,467 and \$8,467,366, respectively.

(3) Allowances and reserves for adjustment of recorded revenues - None

(4) No adjustments to revenue were made from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactive traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Exempt MM Mutual Funds	\$	714,195	\$	\$	\$ 714,195
Other MM Mutual Funds		105,000			105,000
Total assets at fair value/NAV	\$	819,195	\$	\$	\$ 819,195
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) Inputs and techniques used for Level 2 and Level 3 fair values - None

(5) Derivatives - None

B. Other Fair Value Disclosures - None

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

Type of Financial Instrument	Aggregate Fair Value		Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Value	Admitted Assets					
Bonds	\$ 107,862,441	\$ 109,246,225	\$	\$ 107,862,441	\$	\$	\$
Short-term Investments	54,949,730	54,970,453		54,949,730			
Cash Equivalents	2,532,863	2,532,863		2,532,863			

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items

A. Unusual or Infrequent Items - None

B. Troubled Debt Restructuring - None

C. Other Disclosures - None

D. Business Interruption Insurance Recoveries - None

E. State Transferable and Non-Transferable Tax Credits - None

F. Subprime-Mortgage-Related Risk Exposure - None

G. Retained Assets - None

H. Insurance-Linked Securities (ILS) Contracts - None

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 - None

22. Events Subsequent

Type I. – Recognized Subsequent Events

None

Type II. – Nonrecognized Subsequent Events

None

Notes to the Financial Statements

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Section 2 – Ceded Reinsurance Report – Part A

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

B. Uncollectible Reinsurance - None

C. Commutation of Reinsurance Reflected in Income and Expenses - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit

- (1) Reinsurance contracts subject to A-791 - The Company has a small amount of life and annuity renewal business that will run off over time. This business is in total, 100% ceded to four reinsurers under coinsurance, yearly-renewable term, and other reinsurance arrangements: Southern Financial Life Insurance Company, Sagicor Life Insurance Company, Union Labor Life Insurance Company, and Swiss Re. Total reserve credit taken as of December 31, 2021 was \$6,136,188, which was 100% ceded, leaving a net balance of zero. Details are reported in the Life Supplement, Schedule S – Part 3 – Section 1. All contracts meet the definition of risk transfer, thus there was no deposit accounting.
- (2) Reinsurance contracts not subject to A-791 – The Company has one reinsurance contract with Partnerre American Insurance Company, covering the Medicare business, with risk limiting features. The reinsurance credit was reduced for the risk limiting features.
- (3) There are no provisions in the contracts that delay payment in form or in fact within the contract.
- (4) The reinsurance contracts meet the risk transfer requirements of SSAP No. 61R. The contract with Partnerre is a stop loss contract with a deductible that does not result in significant surplus relief.
- (5) Contracts with ceded risk not subject to A-791 accounted for differently under GAAP and SAP - None
- (6) Explanation of the accounting treatment disclosed in Note 23.E(5) if treated differently for GAAP and SAP - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Company estimates accrued retrospective premium adjustments for its group health insurance business based on the company's underwriting rules and experience rating practices.

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Company as of December 31, 2021 that are subject to retrospective rating features was \$43,835,044 that represented 6.0% of total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None

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

25. Change in Incurred Claims and Claim Adjustment Expenses

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

Reserves for Losses and Loss and Adjustment Expense as of December 31, 2020 were \$97,197,709. As of December 31, 2021, \$105,369,111 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6,865,843 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$15,037,244 unfavorable prior-year development since December 31, 2020 to December 31, 2021. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

Notes to the Financial Statements

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 20,709,403	\$ 20,709,403	\$	\$	\$
09/30/2021	19,499,950	19,499,950	17,550,024		
06/30/2021	21,939,164	21,939,164	17,442,619	1,474,789	
03/31/2021	18,666,029	18,666,029	16,747,789	1,057,439	(947,969)
12/31/2020	17,759,201	15,957,128	14,358,266	1,187,744	921,359
09/30/2020	16,063,073	16,003,691	14,648,601	(45,609)	565,857
06/30/2020	15,291,270	15,444,064	12,274,834	416,419	1,668,276
03/31/2020	14,798,486	14,880,834	11,465,461	2,413,190	431,671
12/31/2019	11,654,534	11,758,657	10,230,801	1,177,041	338,159
09/30/2019	11,447,403	11,418,287	9,759,838	1,377,431	138,718
06/30/2019	10,458,546	11,040,464	9,237,007		1,179,932
03/31/2019	10,155,573	10,230,351	8,836,646		1,193,564

