



HEALTH ANNUAL STATEMENT
AS OF DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Aetna Better Health Inc. (an Ohio corporation)

NAIC Group Code 0001 0001 NAIC Company Code 14229 Employer's ID Number 45-2764938
(Current) (Prior)

Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 07/15/2011 Commenced Business 03/16/2012

Statutory Home Office 7400 W. Campus Road New Albany, OH, US 43054
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 46054 800-872-3862
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Attn: Stat Compliance, P.O. Box 818048 Cleveland, OH, US 44181-8048
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aetnabetterhealth.com

Statutory Statement Contact Kim E. Roth 215-775-6508
(Name) (Area Code) (Telephone Number)
StatutoryReporting@aetna.com 860-262-7767
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Terry Jason Smith Principal Financial Officer and Controller Steven Matthew Conte
Vice President and Secretary Thorne Washburn Clark

OTHER

Derek Scott Blunt, Senior Investment Officer Aaron Jacob Igdalsky, Vice President Peter Keller, Assistant Controller
Bryan Sheppard Nazworth, Chief Financial Officer and Assistant Secretary Bradley Andrew Thompson, Assistant Controller
Tracy Louise Smith, Vice President and Treasurer
Whitney Dorothy Todisco, Assistant Controller

DIRECTORS OR TRUSTEES

Bryan Sheppard Nazworth Sonya Kay Nelson Terry Jason Smith

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.

Terry Jason Smith
Chief Executive Officer and President

Thorne Washburn Clark
Vice President and Secretary

Steven Matthew Conte
Principal Financial Officer and Controller

State of..... California
County of..... Riverside

Subscribed and sworn to before me this
17th day of January, 2025

NOTARY PUBLIC (Seal)

State of..... Pennsylvania
County of..... Montgomery

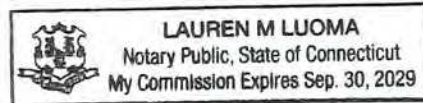
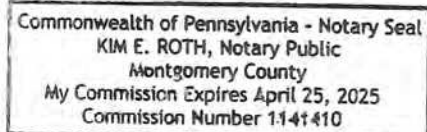
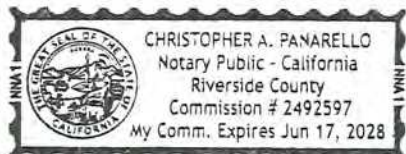
Subscribed and sworn to before me this
30th day of January, 2025

NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this
11 day of February, 2025

NOTARY PUBLIC (Seal)



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	209,543,379	0	209,543,379	203,542,612
2. Stocks (Schedule D):				
2.1 Preferred stocks		0	0	0
2.2 Common stocks		0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	2,238,166	0	2,238,166	2,810,388
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$				
encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less				
\$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$				
encumbrances)	0	0	0	0
5. Cash (\$ 515,421 , Schedule E - Part 1), cash equivalents				
(\$ 26,033,204 , Schedule E - Part 2) and short-term				
investments (\$, Schedule DA)	26,548,625	0	26,548,625	65,486,829
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)		0	0	0
8. Other invested assets (Schedule BA)	29,335,761		29,335,761	26,115,981
9. Receivables for securities	0	0	0	9,375
10. Securities lending reinvested collateral assets (Schedule DL)		0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	267,665,931	0	267,665,931	297,965,185
13. Title plants less \$0 charged off (for Title insurers				
only)	0	0	0	0
14. Investment income due and accrued	2,074,022	0	2,074,022	1,889,581
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	74,254,270	0	74,254,270	60,185,141
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$0				
earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$2,696,629) and				
contracts subject to redetermination (\$ 67,520,470)	70,217,099	0	70,217,099	114,992,331
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	13,155,572	0	13,155,572	19,611,069
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	9,395,558
18.2 Net deferred tax asset	5,673,936	0	5,673,936	4,713,031
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets				
(\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	183,964,172	0	183,964,172	0
24. Health care (\$2,826,501) and other amounts receivable	13,813,609	10,987,108	2,826,501	3,569,721
25. Aggregate write-ins for other-than-invested assets	1,721,680	1,721,680	0	1,213,015
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	632,540,291	12,708,788	619,831,503	513,534,632
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts	0	0	0	0
28. Total (Lines 26 and 27)	632,540,291	12,708,788	619,831,503	513,534,632
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses	1,721,680	1,721,680	0	0
2502. State taxes receivable	0	0	0	1,213,015
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,721,680	1,721,680	0	1,213,015

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	239,983,267	27,588,172	267,571,439	248,136,610
2. Accrued medical incentive pool and bonus amounts	2,871,194	0	2,871,194	2,100,281
3. Unpaid claims adjustment expenses.....	6,452,929	0	6,452,929	7,184,367
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	28,364,311	0	28,364,311	13,001,868
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	0	0	0	70,769
9. General expenses due or accrued.....	15,731,630	0	15,731,630	10,353,350
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	7,581,910	0	7,581,910	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated.....	6,055,523	0	6,055,523	1,350,937
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0	0	0	83,494,121
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans.....	209,453	0	209,453	65,817
23. Aggregate write-ins for other liabilities (including \$0 current).....	1,543,661	0	1,543,661	1,336,821
24. Total liabilities (Lines 1 to 23).....	308,793,878	27,588,172	336,382,050	367,094,941
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	1	1
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	222,200,952	115,700,952
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	61,248,500	30,738,738
32. Less treasury stock, at cost: 32.1 .....0 shares common (value included in Line 26 \$0).....	XXX	XXX	0	
32.2 .....0 shares preferred (value included in Line 27 \$0).....	XXX	XXX	0	
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	283,449,453	146,439,691
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	619,831,503	513,534,632
DETAILS OF WRITE-INS				
2301. Escheat payable	1,543,661	0	1,543,661	1,336,821
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,543,661	0	1,543,661	1,336,821
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	788,022	622,172
2. Net premium income (including \$0 non-health premium income)	XXX.....	1,931,161,732	1,416,411,850
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	(44,758,648)	83,567,639
4. Fee-for-service (net of \$0 medical expenses)	XXX.....	0	0
5. Risk revenue	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	0
8. Total revenues (Lines 2 to 7)	XXX.....	1,886,403,084	1,499,979,489
Hospital and Medical:			
9. Hospital/medical benefits	103,994,800	980,579,475	850,834,955
10. Other professional services	63,170,649	595,643,648	408,328,549
11. Outside referrals	59,453,706	59,453,706	38,416,884
12. Emergency room and out-of-area	1,296,097	12,221,050	14,786,950
13. Prescription drugs	0	33,180,416	31,697,074
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	3,412,364	1,583,827
16. Subtotal (Lines 9 to 15)	227,915,252	1,684,490,659	1,345,648,239
Less:			
17. Net reinsurance recoveries	0	318,967	
18. Total hospital and medical (Lines 16 minus 17)	227,915,252	1,684,171,692	1,345,648,239
19. Non-health claims (net)	0		
20. Claims adjustment expenses, including \$57,670,634 cost containment expenses	0	68,653,698	65,579,255
21. General administrative expenses	0	108,516,108	100,313,381
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	227,915,252	1,861,341,498	1,511,540,875
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	25,061,586	(11,561,386)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	16,693,768	13,677,278
26. Net realized capital gains (losses) less capital gains tax of \$(329,819)	0	(1,618,550)	(3,798,023)
27. Net investment gains (losses) (Lines 25 plus 26)	0	15,075,218	9,879,255
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	
29. Aggregate write-ins for other income or expenses	0	(438,329)	34,049
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.....	39,698,475	(1,648,082)
31. Federal and foreign income taxes incurred	XXX.....	5,957,749	(1,339,586)
32. Net income (loss) (Lines 30 minus 31)	XXX	33,740,726	(308,496)
DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. System of Care Development Grant Receipts	XXX.....		0
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Regulatory fines	0	(438,329)	34,049
2902. System of Care Development Grant Distributions	0	0	0
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(438,329)	34,049

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	146,439,693	169,572,610
34. Net income or (loss) from Line 32	33,740,726	(308,496)
35. Change in valuation basis of aggregate policy and claim reserves	0	
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	
37. Change in net unrealized foreign exchange capital gain or (loss)	0	
38. Change in net deferred income tax	960,905	479,635
39. Change in nonadmitted assets	(4,191,871)	1,695,944
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	
45. Surplus adjustments:		
45.1 Paid in	106,500,000	0
45.2 Transferred to capital (Stock Dividend)	0	
45.3 Transferred from capital	0	
46. Dividends to stockholders	0	(25,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	137,009,760	(23,132,917)
49. Capital and surplus end of reporting period (Line 33 plus 48)	283,449,453	146,439,693
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,932,400,861	1,394,448,632
2. Net investment income	13,250,333	12,645,517
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,945,651,194	1,407,094,149
5. Benefit and loss related payments	1,667,953,198	1,272,366,359
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	164,610,548	148,080,186
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(11,349,538)	1,825,313
10. Total (Lines 5 through 9)	1,821,214,208	1,422,271,858
11. Net cash from operations (Line 4 minus Line 10)	124,436,986	(15,177,709)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	104,759,488	67,354,433
12.2 Stocks	0	0
12.3 Mortgage loans	579,838	654,927
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	20	(101)
12.7 Miscellaneous proceeds	9,375	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	105,348,721	68,009,259
13. Cost of investments acquired (long-term only):		
13.1 Bonds	112,677,046	45,608,662
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	4,981,528
13.7 Total investments acquired (Lines 13.1 to 13.6)	112,677,046	50,590,190
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(7,328,325)	17,419,069
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	106,500,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	25,000,000
16.6 Other cash provided (applied)	(262,546,867)	28,268,368
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(156,046,867)	3,268,368
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)	(38,938,206)	5,509,728
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	65,486,831	59,977,103
19.2 End of year (Line 18 plus Line 19.1)	26,548,625	65,486,831
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Non-cash investment exchanges	1,000,000	6,323,652

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	1,931,161,732							344,767,538	1,586,394,194					
2. Change in unearned premium reserves and reserve for rate credit	(44,758,648)								(44,758,648)					
3. Fee-for-service (net of \$														
medical expenses)	0													XXX.
4. Risk revenue	0													XXX.
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6)	1,886,403,084	0	0	0	0	0	0	344,767,538	1,541,635,546	0	0	0	0	0
8. Hospital/medical benefits	980,579,475							172,733,437	807,846,038					XXX.
9. Other professional services	595,643,648							26,661,136	568,982,512					XXX.
10. Outside referrals	59,453,706							6,467,360	52,986,346					XXX.
11. Emergency room and out-of-area	12,221,050							10,742,115	1,478,935					XXX.
12. Prescription drugs	33,180,416							25,299,146	7,881,270					XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
14. Incentive pool, withhold adjustments and bonus amounts	3,412,364							183,717	3,228,647					XXX.
15. Subtotal (Lines 8 to 14)	1,684,490,659	0	0	0	0	0	0	242,086,911	1,442,403,748	0	0	0	0	XXX.
16. Net reinsurance recoveries	318,967								318,967					XXX.
17. Total medical and hospital (Lines 15 minus 16).....	1,684,171,692	0	0	0	0	0	0	242,086,911	1,442,084,781	0	0	0	0	XXX.
18. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
19. Claims adjustment expenses including \$	57,670,634							10,928,758	57,724,940					
20. General administrative expenses	108,516,108							14,030,908	94,485,200					
21. Increase in reserves for accident and health contracts	0													XXX.
22. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
23. Total underwriting deductions (Lines 17 to 22)	1,861,341,498	0	0	0	0	0	0	267,046,577	1,594,294,921	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	25,061,586	0	0	0	0	0	0	77,720,961	(52,659,375)	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX.
0502.														XXX.
0503.														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX.
1302.														XXX.
1303.														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	0	0	0	0
2. Comprehensive (hospital and medical) group	0	0	0	0
3. Medicare Supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	345,380,055	0	612,517	344,767,538
8. Title XIX - Medicaid	1,587,590,965	0	1,196,771	1,586,394,194
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	1,932,971,020	0	1,809,288	1,931,161,732
14. Life	0	0		0
15. Property/casualty	0	0		0
16. Totals (Lines 13 to 15)	1,932,971,020	0	1,809,288	1,931,161,732

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	1,665,630,714	0	0	0	0	0	0	247,421,077	1,418,209,637	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	318,967	0	0	0	0	0	0	0	318,967	0	0	0	0	0
1.4 Net	1,665,311,747	0	0	0	0	0	0	247,421,077	1,417,890,670	0	0	0	0	0
2. Paid medical incentive pools and bonuses	2,641,451	0	0	0	0	0	0	161,311	2,480,140	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	267,571,439	0	0	0	0	0	0	34,428,792	233,142,647	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	267,571,439	0	0	0	0	0	0	34,428,792	233,142,647	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	2,871,194	0	0	0	0	0	0	22,406	2,848,788	0	0	0	0	0
6. Net health care receivables (a)	3,987,248	0	0	0	0	0	0	(322,928)	4,310,176	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	248,136,610	0	0	0	0	0	0	40,269,602	207,867,008	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	248,136,610	0	0	0	0	0	0	40,269,602	207,867,008	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	2,100,281							0	2,100,281					
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	1,681,078,295	0	0	0	0	0	0	241,903,195	1,439,175,100	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	318,967	0	0	0	0	0	0	0	318,967	0	0	0	0	0
12.4 Net	1,680,759,328	0	0	0	0	0	0	241,903,195	1,438,856,133	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	3,412,364	0	0	0	0	0	0	183,717	3,228,647	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	32,775,472	0	0	0	0	0	0	7,860,413	24,915,059	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	32,775,472	0	0	0	0	0	0	7,860,413	24,915,059	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	234,795,967	0	0	0	0	0	0	26,568,379	208,227,588	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	234,795,967	0	0	0	0	0	0	26,568,379	208,227,588	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	267,571,439	0	0	0	0	0	0	34,428,792	233,142,647	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	267,571,439	0	0	0	0	0	0	34,428,792	233,142,647	0	0	0	0	0

