

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---------------------------------------|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0799999 Gross Health Care Receivables | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected or Offset During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 Health Care Receivables from Prior Years (Cols. 1 + 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|---|--|---|---|---|--|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Claims Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | | |
| 1. Pharmaceutical rebate receivables | | | | | | 0 |
| 2. Claim overpayment receivables | | | | | | 0 |
| 3. Loans and advances to providers | | | | | | 0 |
| 4. Capitation arrangement receivables | | | | | | 0 |
| 5. Risk sharing receivables | | | | | | 0 |
| 6. Other health care receivables | | | | | | 0 |
| 7. Totals (Lines 1 through 6) | 0 | 0 | 0 | 0 | 0 | 0 |

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| 0199999 Individually listed claims unpaid..... | 0 | .0 | 0 | .0 | 0 | 0 |
| 0299999 Aggregate accounts not individually listed-uncovered..... | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0499999 Subtotals | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599999 Unreported claims and other claim reserves | | | | | | |
| 0699999 Total amounts withheld | | | | | | |
| 0799999 Total claims unpaid | | | | | | 0 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 0 |

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|---|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| 0199999 Individually listed receivables | .0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999 Receivables not individually listed | 15,620 | | | | | 15,620 | |
| 0399999 Total gross amounts receivable | 15,620 | 0 | 0 | 0 | 0 | 15,620 | 0 |

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 0 | 0.0 | | | 0.0 | |
| 2. Intermediaries | 0 | 0.0 | | | 0.0 | |
| 3. All other providers | 0 | 0.0 | | | 0.0 | |
| 4. Total capitation payments | 0 | 0.0 | 0 | 0.0 | 0 | |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 6. Contractual fee payments | 0 | 0.0 | XXX | XXX | | |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | | |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | |
| 12. Total other payments | 0 | 0.0 | XXX | XXX | 0 | |
| 13. Total (Line 4 plus Line 12) | 0 | 100 % | XXX | XXX | 0 | |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 Net Admitted Assets |
|--|-----------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment | | | | | | |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 0 | 0 | 0 | 0 | 0 | 0 |

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

34

| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|-----|---|------------------------|---|---------------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

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| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|-----|---|------------------------|---|---------------------------------|--------------------------|
| | | | | | |
| | | | | | |
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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

| | 1 2022 | 2 2021 | 3 2020 | 4 2019 | 5 2018 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 0 | 0 | 0 | 0 | 0 |
| 2. Title XVIII-Medicare..... | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX-Medicaid..... | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance..... | 0 | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | 0 | 0 | 0 | 0 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 0 | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | 0 | 0 | 0 | 0 | 0 |
| 8. Reinsurance recoverable on paid losses..... | 0 | 0 | 0 | 0 | 0 |
| 9. Experience rating refunds due or unpaid..... | 0 | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due..... | 0 | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset..... | 0 | 0 | 0 | 0 | 0 |
| 12. Offset for reinsurance with Certified Reinsurers..... | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F)..... | 0 | 0 | 0 | 0 | 0 |
| 14. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O)..... | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust..... | 0 | 0 | 0 | 0 | 0 |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 20. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O)..... | 0 | 0 | 0 | 0 | 0 |

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SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 4,347,848 | 0 | 4,347,848 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 0 | 0 | 0 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 0 | 0 | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | 0 | 0 |
| 5. All other admitted assets (Balance)..... | 0 | 0 | 0 |
| 6. Total assets (Line 28) | 4,347,848 | 0 | 4,347,848 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 0 | 0 | 0 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 0 | 0 | 0 |
| 9. Premiums received in advance (Line 8)..... | 0 | 0 | 0 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)..... | 0 | 0 | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount)..... | 0 | 0 | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount)..... | 0 | 0 | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)..... | 0 | 0 | 0 |
| 14. All other liabilities (Balance)..... | (15,620) | 0 | (15,620) |
| 15. Total liabilities (Line 24)..... | (15,620) | 0 | (15,620) |
| 16. Total capital and surplus (Line 33)..... | 4,363,468 | XXX | 4,363,468 |
| 17. Total liabilities, capital and surplus (Line 34) | 4,347,848 | 0 | 4,347,848 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 0 | 0 | 0 |
| 19. Accrued medical incentive pool..... | 0 | 0 | 0 |
| 20. Premiums received in advance | 0 | 0 | 0 |
| 21. Reinsurance recoverable on paid losses | 0 | 0 | 0 |
| 22. Other ceded reinsurance recoverables | 0 | 0 | 0 |
| 23. Total ceded reinsurance recoverables | 0 | 0 | 0 |
| 24. Premiums receivable | 0 | 0 | 0 |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | 0 | 0 |
| 26. Unauthorized reinsurance | 0 | 0 | 0 |
| 27. Reinsurance with Certified Reinsurers..... | 0 | 0 | 0 |
| 28. Funds held under reinsurance treaties with Certified Reinsurers..... | 0 | 0 | 0 |
| 29. Other ceded reinsurance payables/offsets | 0 | 0 | 0 |
| 30. Total ceded reinsurance payables/offsets | 0 | 0 | 0 |
| 31. Total net credit for ceded reinsurance | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