B. Risk-Sharing Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$104,009,870
2. Date of the most recent evaluation of this liability: 12/31/2021
3. Was anticipated investment income utilized in the calculation? YES

Investment income was considered, however, presumed income from investments would be zero given the unpredictability of external factors associated with investment performance in future periods.

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1. Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
- If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.
- 1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?..... YES
- 1.3. State Regulating?..... New Jersey
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?..... YES
- 1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group..... 0001801170
- 2.1. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... YES
- 2.2. If yes, date of change:..... 08/31/2021
- 3.1. State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2019
- 3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2019
- 3.3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date)..... 10/28/2021
- 3.4. By what department or departments?
New Jersey Department of Banking and Insurance
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... YES
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?..... YES
- 4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.11. sales of new business?..... NO
- 4.12. renewals?..... NO
- 4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.21. sales of new business?..... NO
- 4.22. renewals?..... NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- If yes, complete and file the merger history data file with the NAIC.
- 5.2. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1. Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 6.2. If yes, give full information
- 7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?..... NO
- 7.2. If yes,
 - 7.21. State the percentage of foreign control..... %
 - 7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO
- 8.2. If response to 8.1 is yes, please identify the name of the DIHC.....
- 8.3. Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity?..... NO.....
- 8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?..... NO.....
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, 5 Times Square, New York, NY 10036
- 10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?..... NO.....
- 10.2. If the response to 10.1 is yes, provide information related to this exemption:
- 10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?..... NO.....
- 10.4. If the response to 10.3 is yes, provide information related to this exemption:
- 10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?..... YES.....
- 10.6. If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Michael Rasmussen, FSA, MAAA, Optim Advisory Services, Director - Actuarial Services, 2170 Satellite Boulevard, Suite 150, Duluth, GA 30097
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?..... NO.....
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved.....
- 12.13 Total book / adjusted carrying value..... \$.....
- 12.2. If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?..... NO.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?..... NO.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?.....
- 14.1. Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES.....
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.
- 14.11. If the response to 14.1 is no, please explain:
- 14.2. Has the code of ethics for senior managers been amended?..... YES.....
- 14.21. If the response to 14.2 is yes, provide information related to amendment(s).
The Code of Ethics was reissued separately from the General Code of Conduct and was amended to be more in line with expectations at a public company level.
- 14.3. Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?..... YES.....
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?..... YES.....
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?..... YES.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?..... **NO**
- 20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 - 20.11 To directors or other officers..... \$
 - 20.12 To stockholders not officers..... \$
 - 20.13 Trustees, supreme or grand (Fraternal only)..... \$
- 20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 - 20.21 To directors or other officers..... \$
 - 20.22 To stockholders not officers..... \$
 - 20.23 Trustees, supreme or grand (Fraternal only)..... \$
- 21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?..... **NO**
- 21.2. If yes, state the amount thereof at December 31 of the current year:
 - 21.21 Rented from others..... \$
 - 21.22 Borrowed from others..... \$
 - 21.23 Leased from others..... \$
 - 21.24 Other..... \$
- 22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?..... **NO**
- 22.2. If answer is yes:
 - 22.21 Amount paid as losses or risk adjustment..... \$
 - 22.22 Amount paid as expenses..... \$
 - 22.23 Other amounts paid..... \$
- 23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... **YES**
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount..... \$
- 24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?..... **NO**
- 24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... **YES**
- 25.02. If no, give full and complete information, relating thereto
- 25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions..... \$
- 25.05. For the reporting entity's securities lending program, report amount of collateral for other programs..... \$
- 25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?..... **N/A**
- 25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?..... **N/A**
- 25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?..... **N/A**
- 25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
 - 25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
 - 25.092. Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
 - 25.093. Total payable for securities lending reported on the liability page..... \$
- 26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03)..... **YES**
- 26.2. If yes, state the amount thereof at December 31 of the current year:
 - 26.21. Subject to repurchase agreements..... \$
 - 26.22. Subject to reverse repurchase agreements..... \$
 - 26.23. Subject to dollar repurchase agreements..... \$
 - 26.24. Subject to reverse dollar repurchase agreements..... \$
 - 26.25. Placed under option agreements..... \$
 - 26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock..... \$
 - 26.27. FHLB Capital Stock..... \$
 - 26.28. On deposit with states..... \$ 2,822,269
 - 26.29. On deposit with other regulatory bodies..... \$
 - 26.30. Pledged as collateral - excluding collateral pledged to an FHLB..... \$
 - 26.31. Pledged as collateral to FHLB - including assets backing funding agreements..... \$
 - 26.32. Other..... \$
- 26.3. For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
		\$.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 27.1. Does the reporting entity have any hedging transactions reported on Schedule DB?..... NO
- 27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement..... N/A