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	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	31,018,985	216,402,092	113,461	34,315,331	31,132,446	40,269,602
8. Title XIX - Medicaid	144,769,042	1,273,121,628	20,600,878	212,541,769	165,369,920	207,867,008
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	175,788,027	1,489,523,720	20,714,339	246,857,100	196,502,366	248,136,610
14. Health care receivables (a)	0	13,813,609	0	0	0	9,826,361
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	(1,514,749)	4,156,200	0	2,871,194	(1,514,749)	2,100,281
17. Totals (Lines 13 - 14 + 15 + 16)	174,273,278	1,479,866,311	20,714,339	249,728,294	194,987,617	240,410,530

(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)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	51,162	51,162	51,162	51,162	51,162
2.	2020	.....	.....	.....	.....	250,032	297,816	297,816	297,816	297,816
3.	2021	.....	.....	.....	.....	XXX	255,972	290,161	290,161	290,161
4.	2022	.....	.....	.....	.....	XXX	XXX	241,456	276,241	276,241
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	226,172	257,191
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	213,224

Section B - Incurred Health Claims - Title XVIII

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	210,858	210,858	210,858	210,858	210,858
2.	2020	.....	.....	.....	.....	310,484	359,088	359,088	359,088	359,088
3.	2021	.....	.....	.....	.....	XXX	309,429	345,369	345,369	345,369
4.	2022	.....	.....	.....	.....	XXX	XXX	291,104	276,362	276,362
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	266,320	257,304
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	247,562

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	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.	2020	394,005	297,816	.....	.....0.0	297,816	75.6	.....	.....	.....297,816	75.6
2.	2021	369,326	290,161	.....	.....0.0	290,161	78.6	.....	.....	.....290,161	78.6
3.	2022	360,789	276,241	.....	.....0.0	276,241	76.6	.....	.....	.....276,241	76.6
4.	2023	344,005	257,191	.....	.....0.0	257,191	74.8	113	.....	.....257,304	74.8
5.	2024	344,768	213,224	11,208	5.3	224,432	65.1	34,338	488	259,258	75.2

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	58,067	58,067	58,067	58,067	58,067
2.	2020	.....	.....	.....	.....	461,289	520,983	520,983	520,983	520,983
3.	2021	.....	.....	.....	.....	XXX	450,838	512,532	512,532	512,532
4.	2022	.....	.....	.....	.....	XXX	XXX	559,056	675,318	675,318
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	885,321	1,028,575
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	1,266,642

Section B - Incurred Health Claims - Title XIX

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	227,737	227,017	227,017	227,017	227,017
2.	2020	.....	.....	.....	.....	528,553	593,257	593,257	593,257	593,257
3.	2021	.....	.....	.....	.....	XXX	521,095	585,720	585,720	585,720
4.	2022	.....	.....	.....	.....	XXX	XXX	683,792	684,336	684,336
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	1,086,270	1,049,176
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	1,482,033

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	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.	2020	.....	520,983	.....	0.0	520,983	85.3	.....	.....	520,983	85.3
2.	2021	.....	512,532	.....	0.0	512,532	81.7	.....	.....	512,532	81.7
3.	2022	.....	675,318	.....	0.0	675,318	88.5	.....	.....	675,318	88.5
4.	2023	.....	1,028,575	.....	0.0	1,028,575	89.0	20,601	.....	1,049,176	90.8
5.	2024	.....	1,266,642	58,177	4.6	1,324,819	85.9	215,391	5,965	1,546,175	100.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred			Cumulative Net Amounts Paid				
			1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior		109,229	109,229	109,229	109,229	109,229
2.	2020		711,321	818,799	818,799	818,799	818,799
3.	2021		XXX	706,810	802,693	802,693	802,693
4.	2022		XXX	XXX	800,512	951,559	951,559
5.	2023		XXX	XXX	XXX	1,111,493	1,285,766
6.	2024		XXX	XXX	XXX	XXX	1,479,866

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
			1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	438,595	437,875	437,875	437,875	437,875
2.	2020	.....	839,037	952,345	952,345	952,345	952,345
3.	2021	.....	XXX	830,524	931,089	931,089	931,089
4.	2022	.....	XXX	XXX	974,896	960,698	960,698
5.	2023	.....	XXX	XXX	XXX	1,352,590	1,306,480
6.	2024	.....	XXX	XXX	XXX	XXX	1,729,595

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	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.	2020	.....	1,005,089	.....	818,799	.....	81.5	.....	0	.....	81.5
2.	2021	.....	996,941	.....	802,693	.....	80.5	.....	0	.....	80.5
3.	2022	.....	1,124,032	.....	951,559	.....	84.7	.....	0	.....	84.7
4.	2023	.....	1,499,979	.....	1,285,766	.....	85.7	.....	20,714	.....	87.1
5.	2024	.....	1,886,404	.....	1,479,866	.....	82.1	.....	249,729	.....	95.7

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	0												
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	28,364,311							10,193,949	18,170,362				
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	28,364,311	0	0	0	0	0	0	10,193,949	18,170,362	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	28,364,311	0	0	0	0	0	0	10,193,949	18,170,362	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0												
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)		(5,193)	(61,098)	4,081	(62,210)
2. Salary, wages and other benefits	40,254,371	6,469,131	35,851,110	196,313	82,770,925
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses	431,980	69,422	384,727	1,418	887,547
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services ...		801,242	9,426,141	55,018	10,282,401
7. Traveling expenses		69,118	813,132	1,447	883,697
8. Marketing and advertising		185,811	2,185,951	90	2,371,852
9. Postage, express and telephone		143,165	1,684,253	150	1,827,568
10. Printing and office supplies		185,044	2,176,934	144	2,362,122
11. Occupancy, depreciation and amortization				684	684
12. Equipment		47,613	560,134	2	607,749
13. Cost or depreciation of EDP equipment and software		187,623	2,207,269	7,012	2,401,904
14. Outsourced services including EDP, claims, and other services	12,052,785	1,936,958	10,734,380	35,982	24,760,105
15. Boards, bureaus and association fees	104,785	16,840	93,323	164	215,112
16. Insurance, except on real estate		77,945	916,971	10	994,926
17. Collection and bank service charges		1,573	18,504	9,409	29,486
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			840,079		840,079
22. Real estate taxes			171,523		171,523
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			811,579		811,579
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	4,826,714	775,683	4,298,740		9,901,137
23.5 Other (excluding federal income and real estate taxes)			34,103,078		34,103,078
24. Investment expenses not included elsewhere				2,957	2,957
25. Aggregate write-ins for expenses	(1)	21,089	1,299,378	2	1,320,468
26. Total expenses incurred (Lines 1 to 25)	57,670,634	10,983,064	108,516,108	314,883	(a) 177,484,689
27. Less expenses unpaid December 31, current year	5,420,604	1,032,325	15,731,630		22,184,559
28. Add expenses unpaid December 31, prior year	5,896,862	1,287,505	10,353,349		17,537,716
29. Amounts receivable relating to uninsured plans, prior year			19,611,069		19,611,069
30. Amounts receivable relating to uninsured plans, current year			13,155,572		13,155,572
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	58,146,892	11,238,244	96,682,330	314,883	166,382,349
DETAILS OF WRITE-INS					
2501. Miscellaneous	(1)				(1)
2502. Management fee allocation				2	2
2503. Loss adjustment expense			(731,438)		(731,438)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	21,089	2,030,816	0	2,051,905
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	(1)	21,089	1,299,378	2	1,320,468

(a) Includes management fees of \$140,934,680 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) 740,629	 740,865
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) 7,901,053	 8,087,716
1.3	Bonds of affiliates	(a) 0	 0
2.1	Preferred stocks (unaffiliated)	(b) 0	 0
2.11	Preferred stocks of affiliates	(b) 0	 0
2.2	Common stocks (unaffiliated)	 0	 0
2.21	Common stocks of affiliates	 0	 0
3.	Mortgage loans	(c) 105,035	 105,035
4.	Real estate	(d) 0	 0
5	Contract Loans	 0	 0
6	Cash, cash equivalents and short-term investments	(e) 4,855,238	 4,855,238
7	Derivative instruments	(f) 0	 0
8.	Other invested assets	 3,219,780	 3,219,780
9.	Aggregate write-ins for investment income	 17	 17
10.	Total gross investment income	16,821,752	17,008,651
11.	Investment expenses		(g) 314,883
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		 0
16.	Total deductions (Lines 11 through 15)		 314,883
17.	Net investment income (Line 10 minus Line 16)		16,693,768
DETAILS OF WRITE-INS			
0901.	Miscellaneous Interest Income	 17	 17
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page	 0	 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	17	17
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page		 0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$558,149 accrual of discount less \$526,551 amortization of premium and less \$364,336 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 7,616 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$1,694,344 accrual of discount less \$ amortization of premium and less \$ 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 \$0 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	 (373,738)	 (157,454)	 (531,192)	 0	 0
1.1	Bonds exempt from U.S. tax .....	.....	.....	..... 0	.....	.....
1.2	Other bonds (unaffiliated)	 (928,396)	 (488,801)	 (1,417,197)	 0	 0
1.3	Bonds of affiliates	 0	 0	 0	 0	 0
2.1	Preferred stocks (unaffiliated)	 0	 0	 0	 0	 0
2.11	Preferred stocks of affiliates	 0	 0	 0	 0	 0
2.2	Common stocks (unaffiliated)	 0	 0	 0	 0	 0
2.21	Common stocks of affiliates	 0	 0	 0	 0	 0
3.	Mortgage loans	 0	 0	 0	 0	 0
4.	Real estate .....	.....	..... 0	 0	.....	..... 0
5.	Contract loans .....	.....	.....	..... 0	.....	.....
6.	Cash, cash equivalents and short-term investments	 (112)	 132	 20	.....	.....
7.	Derivative instruments .....	.....	.....	..... 0	.....	.....
8.	Other invested assets .....	.....	..... 0	 0	 0	 0
9.	Aggregate write-ins for capital gains (losses)	 0	 0	 0	 0	 0
10.	Total capital gains (losses)	(1,302,246)	(646,123)	(1,948,369)	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page	 0	 0	 0	 0	 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0		0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0		0
2.2 Common stocks	0		0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0		0
3.2 Other than first liens.....	0		0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0		0
4.2 Properties held for the production of income.....	0		0
4.3 Properties held for sale	0		0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0		0
6. Contract loans	0		0
7. Derivatives (Schedule DB)	0		0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities	0		0
10. Securities lending reinvested collateral assets (Schedule DL)	0		0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	10,987,108	6,256,640	(4,730,468)
25. Aggregate write-ins for other-than-invested assets	1,721,680	2,260,277	538,597
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	12,708,788	8,516,917	(4,191,871)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0		0
28. Total (Lines 26 and 27)	12,708,788	8,516,917	(4,191,871)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses	1,721,680	2,260,277	538,597
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,721,680	2,260,277	538,597

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	57,691	61,918	65,376	67,573	71,093	788,022
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	57,691	61,918	65,376	67,573	71,093	788,022
DETAILS OF WRITE-INS						
0601.	0					
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health Inc. (an Ohio corporation) (the “Company”), indirectly a wholly-owned subsidiary of CVS Health Corporation (“CVS Health”), have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance (“Ohio Department”) ("Ohio Accounting Practices"). The Ohio Department recognizes statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio for the years ending December 31, 2024 and 2023 is as follows:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) Aetna Better Health Inc. (an Ohio corporation) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 33,740,726	\$ (308,496)
(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	\$ 33,740,726	\$ (308,496)
SURPLUS					
(5) Aetna Better Health Inc. (an Ohio corporation) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 283,449,453	\$ 146,439,691
(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	\$ 283,449,453	\$ 146,439,691

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

The preparation of these financial statements in conformity with Ohio Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal

NOTES TO FINANCIAL STATEMENTS

analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2024 or 2023. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS") discussed in Note 1 C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) Common Stocks

The Company did not own any common stock at December 31, 2024 or 2023.

(4) Preferred Stocks

The Company did not own any preferred stock at December 31, 2024 or 2023.

(5) Mortgage Loans

Mortgage loans on real estate ("Mortgage Loans") are carried at unpaid principal balances, adjusted for accrual of discounts and amortization of premiums. Mortgage loans funding and repayments are recorded on the closing date. Fair values are estimated by discounting expected mortgage loan cash flows at market rates that reflect the rates at which similar loans would be made to similar borrowers. These rates reflect management's assessment of the credit quality and the remaining duration of the loans. The fair value estimates of mortgage loans of lower credit quality, including problem and restructured loans, are based on the estimated fair value of the underlying collateral. Payment receipts on impaired loans are recorded on the cash basis. The Company recognizes interest income on impaired loans when received. The Company considers a loan impaired when it is probable that the loan will be uncollectible based on its contractual terms. The Company measures the impairment based on the fair value of the collateral less estimated costs to obtain and sell. The difference between the net value of the collateral and the recorded investment in the mortgage loan is recorded as a valuation allowance with a corresponding charge to unrealized loss. If the impairment is deemed other-than-temporary, a write-down is recognized as a realized loss, and a new cost basis is established. This new cost basis is not changed for subsequent recoveries in value. Mortgage loans for which foreclosure is probable are considered permanently impaired.

(6) Loan-Backed and Structured Securities

LB&SS are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

NOTES TO FINANCIAL STATEMENTS

(7) Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2024 or 2023.

(8) Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company invests in Aetna Partners Diversified Fund, LLC ("APDF"), an affiliated entity, that is a fund of hedge funds. The investment in APDF is recorded as an other invested asset, which is further described below.

Other invested assets consist primarily of partnerships and equity subsidiaries. Partnerships and equity subsidiaries are reported using the equity method. Unaudited other invested assets are nonadmitted as they do not meet the admissibility requirements of SSAP No. 48 - *Joint Ventures, Partnerships and Limited Liability Companies* and SSAP No. 97 - *Investments in Subsidiary, Controlled and Affiliated Entities*, which requires prescribed types of audited financial statements of the investments. The Company periodically reviews other invested assets for impairment. An impairment shall be considered to have occurred if it is probable that the Company will be unable to recover the carrying amount of the investment or there is evidence indicating the inability of the investee to sustain earnings which would justify the carrying amount of the investment.

(9) Derivatives

The Company did not have any derivatives at December 31, 2024 or 2023.

(10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. PDR is more fully discussed in Note 30.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2024 or 2023.

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company had no MLR rebates at December 31, 2024 or 2023.

For Medicare plans, the Company's annual contract with Centers for Medicare & Medicaid Services ("CMS") provides a risk-sharing arrangement to limit exposure to unexpected expenses. The risk-sharing arrangement provides a risk corridor whereby the amount the Company received in premiums from members and CMS based on its annual bid is compared to actual drug costs incurred during the contract year. Based on the risk corridor provision and Part D activity-to-date, estimated risk-sharing payables of \$173,982 and \$24,041 were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2024 and 2023, respectively.

The Company reported liabilities associated with contracts subject to redetermination as aggregate health policy reserves in accordance with SSAP No. 54 - Revised - *Individual and Group and Accident Health Contracts* ("SSAP No. 54"). Liabilities associated with estimated adjustments to premium payments to the Company's Medicare plans based on the health status of its Medicare members are included as part of the Company's contracts subject to redetermination. Amounts related to these liabilities are \$10,019,967 and \$9,779,360 and are included in aggregate health policy reserves at December 31, 2024 and 2023, respectively.

The Company is required to make premium rebate payments to the Ohio Department under the Medicaid Risk Corridor program. The Company's Medicaid Risk Corridor payable of \$18,170,362 and \$3,198,466 was included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2024 and 2023, respectively.

(11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of

NOTES TO FINANCIAL STATEMENTS

benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) Capitalization Policy

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

(13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Notes 10 and 28.

(14) Premiums and Amounts Due and Unpaid

Prepaid premium revenue for health care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

Through the Company's Medicare Advantage Part D annual contract with CMS, the Company receives monthly premium payments from CMS and members, as determined by the Company's annual bid process. The Company recognizes the revenue related to the CMS contract ratably over the term of its annual contract.

The CMS payment is subject to risk sharing provisions through the CMS risk corridor provision, which is accounted for as a retrospectively rated contract in accordance with SSAP No. 66 - *Retrospectively Rated Contracts*. Receivables related to the CMS risk corridor provision are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

The Company's CMS payment is also subject to the CMS risk adjustment process for each member, which is accounted for as a contract subject to redetermination in accordance with SSAP No. 54. Receivables related to the CMS risk adjustment process are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(15) Investment Income Due and Accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2024 and 2023, the Company did not have any nonadmitted investment income due and accrued.

(16) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(17) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations.

NOTES TO FINANCIAL STATEMENTS

Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

(18) Federal and State Income Taxes

Aetna Inc. ("Aetna") and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in various states. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the year ended December 31, 2024, the Company incurred state income tax expenses of \$811,579. For the year ended December 31, 2023, the Company incurred state income tax benefits of \$243,313.

The Company had \$990,293 of state income tax payables at December 31, 2024. These balances were included in general expenses due or accrued in the Statutory Statements of Liabilities, Capital and Surplus. The Company had \$1,213,015 of state income tax receivables at December 31, 2023. These balances were included as aggregate write-ins for other than invested assets in the Statutory Statements of Assets.

D. Going Concern

As of February 28, 2025, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going

NOTES TO FINANCIAL STATEMENTS

concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2024 and 2023.

3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2024 and 2023.

4. Discontinued Operations

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2024 and 2023.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

- (1) The Company did not have new mortgage loans in 2024.
- (2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was 47%.
- (3) The Company did not hold any mortgages with advanced taxes, assessments or amounts due, not included in the mortgage loan total at either December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current	\$ —	\$ —	\$ —	\$ —	\$ 2,238,166	\$ —	\$ 2,238,166
(b) 30 - 59 Days Past Due	—	—	—	—	—	—	—
(c) 60 - 89 Days Past Due	—	—	—	—	—	—	—
(d) 90 - 179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	—	—	—	—	—	—	—
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	—	—	—	—	—	—	—
b. Prior Year							
1. Recorded Investment							
(a) Current	—	—	—	—	2,810,388	—	2,810,388
(b) 30 - 59 Days Past Due	—	—	—	—	—	—	—
(c) 60 - 89 Days Past Due	—	—	—	—	—	—	—
(d) 90 - 179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	—	—	—	—	—	—	—
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	—	—	—	—	—	—	—

(5) The Company had no investment impaired loans with or without allowance for credit losses at December 31, 2024.

(6) The Company has no investment in impaired loans.

(7) The Company had no allowance for credit losses at December 31, 2024.

(8) The Company had no mortgage loans derecognized as a result of foreclosure at December 31, 2024.

(9) The Company recognizes interest income on its impaired loans upon receipt.

B. The Company did not have any debt restructuring in the years ending December 31, 2024 or 2023.

C. The Company did not have any reverse mortgages at December 31, 2024 or 2023.

D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.

(2) The Company did not recognize any OTTI on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost

NOTES TO FINANCIAL STATEMENTS

basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities* ("SSAP No. 43R") at December 31, 2024.

- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2024.
- (4) The Company’s unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2024 is as follows:

a.	The aggregate amount of unrealized losses:		
1.	Less than 12 Months	\$	(186,082)
2.	12 Months or Longer		(317,296)
b.	The aggregate related fair value of securities with unrealized losses:		
1.	Less than 12 Months	\$	23,072,216
2.	12 Months or Longer		2,708,516

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2024 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2024.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2024.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2024.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2024.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2024.
- J. The Company did not have any real estate at December 31, 2024.
- K. The Company did not have any low-income housing tax credits at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

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 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown						—	—
b. Collateral held under security lending agreements						—	—
c. Subject to repurchase agreements						—	—
d. Subject to reverse repurchase agreements						—	—
e. Subject to dollar repurchase agreements						—	—
f. Subject to dollar reverse repurchase agreements						—	—
g. Placed under option contracts						—	—
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						—	—
i. FHLB capital stock						—	—
j. On deposit with states	\$ 499,741	\$ 499,124	\$ 617	\$ —	\$ 499,741	0.079	0.081
k. On deposit with other regulatory bodies						—	—
l. Pledged 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	\$ 499,741	\$ 499,124	\$ 617	\$ —	\$ 499,741	0.079	0.081

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2024 or 2023.

(3) The Company did not have any other restricted assets at December 31, 2024 or 2023.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2024.

M. The Company did not have any working capital finance investments at December 31, 2024.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2024.

O. The Company did not have any 5GI securities at December 31, 2024 or 2023.

P. The Company did not have any short sales at December 31, 2024.

Q. Prepayment Penalty and Acceleration Fees at December 31, 2024:

Prepayment Penalty and Acceleration Fees	
	<u>General Account</u>
1. Number of CUSIPs	5
2. Aggregate Amount of Investment Income	\$ 40,000

NOTES TO FINANCIAL STATEMENTS

R. Reporting Entity’s Share of Cash Pool by Asset type.

The Company’s investment in the qualified cash pool is reported in cash equivalents. The Company’s investment in the qualified cash pool is \$26,033,204 as of December 31, 2024. The Company did not have an investment in a qualified cash pool at December 31, 2023. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2024:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	100 %
(3) Short-Term Investments	— %
(4) Total	100 %

S. The Company did not have Aggregate Collateral Loans By Qualifying Investment as of December 31, 2024 or 2023.

6. Joint Ventures, Partnerships, and Limited Liability Companies

- A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2024 or 2023.
- B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2024 or 2023.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.
Mortgage loans - all due and accrued interest on loans delinquent for more than one year and on other loans where collection of interest is uncertain.
- B. There was no amount excluded at December 31, 2024 or 2023.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued at December 31, 2024 or 2023:

Interest Income Due and Accrued	Amount
1. Gross	2,074,022
2. Nonadmitted	—
3. Admitted	2,074,022

- D. There were no amounts for aggregate deferred interest at December 31, 2024 or 2023.
- E. There were no cumulative amounts for paid-in-kind interest included in the current principal balance at December 31, 2024 or 2023.

8. Derivative Instruments

The Company did not have any derivative instruments at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

		12/31/2024			12/31/2023			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Gross Deferred Tax Assets	\$5,708,106	\$1,528,537	\$7,236,643	\$4,583,963	\$1,449,199	\$6,033,162	\$ 1,124,143	\$ 79,338	\$ 1,203,481
(b)	Statutory Valuation Allowance Adjustment	—	162,762	162,762	—	28,260	28,260	—	134,502	134,502
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	5,708,106	1,365,775	7,073,881	4,583,963	1,420,939	6,004,902	1,124,143	(55,164)	1,068,979
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	5,708,106	1,365,775	7,073,881	4,583,963	1,420,939	6,004,902	1,124,143	(55,164)	1,068,979
(f)	Deferred Tax Liabilities	34,171	1,365,774	1,399,945	32,663	1,259,208	1,291,871	1,508	106,566	108,074
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$5,673,935	\$ 1	\$5,673,936	\$4,551,300	\$ 161,731	\$4,713,031	\$ 1,122,635	\$ (161,730)	\$ 960,905

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

		12/31/2024			12/31/2023			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101										
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$5,631,458	\$ —	\$5,631,458	\$4,444,341	\$ 161,729	\$4,606,070	\$ 1,187,117	\$ (161,729)	\$ 1,025,388
(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. (The Lesser of 2(b)1 and 2(b)2 Below)	76,648	—	76,648	139,622	—	139,622	(62,974)	—	(62,974)
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	76,648	—	76,648	139,622	—	139,622	(62,974)	—	(62,974)
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XX	XX	41,666,328	XX	XX	14,172,666	XX	XX	27,493,662
(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.	—	1,365,775	1,365,775	—	1,259,210	1,259,210	—	106,565	106,565
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$5,708,106	\$1,365,775	\$7,073,881	\$4,583,963	\$1,420,939	\$6,004,902	\$ 1,124,143	\$ (55,164)	\$ 1,068,979

(3)

	2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	449 %	288 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 277,775,517	\$ 141,726,660

(4) The impact of tax planning strategies is as follows:

		12/31/2024		12/31/2023		Change	
		(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
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.							
1. Adjusted Gross DTAs amount from Note 9A1(c)		\$ 5,708,106	\$ 1,365,775	\$ 4,583,963	\$ 1,420,939	\$ 1,124,143	\$ (55,164)
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)		5,708,106	1,365,775	4,583,963	1,420,939	1,124,143	(55,164)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning		— %	— %	— %	— %	— %	— %

(b) Do the Company’s tax-planning strategies include the use of reinsurance?	Yes [] No [X]
--	----------------

B. There are no DTLs that were not recognized at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

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

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 5,957,749	\$ (1,339,586)	\$ 7,297,335
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	5,957,749	(1,339,586)	7,297,335
(d) Federal income tax on net capital gains	(329,819)	(291,011)	(38,808)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	5,627,930	(1,630,597)	7,258,527
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	3,039,260	2,792,438	246,822
(2) Unearned premium reserve	—	2,973	(2,973)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	2,668,846	1,788,552	880,294
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	—	—	—
(99) Subtotal (sum of 2a1 through 2a13)	5,708,106	4,583,963	1,124,143
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	5,708,106	4,583,963	1,124,143
(e) Capital:			
(1) Investments	1,528,537	1,449,199	79,338
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	1,528,537	1,449,199	79,338
(f) Statutory valuation allowance adjustment	162,762	28,260	134,502
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	1,365,775	1,420,939	(55,164)
(i) Admitted deferred tax assets (2d + 2h)	7,073,881	6,004,902	1,068,979
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	34,171	8,513	25,658
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	—	24,150	(24,150)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	34,171	32,663	1,508
(b) Capital:			
(1) Investments	568,010	452,685	115,325
(2) Real estate	—	—	—
(3) Other	797,764	806,523	(8,759)
(99) Subtotal (3b1+3b2+3b3)	1,365,774	1,259,208	106,566
(c) Deferred tax liabilities (3a99 + 3b99)	1,399,945	1,291,871	108,074
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 5,673,936	\$ 4,713,031	\$ 960,905

The change in net deferred income taxes is comprised of the following:

	12/31/2024	12/31/2023	Change
Total Deferred Tax Assets	\$ 7,073,881	\$ 6,004,902	\$ 1,068,979
Total Deferred Tax Liabilities	(1,399,945)	(1,291,871)	(108,074)
Net Deferred Tax Assets/(Liabilities)	5,673,936	4,713,031	960,905
Tax Effect of Unrealized Gains/(Losses)			—
Change in Net Deferred Income Tax			\$ 960,905

The valuation allowance adjustment to gross DTAs was \$162,762 for December 31, 2024. The valuation allowance adjustment to gross DTAs was \$28,260 for December 31, 2023.

NOTES TO FINANCIAL STATEMENTS

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

	12/31/2024	Effective Tax Rate	12/31/2023	Effective Tax Rate
Provision computed at statutory rate	\$ 8,267,420	21.0 %	\$ (407,210)	21.0 %
Transfer pricing adjustment	(2,830,781)	(7.1)%	(1,822,327)	91.3 %
Tax-exempt interest	(94,903)	(0.2)%	(239,544)	12.0 %
Change in nonadmitted assets	(880,294)	(2.2)%	356,149	(17.8)%
Prior year true-up	(20,979)	(0.1)%	(18,400)	0.9 %
Change in valuation allowance adjustment	134,502	0.3 %	28,260	(1.4)%
Penalties	92,049	0.2 %	(7,150)	0.3 %
Tax credit	—	0.0 %	(20)	0.0 %
Other	11	0.0 %	10	0.0 %
Total	<u>\$ 4,667,025</u>	<u>11.9 %</u>	<u>\$ (2,110,232)</u>	<u>106.3 %</u>
Federal and foreign income taxes incurred	\$ 5,627,930	14.3 %	\$ (1,630,597)	63.3 %
Change in net deferred income taxes	(960,905)	(2.4)%	(479,635)	43.0 %
Total statutory income taxes	<u>\$ 4,667,025</u>	<u>11.9 %</u>	<u>\$ (2,110,232)</u>	<u>106.3 %</u>

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm’s length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

E.

- (1) At December 31, 2024, and 2023 the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2024	\$ 5,631,458	\$ —	\$ 5,631,458
2023	—	—	—
2022	N/A	—	—
Total	<u>\$ 5,631,458</u>	<u>\$ —</u>	<u>\$ 5,631,458</u>

- (3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2024 and 2023.

F.

- (1) At December 31, 2024, the Company's Federal Income Tax Return was consolidated with the following entities:

@ Credentials Inc.	Florida Health Plan Administrators, LLC
ACCENDO INSURANCE COMPANY	Gemini Health Holding, LLC
ACS ACQCO CORP.	Griffin Myers Medical P.C.
Active Health Management, Inc.	Halo Holdco I, Inc.
Adminco, Inc.	Halo Holdco II, Inc.
Administrative Enterprises, Inc.	HDMS Services LLC
ADVANCED CARE SCRIPTS, INC	Health and Human Resource Center, Inc.
Aetna Better Health Inc. (Georgia)	Health Data & Managment Solutions, Inc.
Aetna Better Health Inc. (NJ)	Health Re, Inc.
Aetna Better Health Inc. (NY)	Hella Group LLC
Aetna Better Health Inc. (OH)	HOLIDAY CVS, L.L.C.
Aetna Better Health of California, Inc.	IHS Acquisition XXX, Inc
Aetna Better Health of Florida, Inc. (F/K/A Coventry Health Care of Florida, Inc.)	In Person, Virtual Medical Services PLLC
Aetna Better Health of Illinois, Inc. (F/K/A IlliniCare Health Plan, Inc.)	IOWA CVS PHARMACY, L.L.C.
Aetna Better Health of Indiana Inc.	Jessica Huang M.D. P.C. dba Rubicon Physicians
Aetna Better Health of Kansas Inc.	KENTUCKY CVS PHARMACY, L.L.C.
Aetna Better Health of Kentucky Insurance Co.	Managed Care Coordinators, Inc.
Aetna Better Health of Michigan, Inc.	MARYLAND CVS PHARMACY, L.L.C.
Aetna Better Health of Missouri LLC	MASSACHUSETTS CVS PHARMACY, INC.
Aetna Better Health of Nevada Inc.	MC Diagnostic of Connecticut, P.C.
Aetna Better Health of North Carolina, Inc.	MC Medical Group of D.C., P.C.

NOTES TO FINANCIAL STATEMENTS

Aetna Better Health of Oklahoma Inc.	MC Medical Group of Nevada, P.C.
Aetna Better Health of Tennessee Inc. (F/K/A Aetna Better Health Inc. (TN))	Medical Group of New York, P.C.
Aetna Better Health of Texas, Inc.	MELVILLE REALTY CO., INC.
Aetna Better Health of Washington, Inc.	Mental Health Associates, Inc.
Aetna Better Health Premier Plan MMAI Inc. (f/n/a Aetna Better Health Inc. (IL))	Mental Health Network of New York IPA, Inc.
Aetna Better Health, Inc. (Connecticut)	Meritain Health, Inc.
Aetna Better Health, Inc. (LA)	Minute Clinic Diagnostic of North Carolina, P.C.
Aetna Better Health, Inc. (PA)	MinuteClinic Diagnostic Medical Group of California, Inc.
Aetna Corporate Services LLC	MinuteClinic Diagnostic Medical Group of Orange County, Inc.
Aetna Dental Inc. (New Jersey)	MinuteClinic Diagnostic Medical Group of San Diego, Inc.
Aetna Dental Inc. (Texas)	MINUTECLINIC DIAGNOSTIC OF ILLINOIS, P.L.L.C.
Aetna Dental of California, Inc.	MinuteClinic Diagnostic of Illinois, PLLC
Aetna Florida, Inc.	MinuteClinic Diagnostic of Kansas, P.A.
Aetna Health and Life Insurance Company	MinuteClinic Diagnostic of Minnesota, P.A.
Aetna Health Inc. (Connecticut)	MinuteClinic Diagnostic of New Jersey, LLC
Aetna Health Inc. (Florida)	MinuteClinic Diagnostic of Tennessee, P.C.
Aetna Health Inc. (Georgia)	MinuteClinic Diagnostic of Washington, PLLC
Aetna Health Inc. (LA)	MinuteClinic Diagnostics of Indiana, LLC
Aetna Health Inc. (Maine)	MinuteClinic Diagnostics of Michigan, P.C.
Aetna Health Inc. (New Jersey)	MinuteClinic Primary Care-California
Aetna Health Inc. (NY)	MinuteClinic Primary Care-Connecticut, PLLC
Aetna Health Inc. (Pennsylvania)	MinuteClinic Primary Care-DC, PLLC
Aetna Health Inc. (Texas)	MinuteClinic Primary Care-Kansas, LLC
Aetna Health Insurance Co	MinuteClinic Primary Care-North Carolina, PLLC
Aetna Health Insurance Company of New York	MinuteClinic Primary Care–Wisconsin, LLC
Aetna Health of California Inc.	MinuteClinic Telehealth Services of Texas Association
Aetna Health of Iowa, Inc	MinuteClinic Video Virtual Care North, LLC
Aetna Health of Michigan Inc. (F/K/A Aetna Health Inc. (Michigan))	MinuteClinic Video Virtual Care of Wisconsin, S.C.
Aetna Health of Ohio, Inc. (F/K/A Aetna Better Health of Iowa, Inc.)	MinuteClinic Video Virtual Care, PLLC
Aetna Health of Utah, Inc.	New York Physician Telemedicine PLLC
Aetna HealthAssurance Pennsylvania, Inc.	Niagara Re, Inc.
Aetna Inc.	Noah HoldCo I, Inc.
Aetna Ireland Inc.	Noah HoldCo II, Inc.
Aetna Risk Assurance Company of Connecticut	NORTH 53, LLC
Aetna Student Health Agency, Inc.	NORTH CAROLINA CVS PHARMACY, L.L.C.
ALABAMA CVS PHARMACY, L.L.C.	Nova New Jersey Physician Group LLC
American Health Holding, Inc.	Nova Physician Group PLLC
APRIA FINANCE HOLDINGS, INC.	Oak Street Health Inc.
APS Enterprises Holding Company, Inc	Oak Street Health MSO LLC
Attain Insurance Services Inc.	Oak Street Health of Georgia P.C.
AUSHC Holdings, Inc. (CT)	Oak Street Health of Texas PLLC
Brookview Medical Associates, PLLC	Oak Street Health Physician Group of Delaware LLC
BRUIN ACQUISITION CO., INC.	Oak Street Health Physicians Group of Alabama LLC
CAREMARK ULYSSES HOLDING CORP.	Oak Street Health Physicians Group of Arizona PLLC
Claims Administration Corporation	Oak Street Health Physicians Group of Arkansas PLLC
Cofinity, Inc.	Oak Street Health Physicians Group of Colorado PLLC
CONNECTICUT CVS PHARMACY, L.L.C.	Oak Street Health Physicians Group of Iowa LLC
CORAM ALTERNATE SITE SERVICES, INC.	Oak Street Health Physicians Group of Kansas LLC
CORAM HEALTHCARE CORPORATION OF ALABAMA	Oak Street Health Physicians Group of Kentucky PLLC
CORAM HEALTHCARE CORPORATION OF FLORIDA	Oak Street Health Physicians Group of Louisiana LLC
CORAM HEALTHCARE CORPORATION OF GREATER D.C.	Oak Street Health Physicians Group of Mississippi LLC
CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK	Oak Street Health Physicians Group of Missouri LLC
CORAM HEALTHCARE CORPORATION OF INDIANA	Oak Street Health Physicians Group of New Mexico LLC
CORAM HEALTHCARE CORPORATION OF MASSACHUSETTS	Oak Street Health Physicians Group of Oklahoma LLC
CORAM HEALTHCARE CORPORATION OF MISSISSIPPI	OAK STREET HEALTH PHYSICIANS GROUP OF SOUTH CAROLINA, LLC
CORAM HEALTHCARE CORPORATION OF NEVADA	Oak Street Health Physicians Group, P.C.
CORAM HEALTHCARE CORPORATION OF NORTH TEXAS	OKLAHOMA CVS PHARMACY, L.L.C.
CORAM HEALTHCARE CORPORATION OF NORTHERN CALIFORNIA	OSH-IL Physicians Group, LLC
CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA	OSH-IN PHYSICIANS GROUP, PC
CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA	OSH-MI Physicians Group, PC
CORAM HEALTHCARE CORPORATION OF UTAH	OSH-NJ PHYSICIANS GROUP, PC
Coventry Consumer Advantage, Inc.	OSH-OH PHYSICIANS GROUP, LLC
Coventry Health and Life Insurance Company	OSH-RI Physicians Group, P.C.
Coventry Health Care National Accounts, Inc.	OSH-VA Physicians Group, PLLC
Coventry Health Care National Network, Inc.	Performax, Inc.
Coventry Health Care of Illinois, Inc.	Pharm Plus Acquisition, Inc

NOTES TO FINANCIAL STATEMENTS

Coventry Health Care of Kansas, Inc.	Precision Benefit Services, Inc.
Coventry Health Care of Missouri, Inc.	PrimeNet, Inc.
Coventry Health Care of Nebraska, Inc.	Prodigy Health Group, Inc.
Coventry Health Care of Virginia, Inc.	Professional Risk Management, Inc.
Coventry Health Care of West Virginia, Inc.	Resources for Living, LLC
Coventry Health Plan of Florida, Inc.	RETRAC, INC.
Coventry HealthCare Management Corporation	RICHMOND HEIGHTS ACQUISITION CORP.
Coventry Prescription Management Services, Inc.	Rubicon MD Inc
CVS Accountable Care Organization Inc.	RubiconMD Florida Physicians PLLC
CVS AOC Corporation	RubiconMD Holdings Inc.
CVS ARCLIGHT, INC.	RUBICONMD NEW JERSEY PHYSICIANS, P.C.
CVS CAREMARK INDEMNITY LTD.	Schaller Anderson Medical Administrators Inc
CVS FOREIGN, INC.	Signify Health Medical Associates of California, P.C.
CVS Healthcare Practices LLC	Signify Health Medical Associates of Kansas, LLC
CVS Healthcare Practices of California	Signify Health Medical Associates of New Jersey, LLC
CVS Healthcare Practices of New Jersey LLC	Signify Health Medical Associates, PLLC
CVS Healthcare Practices PLLC	Signify Health, Inc.
CVS INTERNATIONAL, INC.	Signify NewCo, Inc.
CVS PHARMACY, INC.	SILVERSCRIPT INSURANCE COMPANY
CVS PR CENTER, INC.	SKY ACQUISITION LLC
CVS RX SERVICES, INC.	T2 MEDICAL, INC.
CVS Safir Sourcing LLC	TENNESSEE CVS PHARMACY, L.L.C.
CVS WWRE, INC.	The Vasquez Group, Inc.
DELAWARE CVS PHARMACY, L.L.C.	U.S. Health Care Properties, Inc.
Delaware Physicians Care, Inc.	UAC HOLDING, INC.
E.T.B., INC.	US Bioservices Corporation
Echo Merger Sub, Inc	VIRGINIA CVS PHARMACY, L.L.C.
ECKERD CORPORATION OF FLORIDA, INC.	Work & Family Benefits, Inc.
First Health Group Corp.	Zinc Health Ventures, LLC
First Health Life and Health Insurance Company	

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- H. The Company was not subject to the Repatriation Transition Tax at December 31, 2024 or 2023.
- I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2024 or 2023.

The CVS Health consolidated U.S. Federal income tax return filing group, of which the Company is a member, meets the average “adjusted financial statement income” threshold and is required to perform Corporate Alternative Minimum Tax ("CAMT") calculations. The amount of CAMT payable (expense) or CAMT credit DTA is recognized in accordance with a tax sharing agreement between CVS Health and the Company, which is consistent with SSAP No. 101. As of December 31, 2024 and 2023, the Company has determined that it does not expect to be liable for CAMT and did not recognize and CAMT credit DTA.

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

A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company’s total admitted assets and cost allocation transactions follow:

December 31, 2024

Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Assets received by insurer		Assets transferred by insurer	
				Statement value	Statement description	Statement value	Statement description
February 5, 2024	Capital Contribution	Aetna Better Health Inc. (an Ohio corporation)	Aetna Health Holdings, LLC	\$26,500,000	Cash		
September 30, 2024	Capital Contribution	Aetna Better Health Inc. (an Ohio corporation)	Aetna Health Holdings, LLC	\$25,000,000	Cash		
December 20, 2024	Capital Contribution	Aetna Better Health Inc. (an Ohio corporation)	Aetna Health Holdings, LLC	\$55,000,000	Cash		

NOTES TO FINANCIAL STATEMENTS

December 31, 2023

Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Assets received by insurer		Assets transferred by insurer	
				Statement value	Statement description	Statement value	Statement description
June 16, 2023	Ordinary Dividend	Aetna Better Health Inc. (an Ohio corporation)	Aetna Health Holdings, LLC			\$ 25,000,000	Cash

- C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2024.
- D. At December 31, 2024 and 2023, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	December 31	
	2024	2023
Amounts due to affiliates		
Aetna Medicaid Administrators, LLC	\$ —	\$ 83,494,121
Total due to affiliates	\$ —	\$ 83,494,121

	December 31,	
	2024	2023
Amounts due from affiliates		
Aetna Medicaid Administrators, LLC	\$ 183,964,172	\$ —
Total due from affiliates	\$ 183,964,172	\$ —

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

- E. As of and for the years ended December 31, 2024 and 2023, the Company had the following significant transactions with affiliates:

The Company and Aetna Medicaid Administrators LLC (“AMA”) are parties to an administrative services agreement, under which AMA and certain of its affiliates provides certain administrative services, including cash management and accounting and processing of premiums and claims. Under this agreement, the Company will remit a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged \$140,934,680 and \$131,461,795 in 2024 and 2023, respectively.

AMA, in turn, is party to an agreement with its affiliate Aetna Health Management, LLC (“AHM”), pursuant to which AHM has contracted with affiliate CaremarkPCS Health, L.L.C. (“Caremark”) to arrange for the delivery of pharmacy benefit management services for Medicare-Medicaid Plan ("MMP") and Dual Eligible Special Needs Plan ("DSNP") programs to the Company through the Company's administrative services agreement with AMA. The Company will make payments to AMA in accordance with the administrative services agreement. The Company receives pharmaceutical rebates from AMA, an affiliate, pursuant to the services agreement between AMA and CaremarkPCS Health, L.L.C. (“Caremark”), also an affiliate. The Company earned pharmaceutical rebates of \$39,447,219 and \$41,579,611, which were recorded as a reduction of medical costs, in 2024 and 2023, respectively.

These agreements also provide for interest on all intercompany balances. The Company did not earn any interest on amounts due from affiliates in 2024 and 2023. Interest incurred on amounts due to affiliates was \$2,060,414 in 2024 and \$2,032,621 in 2023.

As explained in Note 1, Aetna and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

- F. The Company does not have any guarantees or undertakings, written or otherwise, at December 31, 2024.
- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.
- H. At December 31, 2024, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.
- I. At December 31, 2024, the Company did not hold any investments in any subsidiary, controlled or affiliated (“SCA”) entity that exceeded 10% of the Company’s admitted assets.
- J. At December 31, 2024, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2024, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2024, the Company did not hold any investments in a downstream noninsurance holding company.

NOTES TO FINANCIAL STATEMENTS

M. The Company's Subsidiary, Controlled or Affiliated Investments at December 31, 2024 were as follows:

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ —	\$ —	\$ —
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	—	—	—
c. SSAP No. 97 8b(iii) Entities				
AETNA PARTNERS DIVERSIFIED FUND LLC	3.13 %	29,335,761	29,335,761	—
Total SSAP No. 97 8b(iii) Entities	XXX	29,335,761	29,335,761	—
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	—	—	—
e. SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	29,335,761	29,335,761	—
f. Aggregate Total (a+e)	XXX	\$ 29,335,761	\$ 29,335,761	\$ —

(2) NAIC Filing Response Information

SCA Entity	Type of NAIC Filing	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received	NAIC Disallowed Entity's Valuation Method, Re-submission Required (Yes/No)	Code
				(Yes/No)		
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ —	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	—	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
AETNA PARTNERS DIVERSIFIED FUND LLC	N/A	N/A	N/A	N/A	N/A	N/A
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	—	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	—	XXX	XXX	XXX
e. SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	—	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ —	XXX	XXX	XXX

N. At December 31, 2024, the Company did not have any investments in an insurance SCA.

O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.

11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2024.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2024.

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

A.- I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2024 or 2023.

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

- A. The Company had 1,000 shares of common capital stock with a par value of 0.01 per share authorized, with 100 shares issued and outstanding at December 31, 2024 and 2023.
- B. The Company had no shares of preferred stock authorized, issued and outstanding at December 31, 2024 and 2023.
- C. Dividend Restrictions

Dividends on the Company’s common capital stock are paid as declared by its Board of Directors, from earned surplus of the Company, not including surplus arising from the sale of stock. Generally, dividends may be paid on the Company’s common capital stock without obtaining regulatory approval at an amount up to the greater of: ten percent of such insurer's surplus as regards policyholders as of the next preceding December 31; or the prior year’s net income of such insure, but shall not include pro rata distributions of any class of the insurer's own securities.

D. The Company paid \$25,000,000 as an ordinary dividend to its parent on June 16, 2023.

NOTES TO FINANCIAL STATEMENTS

- E. Within the limitations of (C) above, there are no other restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
- G. The Company had no advances to surplus not repaid.
- H. The Company did not hold any stock for any special purposes at December 31, 2024 or 2023.
- I. There were no changes in the balances of special surplus funds from the prior year.
- J. At December 31, 2024, there were no unassigned funds that were represented or reduced by unrealized gains and losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2024 or 2023.
- L. The Company did not participate in any quasi-reorganizations during the statement year.
- M. The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2024 or 2023.
- B. Assessments

Guaranty Fund Assessments

(1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2024 or 2023.

- C. The Company did not have any gain contingencies at December 31, 2024 or 2023.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2024 or 2023.
- E. The Company did not have any joint and several liability arrangements at December 31, 2024 or 2023.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

15. Leases

The Company did not have any material lease obligations at December 31, 2024 or 2023.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2024 or 2023.

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

- A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2024 or 2023.

- B. Transfer and Servicing of Financial Assets

(1) The Company did not have any loaned securities at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

(2) and (3):

The Company did not have any servicing assets or liabilities at December 31, 2024 or 2023.

(4) The Company did not have any securitized financial assets at December 31, 2024 or 2023.

(5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2024 or 2023.

(6) The Company did not have any transfers of receivables with recourse at December 31, 2024 or 2023.

(7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2024 or 2023.

C. Wash Sales

(1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.

(2) The Company had no securities sold during the year for the year ended December 31, 2024 and reacquired within 30 days of the sale date.

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

A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2024.

B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2024.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

(1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2024 was \$344,767,538.

(2) As of December 31, 2024, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

Centers for Medicare and Medicaid Services \$13,155,572

(3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowance and reserves for adjustment of recorded revenues as and if applicable.

(4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.

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

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2024 and 2023.

20. Fair Value Measurements

A.

(1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2024 and 2023.

(2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2024 or 2023.

(3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.

(4) The Company's fair value measurement valuation techniques are described in B. below.

(5) The Company did not have any derivative instruments at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

- B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information (“inputs”) that qualifies a financial asset or liability for each level:
- **Level 1** - Unadjusted quoted prices for identical assets or liabilities in active markets.
 - **Level 2** - Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
 - **Level 3** - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment’s financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

- C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2024 and 2023 were as follows:

December 31, 2024

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$232,267,407	\$235,576,583	\$ 16,482,578	\$215,784,829	\$ —	\$ —	\$ —
Mortgage loans	2,229,182	2,238,166	—	—	2,229,182	—	—

December 31, 2023

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$267,632,820	\$271,357,232	\$ 21,338,204	\$246,294,616	\$ —	\$ —	\$ —
Mortgage loans	2,743,117	2,810,388	—	—	2,743,117	—	—

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2024 or 2023.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2024 or 2023.

C. Other Disclosures

Minimum Capital and Surplus

Pursuant to the laws of Ohio, the Company is required to maintain admitted assets equal to 110% of the Company's liabilities with a minimum capital and surplus of \$1,700,000. At December 31, 2024 and 2023, the Company exceeded those requirements.

The NAIC utilizes risk-based capital (“RBC”) standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company’s adjusted capital and surplus to its required capital and surplus (the “RBC Ratio”). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state

NOTES TO FINANCIAL STATEMENTS

insurance commissioner to place the insurer under regulatory control. At December 31, 2024 and 2023, the Company had capital and surplus that exceeded the level that would require regulatory action.

COVID-19

While the public health emergency related to Coronavirus Disease 2019 (“COVID-19”) expired in May 2023, COVID-19 still exists and it may, like many other respiratory viruses, wax and wane depending on geography and seasonality. The future impact COVID-19 will have on the Company and its ability to accurately forecast health care and other benefit costs is uncertain, and will depend on geographies impacted, whether new variants emerge and their severity, the availability and costs of testing, vaccination and treatment, and legal and regulatory actions. COVID-19 may also impact provider behavior, utilization trends, membership, and overall economic conditions. These impacts could be adverse and material.

Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010’s (collectively, the “ACA”) made broad-based changes to the United States health care system. In June 2021, the United States Supreme Court dismissed a challenge on procedural grounds that argued the ACA is unconstitutional in its entirety and issued an opinion preserving the ACA and its consumer protections in its current form. Even though the ACA was deemed constitutional, there may nevertheless be continued efforts to invalidate, modify, repeal or replace portions of it. In addition to litigation, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance at the federal or state level. The Company expects the ACA, including potential changes thereto, to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios ("MBRs") and the geographies in which the Company's products are available.

Medicare

The Company’s Medicare Advantage products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the ACA requirements that Medicare Advantage plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. Payments the Company receives from CMS for its Medicare Advantage business also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice, the Office of Inspector General of the HHS (the "OIG") and CMS itself. Substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could materially affect the amount of the Company’s Medicare reimbursement, require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries, and potentially limit the Company’s (and the industry’s) participation in the Medicare program.

The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company’s Medicare or Medicare-Medicaid demonstration (historically known as “dual eligible”) plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements.

Medicaid

The Company’s Medicaid products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company’s performance to determine compliance with CMS contracts and regulations. The Company’s Medicaid products also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and its Medicaid program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company’s existing contracts, elect not to award the Company new contracts or not to renew the Company’s existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company’s Medicaid products, exclude the Company from participating in one or more Medicaid programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or the Company’s contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2024 or 2023.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2024 or 2023.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

- G. The Company did not have any retained assets at December 31, 2024 or 2023.
- H. The Company did not have any insurance-linked securities contracts at December 31, 2024 or 2023.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2024 or 2023.

22. Events Subsequent

Type I - Recognized Subsequent Events

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

The Company had no known reportable recognized subsequent events.

Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

The Company had no known reportable nonrecognized subsequent events.

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)

If yes, give full details. N/A
- (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 an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details. N/A

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 nonpayment of premium or other similar credit?

Yes () No (X)
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
 - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A.
- (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)

If yes, give full details. N/A

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this

NOTES TO FINANCIAL STATEMENTS

statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

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

Yes () No (X)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? N/A.

- B. The Company did not have uncollectible reinsurance at December 31, 2024 or 2023.
- C. The Company did not have any commutation of ceded reinsurance at December 31, 2024 or 2023.
- D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2024 or 2023.
- E. The Company had no reinsurance contracts to which the reinsurance credit disclosure applies at December 31, 2024.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Through annual contracts with CMS, the Company’s Medicare Advantage revenues ultimately received for each member are based on that member’s health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company’s Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

Premium revenue subject to the minimum MLR rebate requirements of the ACA is recorded net of the estimated minimum MLR rebates for the current calendar year. The Company estimates the minimum MLR rebates by projecting MLRs for certain markets, as defined by the ACA, for each state in which the Company operates. The claims and premiums used in estimating such rebates are modified for certain adjustments allowed by the ACA and include a statistical credibility adjustment for those states with a number of members that is not statistically credible.

The Company estimates accrued retrospective premiums for its state sponsored programs in accordance with the provisions in its contracts with the State of Ohio.

- B. Accrued retrospective premiums are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company’s expected financial results for the contract against the appropriate medical benefit ratio target.
- C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$1,931,161,732 that were subject to retrospective rating features for the year ending December 31, 2024 representing 100% of total net premiums written.

- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act in December 31, 2024 or 2023.

- E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]
- (2) through (3): Not applicable.

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2024 and 2023:

	2024	2023
Balance, January 1	\$ 257,421,257	\$ 183,415,306
Health care receivable	(9,826,361)	(11,936,845)
Balance, January 1, net of health care receivable	247,594,896	171,478,461
Incurred related to:		
Current year	1,808,074,664	1,430,106,566
Prior years	(55,249,274)	(18,879,070)
Total incurred	1,752,825,390	1,411,227,496
Paid related to:		
Current year	1,555,880,689	1,179,713,855
Prior years	181,457,645	155,397,206
Total paid	1,737,338,334	1,335,111,061
Balance, December 31, net of health care receivable	263,081,952	247,594,896
Health care receivable	13,813,609	9,826,361
Balance, December 31	\$ 276,895,561	\$ 257,421,257

- A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$55,249,274 in 2024 and \$18,879,070 in 2023. Changes in prior periods’ estimates represents the effect of favorable development of prior period health care cost estimates on current year net income, at each financial statement date. The favorable development of these reserves is primarily a result of the actual claim submission times for health care claims being shorter than the Company had anticipated, as well as lower than expected health care cost trends in determining claims unpaid at prior financial statement date for both 2024 and 2023. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$9,137,156 of favorable prior year claim development on retrospectively rated policies. However the business to which it relates is subject to premium adjustments.
- B. There has been no significant change in the Company’s methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2024 or 2023.

27. Structured Settlements

The Company did not have any structured settlements at December 31, 2024 or 2023.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates for its MMP programs through an agreement between its contracted affiliated plan manager, AMA and its affiliate AHM. AHM has contractual agreements with CVS Caremark for rebates, which cover the Company's membership as well as the membership of other programs and/or affiliates. The Company receives those rebates from AHM (either directly or through intercompany arrangements with other affiliates) that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2024 and 2023, the Company had pharmaceutical rebate receivables of \$2,826,501 and \$3,662,238, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

NOTES TO FINANCIAL STATEMENTS

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

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
12/31/2024	\$ 9,620,307	\$ 266	\$ 6,816,463	¹	\$ —	\$ —
9/30/2024	9,898,558	9,868,202	9,898,157		—	—
6/30/2024	11,317,146	11,297,100	11,327,860		—	—
3/31/2024	9,306,747	9,286,898	9,317,203		—	—
12/31/2023	10,598,186	10,683,266	10,669,722		—	—
9/30/2023	10,580,944	10,697,212	10,684,196		—	—
6/30/2023	10,589,835	10,647,593	10,636,177		—	—
3/31/2023	10,301,511	10,369,648	10,357,546		—	—
12/31/2022	10,049,130	10,049,130	9,905,026		—	—
9/30/2022	10,097,022	10,097,022	9,986,762		—	—
6/30/2022	10,140,885	10,140,885	10,085,475		—	—
3/31/2022	9,911,197	9,911,197	9,708,306		—	—

¹ Represents a portion of the estimated rebates for the quarter ending December 31, 2024, which were paid by AHM to the Company prior to December 31, 2024 and invoicing in 2025.

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2024 or 2023.

Other receivables

Pharmacy Direct and Indirect Remuneration (“DIR”) Generic

The Company receives retrospective generic performance network rebates (“PNR”) on its Medicare business through an agreement with AHM. AHM has contractual agreements with network pharmacies for PNR. The PNR is performance based upon whether the participating pharmacies have met certain pre-established rates specified in the contract. The PNR is calculated by multiplying the applicable claims with a variable network rate based on the actual performance. The PNR receivables fit the category of other health care receivables per SSAP No. 84 - *Health Care and Government Insured Plan Receivables*.