| States, Etc. | Direct Business Only | | | | | |
|------------------------------------|--|--|--|--|--------------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama | AL | | | | | 0 |
| 2. Alaska | AK | | | | | 0 |
| 3. Arizona | AZ | | | | | 0 |
| 4. Arkansas | AR | | | | | 0 |
| 5. California | CA | | | | | 0 |
| 6. Colorado | CO | | | | | 0 |
| 7. Connecticut | CT | | | | | 0 |
| 8. Delaware | DE | | | | | 0 |
| 9. District of Columbia | DC | | | | | 0 |
| 10. Florida | FL | | | | | 0 |
| 11. Georgia | GA | | | | | 0 |
| 12. Hawaii | HI | | | | | 0 |
| 13. Idaho | ID | | | | | 0 |
| 14. Illinois | IL | | | | | 0 |
| 15. Indiana | IN | | | | | 0 |
| 16. Iowa | IA | | | | | 0 |
| 17. Kansas | KS | | | | | 0 |
| 18. Kentucky | KY | | | | | 0 |
| 19. Louisiana | LA | | | | | 0 |
| 20. Maine | ME | | | | | 0 |
| 21. Maryland | MD | | | | | 0 |
| 22. Massachusetts | MA | | | | | 0 |
| 23. Michigan | MI | | | | | 0 |
| 24. Minnesota | MN | | | | | 0 |
| 25. Mississippi | MS | | | | | 0 |
| 26. Missouri | MO | | | | | 0 |
| 27. Montana | MT | | | | | 0 |
| 28. Nebraska | NE | | | | | 0 |
| 29. Nevada | NV | | | | | 0 |
| 30. New Hampshire | NH | | | | | 0 |
| 31. New Jersey | NJ | | | | | 0 |
| 32. New Mexico | NM | | | | | 0 |
| 33. New York | NY | | | | | 0 |
| 34. North Carolina | NC | | | | | 0 |
| 35. North Dakota | ND | | | | | 0 |
| 36. Ohio | OH | | | | | 0 |
| 37. Oklahoma | OK | | | | | 0 |
| 38. Oregon | OR | | | | | 0 |
| 39. Pennsylvania | PA | | | | | 0 |
| 40. Rhode Island | RI | | | | | 0 |
| 41. South Carolina | SC | | | | | 0 |
| 42. South Dakota | SD | | | | | 0 |
| 43. Tennessee | TN | | | | | 0 |
| 44. Texas | TX | | | | | 0 |
| 45. Utah | UT | | | | | 0 |
| 46. Vermont | VT | | | | | 0 |
| 47. Virginia | VA | | | | | 0 |
| 48. Washington | WA | | | | | 0 |
| 49. West Virginia | WV | | | | | 0 |
| 50. Wisconsin | WI | | | | | 0 |
| 51. Wyoming | WY | | | | | 0 |
| 52. American Samoa | AS | | | | | 0 |
| 53. Guam | GU | | | | | 0 |
| 54. Puerto Rico | PR | | | | | 0 |
| 55. US Virgin Islands | VI | | | | | 0 |
| 56. Northern Mariana Islands | MP | | | | | 0 |
| 57. Canada | CAN | | | | | 0 |
| 58. Aggregate Other Alien | OT | | | | | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

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

4

| Asterisk | Explanation |
|----------|-------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpan Inc

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

| | <u>Responses</u> |
|---|---------------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |SEE EXPLANATION..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

| | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

| | |
|--|---------------------------|
| 8. Will an audited financial report be filed by June 1? |SEE EXPLANATION..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |SEE EXPLANATION..... |

SUPPLEMENTAL FILINGS

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

MARCH FILING

| | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

| | |
|--|--------------|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? |NO..... |

AUGUST FILING

| | |
|--|--------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |NO..... |
|--|--------------|

Explanation:

2. Exemption obtained
8. Exemption obtained
9. N/A

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. 
1 5 2 8 4 2 0 2 2 3 7 0 0 0 0 0 0 0

15. 
1 5 2 8 4 2 0 2 2 3 6 5 0 0 0 0 0 0

16. 
1 5 2 8 4 2 0 2 2 2 4 0 0 0 0 0 0 0

17. 
1 5 2 8 4 2 0 2 2 2 2 5 0 0 0 0 0 0

18. 
1 5 2 8 4 2 0 2 2 2 2 6 0 0 0 0 0 0

19. 
1 5 2 8 4 2 0 2 2 3 0 6 0 0 0 0 0 0

20. 
1 5 2 8 4 2 0 2 2 2 1 1 0 0 0 0 0 0

21. 
1 5 2 8 4 2 0 2 2 2 1 6 5 9 0 0 0 0 0

22. 
1 5 2 8 4 2 0 2 2 2 1 7 0 0 0 0 0 0

23. 
1 5 2 8 4 2 0 2 2 2 9 0 5 9 0 0 0 0 0

24. 
1 5 2 8 4 2 0 2 2 2 2 3 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS