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?..... NO
- 27.4. If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108..... NO
- 27.42 Permitted accounting practice..... NO
- 27.43 Other accounting guidance..... NO
- 27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?..... NO
- 28.2. If yes, state the amount thereof at December 31 of the current year..... \$

29. Excluding items in Schedule E- Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the *NAIC Financial Condition Examiners Handbook*?..... YES

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

1 Name of Custodian(s)	2 Custodian's Address
TD Bank, NA	TD Wealth 1003 Astoria Boulevard, Cherry Hill, NJ 08034
Trustmark	P.O. Box 1758, Jackson, MS 39215-1978
Century Trust	100 S. Federal Place, Santa Fe, NM 87501
Union Bank	Global Custody Services, 350 California Street, Suite 2018, San Francisco, CA 94104
Xerox	Xerox State & Local Solutions, Inc. 100 Hancock Street, 10th Floor, Quincy, MA 02171
US Bank	2204 Lakeshore Dr., Suite 205, Homewood, AL 35209
Synovus	P.O. Box 1798, Sumter, SC 29151
Wells Fargo	MAC T9914-010, P.O. Box 2577, Waco, TX 76702-2577
PNC Bank	620 Liberty Ave., Pittsburgh, PA 15222

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

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

- 29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... NO

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

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

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

1 Name of Firm or Individual	2 Affiliation
Bowie Capital Management, LLC	U
Mark Herbers, Interim CFO	A

- 29.0597. For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... NO

- 29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... NO

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
171023	Bowie Capital Management, LLC		SEC	NO

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

30.2. If yes, complete the following schedule:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		\$

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Bonds	\$ 164,216,678	\$ 162,812,171	\$ (1,404,507)
31.2. Preferred Stocks			
31.3. Totals	\$ 164,216,678	\$ 162,812,171	\$ (1,404,507)

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

Custodian Statements

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? YES

32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? YES

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2. If no, list exceptions:

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

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

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

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

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

Has the reporting entity self-designated PLGI securities? NO

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

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

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

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

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? N/A

OTHER

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

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

1 Name	2 Amount Paid
	\$

39.1. Amount of payments for legal expenses, if any? \$

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2
Name	Amount Paid
	\$

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

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

1	2
Name	Amount Paid
	\$

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? NO
- 1.2 If yes, indicate premium earned on U.S. business only \$
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance \$
- 1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$
1.62 Total incurred claims \$
1.63 Number of covered lives
- All years prior to most current three years:
1.64 Total premium earned \$
1.65 Total incurred claims \$
1.66 Number of covered lives
- 1.7 Group policies:
Most current three years:
1.71 Total premium earned \$
1.72 Total incurred claims \$
1.73 Number of covered lives
- All years prior to most current three years:
1.74 Total premium earned \$
1.75 Total incurred claims \$
1.76 Number of covered lives