Pharmacy DIR Brand

The Company receives retrospective brand PNR on its Medicare business through an agreement with AHM. As mentioned above, AHM has contractual agreements with network pharmacies for PNR. The program collects varying percentages of brand ingredient cost from pharmacies, depending how well they perform on adherence measures, including stars-related measures. The PNR agreement for 2020 has three performance measurement periods ending April 30, August 31 and December 31, respectively. The PNR receivables fit the category of other health care receivables per SSAP No. 84- *Health Care and Government Insured Plan Receivables*.

29. Participating Policies

The Company did not have any participating policies at December 31, 2024 or 2023.

30. Premium Deficiency Reserves

December 31, 2024

1. Liability carried for premium deficiency reserves

\$0
2. Date of the most recent evaluation of this liability

12/31/2024
3. Was anticipated investment income utilized in the calculation?

Yes ☐ No ☒

31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2024 or 2023 as the Company records salvage and subrogation on a paid basis when cash is received.

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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Ohio

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000064803

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020

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.

12/31/2020

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).

06/07/2022

3.4

By what department or departments?
Ohio Department of 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 ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information
.....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,
7.21 State the percentage of foreign 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 Nationality	2 Type of Entity
.....	

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If the 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?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below 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
.....					

- 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 depository institution holding company?

Yes [] No [X]
- 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?

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP; One Manhattan West; New York, NY 10001
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 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 [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain.
.....
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Edward J. Dankanich, F.S.A., M.A.A.A.; CVS; 1425 Union Meeting Road; Blue Bell, {A 19422; Appointed Actuary
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$0
- 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?
N/A
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- 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 [X] No []
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
In the fourth quarter of 2024, the Code of Conduct was amended. The amendment included improved language, branding, and formatting throughout the document, relocated sections, updated the name of a section, added a new policy for colleagues to reference for more information, updated the name of a company policy, added language to clarify who the Code applies to, updated language to further emphasize our commitment to quality and safety, added language regarding the training colleagues receive to perform their roles, updated examples, updated language to align with policies, added language to clarify that colleagues must conduct their work in accordance with state health care program requirements, inserted and linked the Colleague Relations Inquiry Form, and other minor updates throughout. In the first quarter of 2024, the Code of Conduct was amended. Added "Responsible Use of Technology" as a new section and made minor updates to the "Non-discrimination, harassment, retaliation" section.
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

GENERAL INTERROGATORIES

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)
N/A

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. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

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? Yes [] No [] N/A [X]

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 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

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 [X] No []

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

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states 499,741

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

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

LINES 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? Yes [] 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 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] 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? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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 [X] No []

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
State Street Bank and Trust Company	State Street Financial Center; Corporate Headquarters; One Congress Street; Boston, MA 02114-2016

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

GENERAL INTERROGATORIES

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?..... Yes [] No [X]

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. This includes both primary and sub-advisors. 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
Derek S. Blunt as Senior Investment Officer	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?..... Yes [] No [X]

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?..... Yes [] No [X]

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
	Derek S. Blunt	N/A	Not registered	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)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

GENERAL INTERROGATORIES

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	209,543,379	206,234,205	(3,309,174)
31.2 Preferred stocks	0		0
31.3 Totals	209,543,379	206,234,205	(3,309,174)

31.4 Describe the sources or methods utilized in determining the fair values:
Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.

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 [] No [X]

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 [] No []

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 [X] No []

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? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

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? Yes [] No [X]

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? Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [☒]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [☒]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0
- 40.2 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	2
Name	Amount Paid
- 41.1 Amount of payments for legal expenses, if any?\$ 243,145
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	0
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0
- 42.2 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?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

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

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

1,886,403,084

1,499,979,489

2.2

Premium Denominator

1,886,403,084

1,499,979,489

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

298,806,944

263,238,759

2.5

Reserve Denominator

298,806,944

263,238,759

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 700,000

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

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:
All providers must adhere to federal financial protection laws and are prohibited from balance billing any member beyond the member's cost sharing. A member may be billed only when the member knowingly agrees to receive non-covered services under the OhioRISE plan. Provider MUST notify the member in advance that the charges will not be covered under the program. Provider MUST have the member sign a statement prior to the services being rendered agreeing to pay for the services and place the document in the member's medical record. MMP business: Provider agreements contain hold harmless provisions: "Hospital agrees not to seek or accept or rely upon waivers of the member protections provided by this Section 4.3 of our individual provider contracts"

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [X] No []

7.2

If no, give details

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

107,449

8.2

Number of providers at end of reporting year

135,390

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months..

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [X] No []

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 2,871,194

10.22

Amount actually paid for year bonuses

\$ 2,641,451

10.23

Maximum amount payable withholds

\$ 0

10.24

Amount actually paid for year withholds

\$ 0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4

If yes, show the amount required.

\$ 0

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

See Notes to Financial Statement - Note 21, Other Items, C., Other Disclosures.

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

1
Name of Service Area
The Company is licensed in all counties in the State of Ohio.

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$ 0

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$ 0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [] No [] N/A [X]

14.2

If the answer to 14.1 is yes, please provide the following:

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

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

\$ 0

15.2

Total Incurred Claims

\$ 0

15.3

Number of Covered Lives

0

*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 gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

16.

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

Yes [] No [X]

16.1

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

Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	619,831,503	513,534,632	437,900,342	387,845,474	369,465,323
2. Total liabilities (Page 3, Line 24)	336,382,050	367,094,941	268,327,732	210,333,697	237,264,123
3. Statutory minimum capital and surplus requirement	0	98,491,702	116,934,621	67,680,962	68,862,636
4. Total capital and surplus (Page 3, Line 33)	283,449,453	146,439,691	169,572,610	177,511,777	132,201,200
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,886,403,084	1,499,979,489	1,147,681,436	996,941,271	1,005,088,906
6. Total medical and hospital expenses (Line 18)	1,684,171,692	1,345,648,239	958,749,143	827,542,104	853,443,660
7. Claims adjustment expenses (Line 20)	68,653,698	65,579,255	48,699,432	32,506,920	18,091,022
8. Total administrative expenses (Line 21)	108,516,108	100,313,381	80,151,970	61,537,952	91,564,623
9. Net underwriting gain (loss) (Line 24)	25,061,586	(11,561,386)	60,080,891	75,354,295	41,989,601
10. Net investment gain (loss) (Line 27)	15,075,218	9,879,255	6,830,388	8,773,563	7,917,852
11. Total other income (Lines 28 plus 29)	(438,329)	34,049	(23,770,444)	(700)	(405,304)
12. Net income or (loss) (Line 32)	33,740,726	(308,496)	35,392,662	68,799,408	37,789,049
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	124,436,986	(15,177,709)	83,042,055	45,489,174	67,053,327
Risk-Based Capital Analysis					
14. Total adjusted capital	283,449,453	146,439,691	169,572,610	177,511,777	132,201,200
15. Authorized control level risk-based capital	61,927,813	49,245,851	38,978,207	33,840,481	34,431,318
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	71,093	57,691	43,370	27,829	28,860
17. Total members months (Column 6, Line 7)	788,022	622,172	406,080	324,774	335,566
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)	89.3	89.7	85.3	83.0	84.9
20. Cost containment expenses	3.1	3.6	3.3	2.2	1.3
21. Other claims adjustment expenses	0.6	0.8	1.0	1.1	0.5
22. Total underwriting deductions (Line 23)	98.7	100.8	96.8	92.4	95.8
23. Total underwriting gain (loss) (Line 24)	1.3	(0.8)	5.3	7.6	4.2
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	194,987,617	160,186,423	100,564,818	113,308,629	113,538,206
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	240,410,530	167,128,648	116,712,133	116,290,961	99,132,498
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)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)				0	
30. Affiliated mortgage loans on real estate					
31. All other affiliated	29,335,761	26,115,981	24,186,741	21,681,309	17,978,448
32. Total of above Lines 26 to 31	29,335,761	26,115,981	24,186,741	21,681,309	17,978,448
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?

Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Aetna Better Health Inc. (an Ohio corporation)

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 and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								0	
2.	Alaska	AK	N								0	
3.	Arizona	AZ	N								0	
4.	Arkansas	AR	N								0	
5.	California	CA	N								0	
6.	Colorado	CO	N								0	
7.	Connecticut	CT	N								0	
8.	Delaware	DE	N								0	
9.	District of Columbia	DC	N								0	
10.	Florida	FL	N								0	
11.	Georgia	GA	N								0	
12.	Hawaii	HI	N								0	
13.	Idaho	ID	N								0	
14.	Illinois	IL	N								0	
15.	Indiana	IN	N								0	
16.	Iowa	IA	N								0	
17.	Kansas	KS	N								0	
18.	Kentucky	KY	N								0	
19.	Louisiana	LA	N								0	
20.	Maine	ME	N								0	
21.	Maryland	MD	N								0	
22.	Massachusetts	MA	N								0	
23.	Michigan	MI	N								0	
24.	Minnesota	MN	N								0	
25.	Mississippi	MS	N								0	
26.	Missouri	MO	N								0	
27.	Montana	MT	N								0	
28.	Nebraska	NE	N								0	
29.	Nevada	NV	N								0	
30.	New Hampshire	NH	N								0	
31.	New Jersey	NJ	N								0	
32.	New Mexico	NM	N								0	
33.	New York	NY	N								0	
34.	North Carolina	NC	N								0	
35.	North Dakota	ND	N								0	
36.	Ohio	OH	L		345,380,055	1,587,590,965					1,932,971,020	
37.	Oklahoma	OK	N								0	
38.	Oregon	OR	N								0	
39.	Pennsylvania	PA	N								0	
40.	Rhode Island	RI	N								0	
41.	South Carolina	SC	N								0	
42.	South Dakota	SD	N								0	
43.	Tennessee	TN	N								0	
44.	Texas	TX	N								0	
45.	Utah	UT	N								0	
46.	Vermont	VT	N								0	
47.	Virginia	VA	N								0	
48.	Washington	WA	N								0	
49.	West Virginia	WV	N								0	
50.	Wisconsin	WI	N								0	
51.	Wyoming	WY	N								0	
52.	American Samoa	AS	N								0	
53.	Guam	GU	N								0	
54.	Puerto Rico	PR	N								0	
55.	U.S. Virgin Islands ..	VI	N								0	
56.	Northern Mariana Islands	MP	N								0	
57.	Canada	CAN	N								0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	345,380,055	1,587,590,965	0	0	0	0	1,932,971,020	0	
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61.	Totals (Direct Business)	XXX	0	345,380,055	1,587,590,965	0	0	0	0	1,932,971,020	0	
DETAILS OF WRITE-INS												
58001.	.....	XXX										
58002.	.....	XXX										
58003.	.....	XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

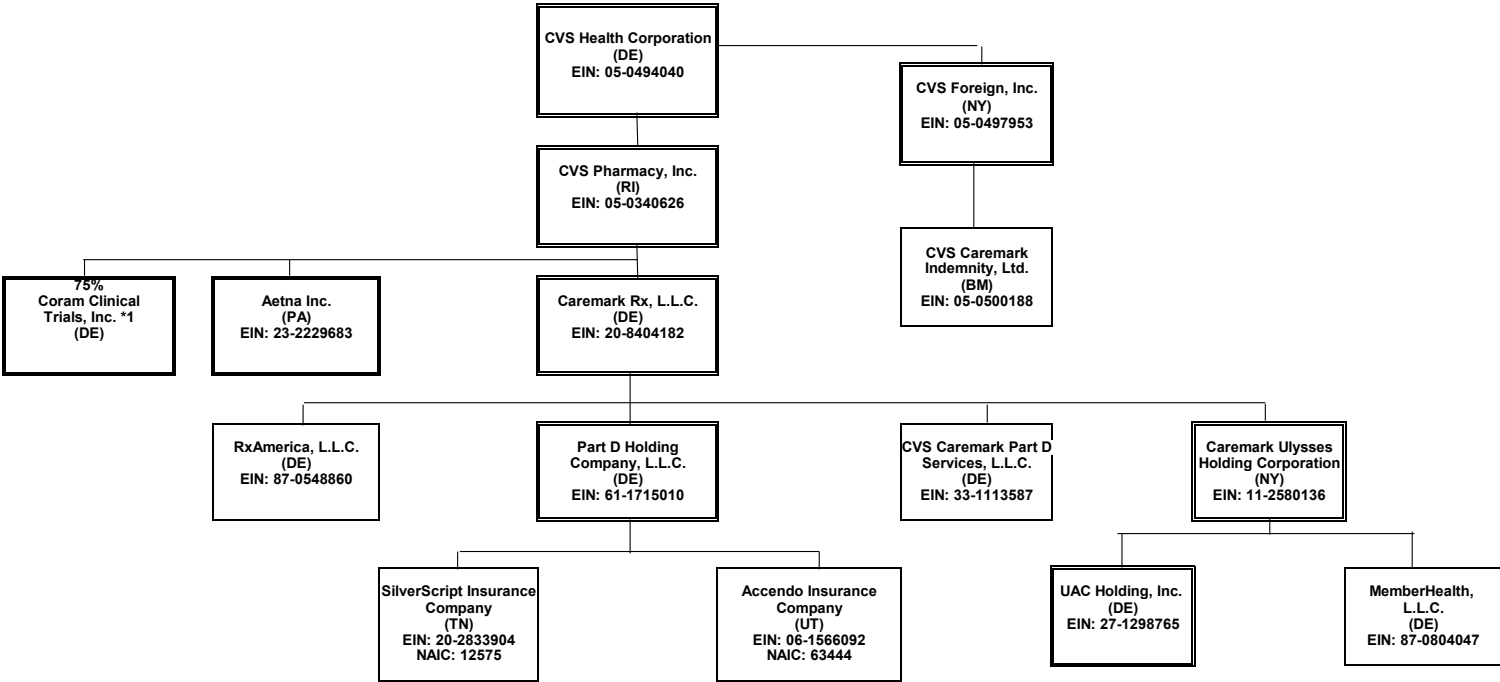
4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 56

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

All premiums are written within the State of Ohio

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

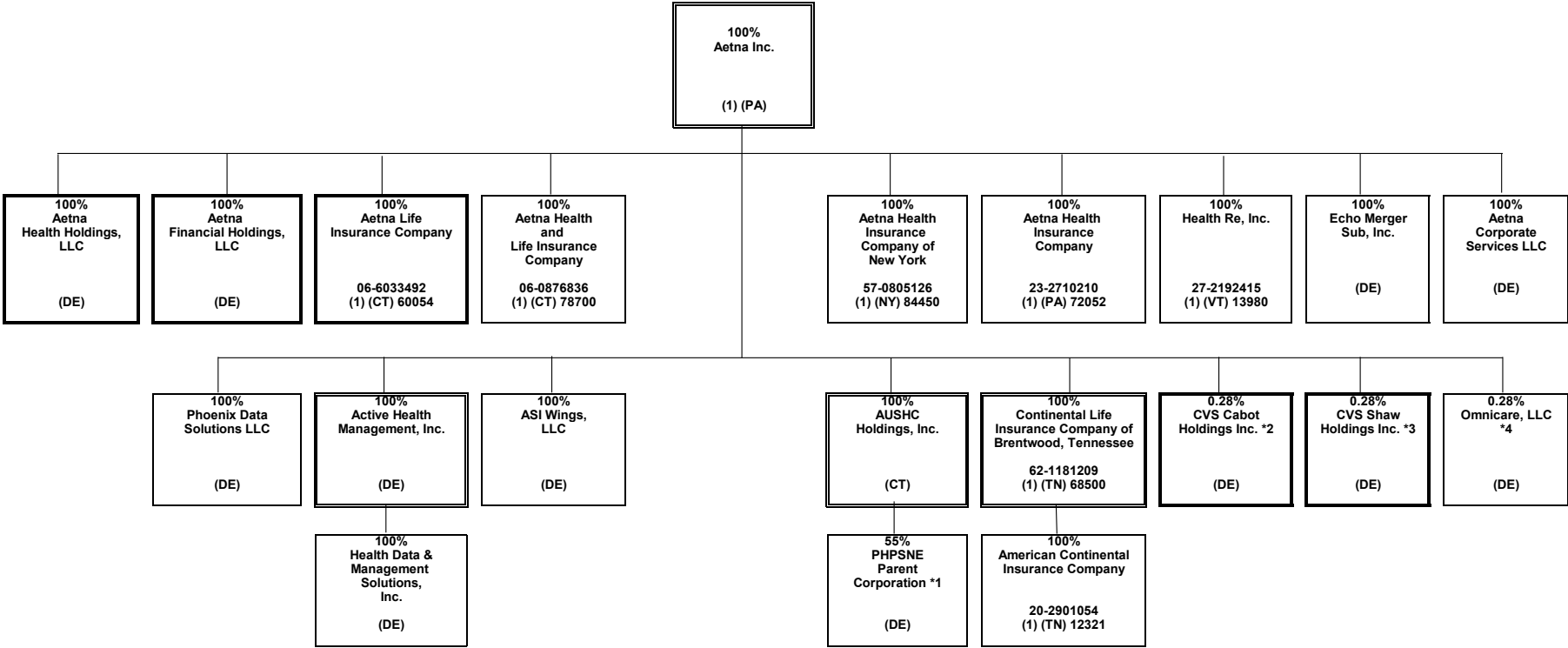


This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 6 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.
(1) Insurers/HMO's
Percentages are rounded to the nearest whole percent and based on ownership of voting rights.
Double borders indicate entity has subsidiaries shown on the same page.
Bold borders indicate entity has subsidiaries shown on a separate page.

*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

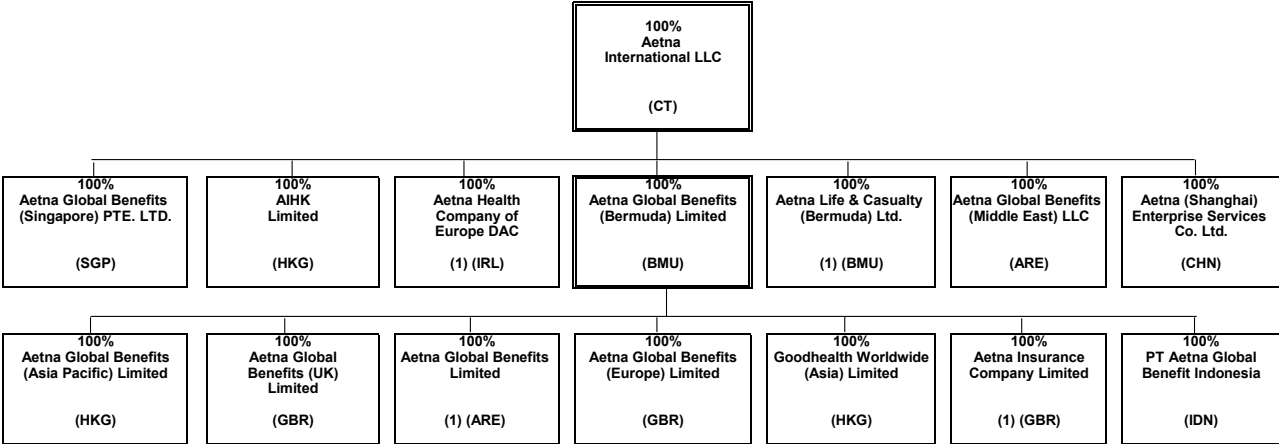
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



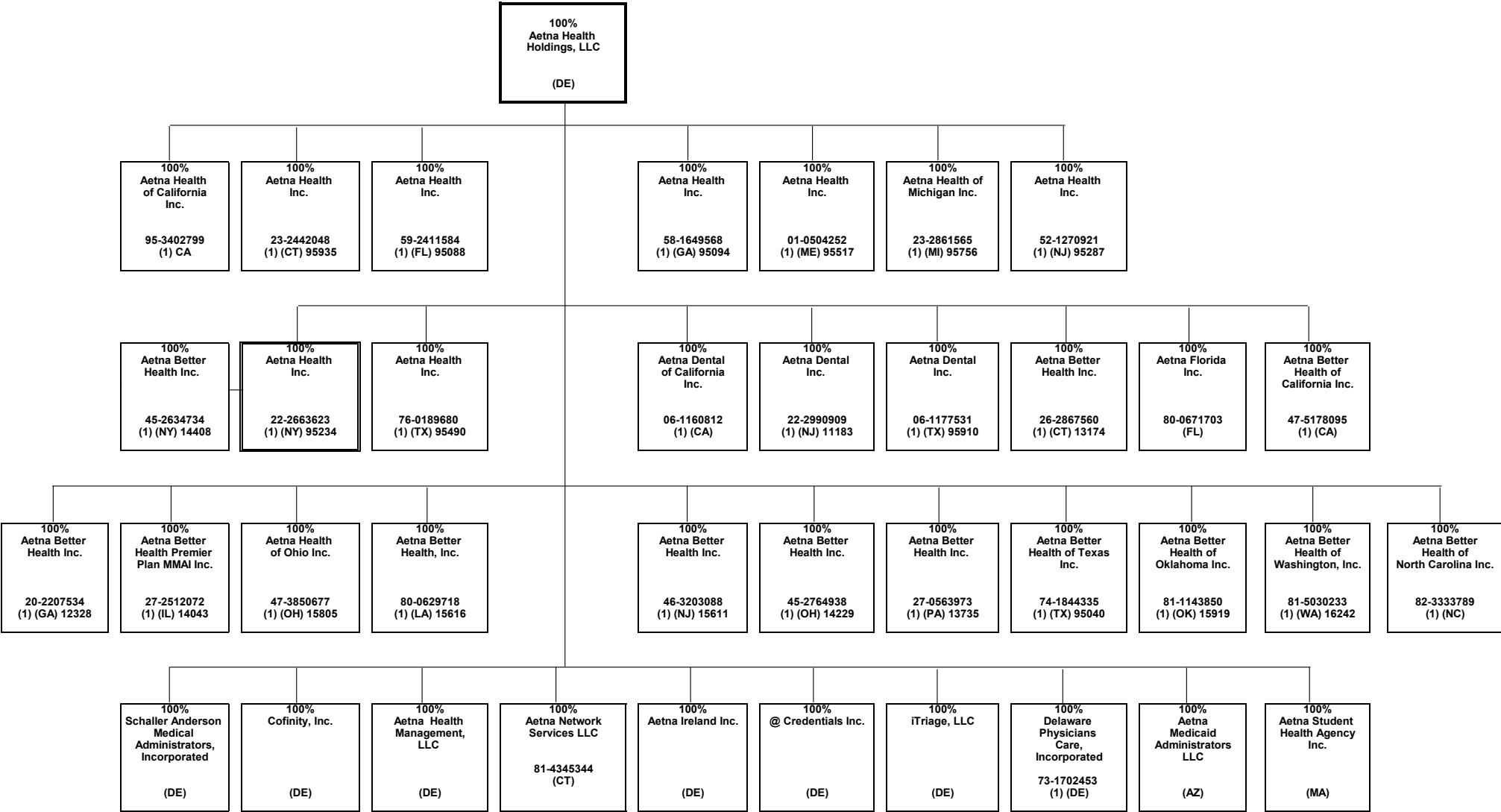
*1 PHSNE Parent Corporation is also 45% owned by third parties.
*2 CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*3 CVS Shaw Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

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



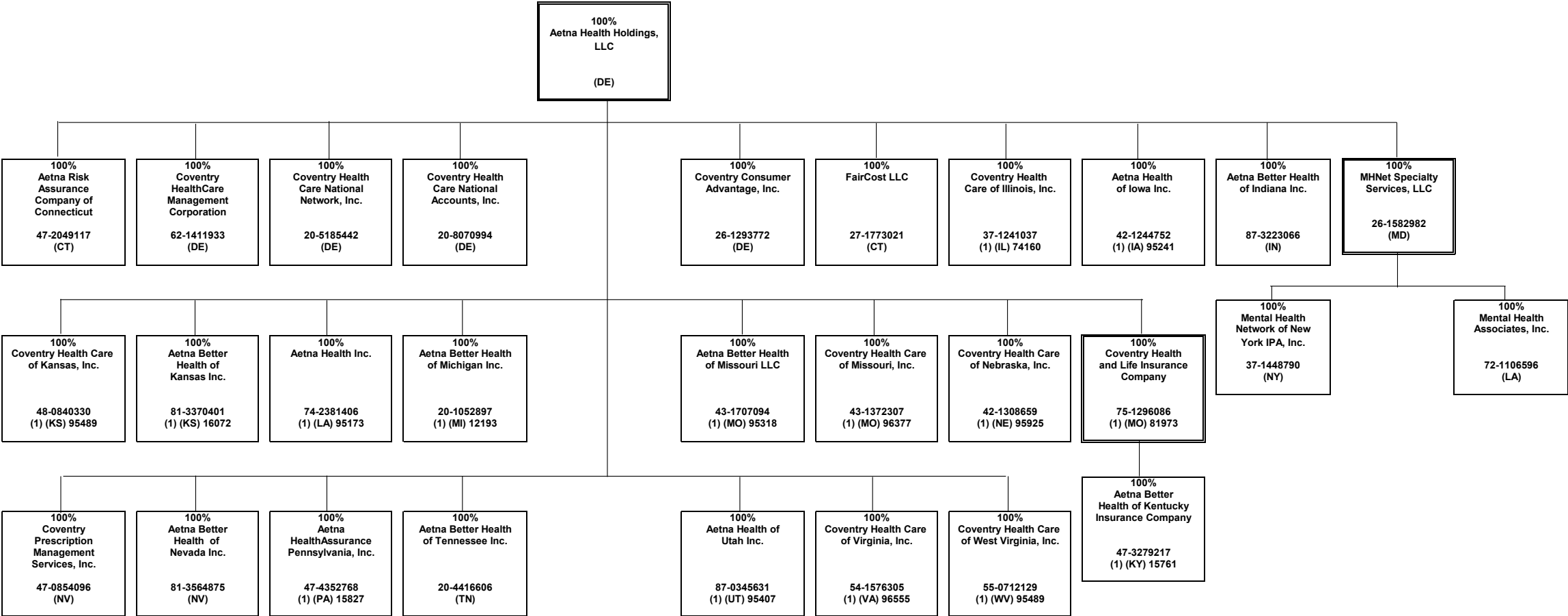
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