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ 725,324,430	\$ 611,881,353
2.2 Premium Denominator	\$ 725,324,430	\$ 611,881,353
2.3 Premium Ratio (2.1/2.2)	100.000	100.000
2.4 Reserve Numerator	\$ 232,768,405	\$ 100,248,486
2.5 Reserve Denominator	\$ 232,768,405	\$ 100,248,486
2.6 Reserve Ratio (2.4/2.5)	100.000	100.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? NO
- 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? YES
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? YES
- 5.1 Does the reporting entity have stop-loss reinsurance? YES
- 5.2 If no, explain:

- 5.3 Maximum retained risk (see instructions)

 - 5.31 Comprehensive Medical \$ 570,000
 - 5.32 Medical Only
 - 5.33 Medicare Supplement
 - 5.34 Dental and Vision
 - 5.35 Other Limited Benefit Plan
 - 5.36 Other

- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts contain provisions requiring providers to hold subscribers harmless in the event of non-payment by the insurer
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? YES
- 7.2 If no, give details

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 39,314
- 8.2 Number of providers at end of reporting year 67,795
- 9.1 Does the reporting entity have business subject to premium rate guarantees? NO
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months \$
- 9.22 Business with rate guarantees over 36 months \$
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? NO
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$
- 10.22 Amount actually paid for year bonuses \$
- 10.23 Maximum amount payable withholds \$
- 10.24 Amount actually paid for year withholds \$
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, NO
- 11.13 An Individual Practice Association (IPA), or, NO
- 11.14 A Mixed Model (combination of above)? NO
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? YES
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. NJ
Department
of Banking &
Insurance
- 11.4 If yes, show the amount required. \$ 7,800,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? NO
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Atlantic County, NJ
Bergen County, NJ
Burlington County, NJ
Cumberland County, NJ
Essex County, NJ
Gloucester County, NJ
Hudson County, NJ
Mercer County, NJ
Middlesex County, NJ
Monmouth County, NJ
Morris County, NJ
Ocean County, NJ
Passaic County, NJ
Somerset County, NJ
Union County, NJ
Camden County, NJ
Pima County, AZ
Chatham County, GA
Bucks County, PA
Philadelphia County, PA
Charleston County, SC
Davidson County, TN
Rutherford County, TN
Williamson County, TN
Bexar County, TX
El Paso, TX
Bryan, GA
Bulloch, GA
Effingham, GA
Liberty, GA
Salem, NJ
Delaware, PA
Beaufort, SC
Jasper, SC

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written.....	\$..... 488,731
15.2 Total Incurred Claims.....	\$..... 930,740
15.3 Number of Covered Lives.....	816

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....YES.....