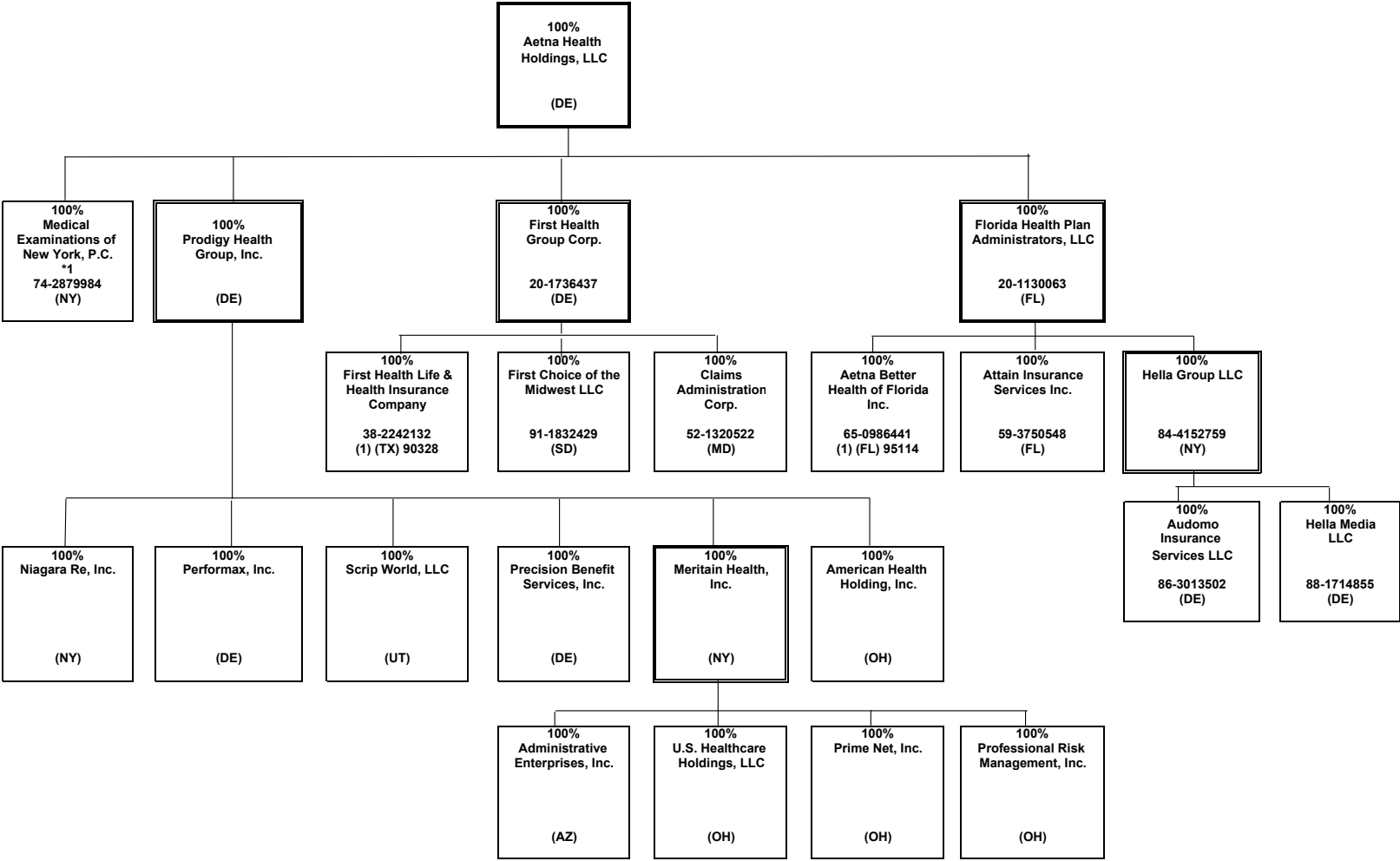
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

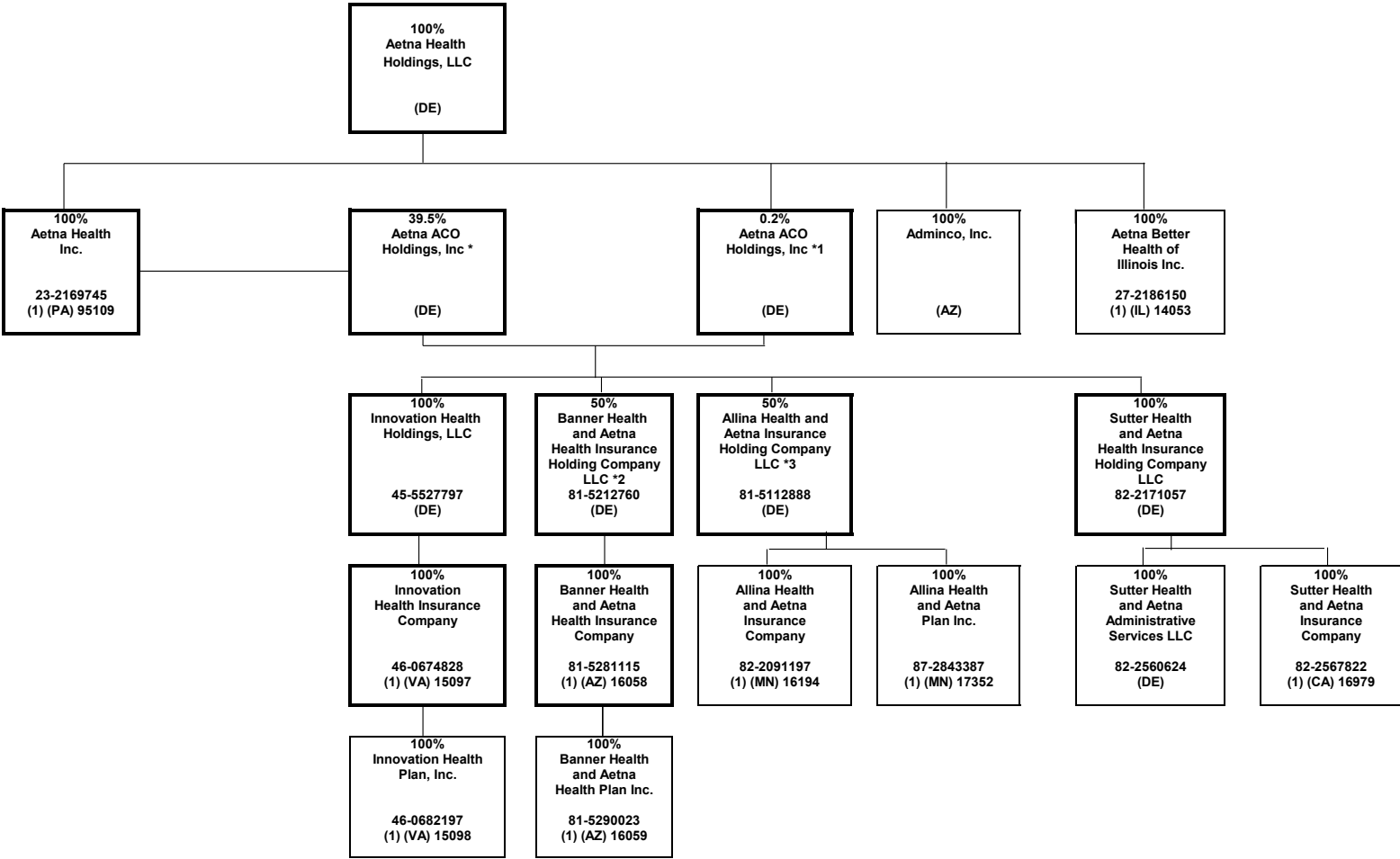
PART 1 - ORGANIZATIONAL CHART



*1 Owned via a nominee

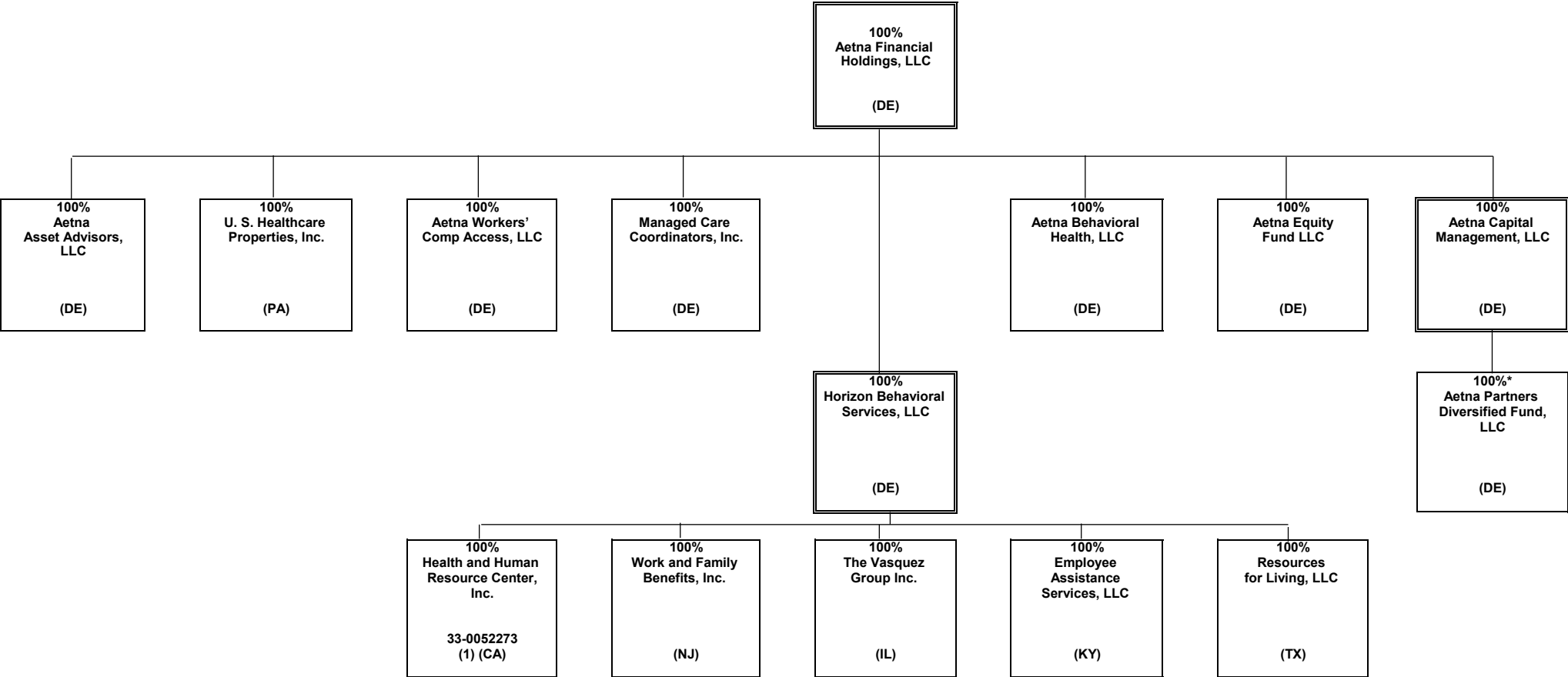
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

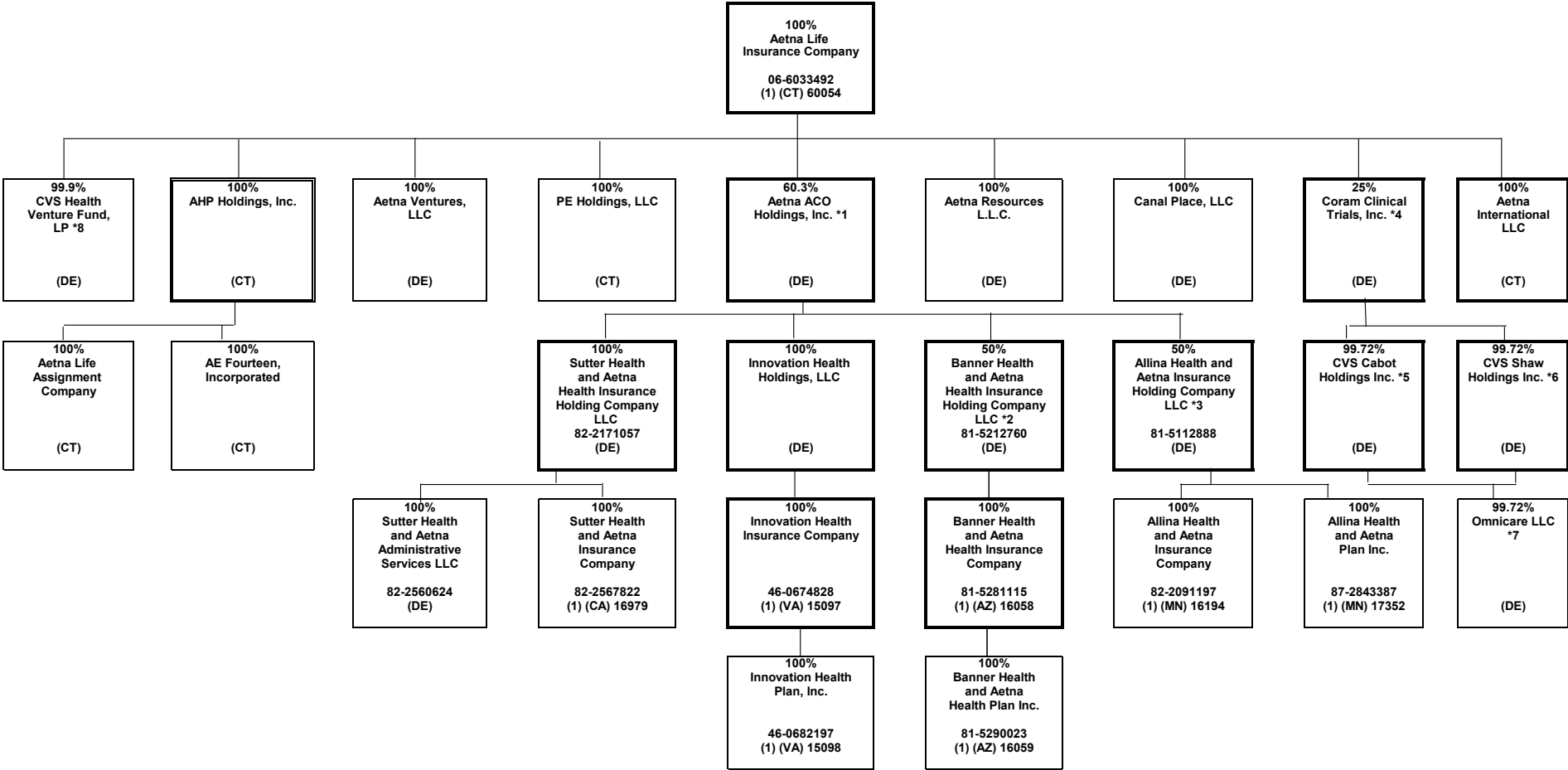
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



* Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life Insurance Company is the largest investor in APDF and currently owns a majority of the non-managing member interests of APDF.

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

PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
*4 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.
*5 CVS Cabot Holdings Inc. is also 0.28% owned by Aetna Inc.
*6 CVS Shaw Holdings Inc. is also 0.28% owned by Aetna Inc.
*7 Remaining 0.28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.
*8 CVS Health Venture Fund, LP is also 0.1% owned by CVS Helath Ventures Fund GP, LLC

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Interest expense		21,089	2,030,816		2,051,905
2597. Summary of remaining write-ins for Line 25 from overflow page	0	21,089	2,030,816	0	2,051,905