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

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2021	2020	2019	2018	2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	352,839,065	177,813,220	161,744,763	107,664,889	97,589,133
2. Total liabilities (Page 3, Line 24)	239,306,742	109,589,598	96,628,830	72,605,576	49,232,198
3. Statutory minimum capital and surplus requirement	7,800,000	7,800,000	7,800,000	7,800,000	7,800,000
4. Total capital and surplus (Page 3, Line 33)	113,532,324	68,223,622	65,115,932	35,059,313	48,356,935
Income Statement (Page 4)					
5. Total revenues (Line 8)	725,324,430	611,881,353	432,546,737	290,080,357	267,218,955
6. Total medical and hospital expenses (Line 18)	773,030,521	546,594,179	432,050,219	274,782,641	275,244,410
7. Claims adjustment expenses (Line 20)	13,272,330	16,161,713	18,188,779	13,149,470	13,392,696
8. Total administrative expenses (Line 21)	96,629,971	85,962,959	30,306,864	33,832,443	19,524,942
9. Net underwriting gain (loss) (Line 24)	(261,618,262)	(22,795,558)	(52,436,406)	(41,288,855)	(21,665,094)
10. Net investment gain (loss) (Line 27)	(25,585)	1,561,501	1,271,316	360,716	141,033
11. Total other income (Lines 28 plus 29)		18,058	(271)		5,900
12. Net income or (loss) (Line 32)	(261,643,847)	(21,216,000)	(51,165,361)	(40,923,511)	(21,518,161)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(136,105,214)	(45,342,338)	(24,552,074)	(6,683,259)	(44,485,309)
Risk-Based Capital Analysis					
14. Total adjusted capital	113,532,324	68,223,622	65,115,932	35,059,313	48,356,935
15. Authorized control level risk-based capital	30,770,903	21,911,654	17,679,356	11,606,644	11,283,082
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	61,822	52,565	39,325	32,425	27,752
17. Total members months (Column 6, Line 7)	728,401	619,445	461,872	377,758	316,954
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	106.6	89.3	99.9	94.7	103.0
20. Cost containment expenses	1.4	1.8	2.4	2.8	2.7
21. Other claims adjustment expenses	0.4	0.8	1.8	1.8	2.4
22. Total underwriting deductions (Line 23)	136.1	103.7	112.1	114.2	108.1
23. Total underwriting gain (loss) (Line 24)	(36.1)	(3.7)	(12.1)	(14.2)	(8.1)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	83,531,235	53,770,717	21,074,643	19,276,295	16,796,706
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	61,760,014	50,097,279	18,257,748	22,282,397	(4,028,177)
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1	Direct Business Only									
	2	3	4	5	6	7	8	9	10	
States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L					656		656	
2. Alaska	AK	L								
3. Arizona	AZ	L	916,038				6,799		922,837	
4. Arkansas	AR	L								
5. California	CA	L					31,173		31,173	
6. Colorado	CO	L					15,638		15,638	
7. Connecticut	CT	L					9,675		9,675	
8. Delaware	DE	L					1,286		1,286	
9. District of Columbia	DC	L					774		774	
10. Florida	FL	L					4,216		4,216	
11. Georgia	GA	L	39,658,431				4,791		39,663,222	
12. Hawaii	HI	L					45,981		45,981	
13. Idaho	ID	L					3,822		3,822	
14. Illinois	IL	L					104,827		104,827	
15. Indiana	IN	L					11,117		11,117	
16. Iowa	IA	L					17,409		17,409	
17. Kansas	KS	L					10,266		10,266	
18. Kentucky	KY	L					4,966		4,966	
19. Louisiana	LA	L					2,951		2,951	
20. Maine	ME	L								
21. Maryland	MD	L					18,693		18,693	
22. Massachusetts	MA	L					10,235		10,235	
23. Michigan	MI	N								
24. Minnesota	MN	L								
25. Mississippi	MS	L	1,325,808				245		1,326,053	
26. Missouri	MO	L					21,649		21,649	
27. Montana	MT	L								
28. Nebraska	NE	L					19,638		19,638	
29. Nevada	NV	L					2,221		2,221	
30. New Hampshire	NH	N								
31. New Jersey	NJ	L	665,602,990				1,139		665,604,129	
32. New Mexico	NM	L					564		564	
33. New York	NY	N								
34. North Carolina	NC	N					1,772		1,772	
35. North Dakota	ND	L								
36. Ohio	OH	L					28,999		28,999	
37. Oklahoma	OK	L					2,965		2,965	
38. Oregon	OR	L					8,774		8,774	
39. Pennsylvania	PA	L	9,102,033				37,425		9,139,458	
40. Rhode Island	RI	L					3,566		3,566	
41. South Carolina	SC	L	6,893,782						6,893,782	
42. South Dakota	SD	L					3,649		3,649	
43. Tennessee	TN	L	433,613				1,496		435,109	
44. Texas	TX	L	1,761,203				19,938		1,781,141	
45. Utah	UT	L					1,102		1,102	
46. Vermont	VT	N								
47. Virginia	VA	L					14,490		14,490	
48. Washington	WA	L					3,834		3,834	
49. West Virginia	WV	L					307		307	
50. Wisconsin	WI	L					8,963		8,963	
51. Wyoming	WY	L					720		720	
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. US Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	XXX								
59. Subtotal	XXX		725,693,898				488,731		726,182,629	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX		725,693,898				488,731		726,182,629	
Details of Write-Ins										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG46 R - Registered - Non-domiciled RRGs -
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state - Q - Qualified - Qualified or accredited reinsurer -
 N - None of the above - Not allowed to write business in the state11

(b) Explanation of basis of allocation by states, premiums by state, etc

Premiums are allocated based on residence of member

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

PART 1 - ORGANIZATIONAL CHART

