



**ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
ESSENCE HEALTHCARE OF OHIO, INC.**

NAIC Group Code 4597 4597 NAIC Company Code 17275 Employer's ID Number 30-1295719
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Life, Accident & Health Is HMO Federally Qualified? NO
Incorporated/Organized 11/18/2021 Commenced Business 04/01/2022
Statutory Home Office 4400 Easton Common Way, Suite 125 Columbus, OH, US 43219
Main Administrative Office 13900 Riverport Drive Maryland Heights, MO, US 63043 1-866-509-5398
Maryland Heights, MO, US 63043 (Telephone)
Mail Address 13900 Riverport Drive Maryland Heights, MO, US 63043
Primary Location of Books and
Records 13900 Riverport Drive Maryland Heights, MO, US 63043 1-866-509-5398
Maryland Heights, MO, US 63043 (Telephone)
Internet Website Address www.essencehealthcare.com
Statutory Statement Contact Amanda Louise Pinkerton 314-518-3519

OFFICERS

OFFICERS Jordan Reigel#, President..... Gail Halterman, Secretary..... Erin Venable#, Chief Financial Officer.....

OTHER

Jason Siegel#, Chief Actuary.....

DIRECTORS OR TRUSTEES

Richard Hardy Jones.....
Debbie Zimmerman.....
Vince Mellet#.....
Martha Ellen Butler.....
Steve Udvarhelyi M.D.#.....
Jim Snider#.....

State of _____
County of _____

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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.

Subscribed and sworn to before me
this _____ day of
_____, 2025

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	171	139	44	1,898	1,898	354
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	171	139	44	1,898	1,898	354

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of Amounts Not Individually Listed.....	16,865	16,865	16,866	101,518	20,512	131,602
0199999 - Pharmaceutical Rebate Receivables.....	16,865	16,865	16,866	101,518	20,512	131,602
0299998 - Aggregate of Amounts Not Individually Listed.....	302	(5,485)	(317)	9,006	3,507	
0299999 - Claim Overpayment Receivables.....	302	(5,485)	(317)	9,006	3,507	
0799999 - Gross Health Care Receivables.....	17,167	11,380	16,549	110,524	24,019	131,602

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	30,278	44,488		152,114	30,278	24,936
2. Claim overpayment receivables				3,507		11,972
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	30,278	44,488		155,621	30,278	36,908

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	14,303					14,303
0499999 - Subtotals.....	14,303					14,303
0599999 - Unreported claims and other claim reserves.....						972,799
0799999 - Total claims unpaid.....						987,102
0899999 - Accrued medical incentive pool and bonus amounts.....						22,218

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Essence Healthcare,, Inc.....	19,977					19,977	
0199999 - Individually listed receivables.....	19,977					19,977	
0399999 - Total gross amounts receivable.....	19,977					19,977	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Lumeris Health Outcomes.....		28,309	28,309	
0199999 - Individually listed payable.....		28,309	28,309	
0399999 - Total gross payables.....		28,309	28,309	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	2,974	0.135				2,974
2. Intermediaries.....	21,898	0.993	225	92.975		21,898
3. All other providers.....						
4. Total capitation payments.....	24,872	1.128	225	92.975		24,872
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	2,180,638	98.872	XXX	XXX		2,180,638
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	2,180,638	98.872	XXX	XXX		2,180,638
13. Total (Line 4 plus Line 12).....	2,205,510	100.000 %	XXX	XXX		2,205,510

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Mercy Managed Behavioral Health.....	2,974	248		
9999999 – Totals.....		2,974	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION ^(a)

REPORT FOR: 1. CORPORATION Essence Healthcare of Ohio, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Company Code: 17275

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	83													
2. First Quarter.....	225													
3. Second Quarter.....	237													
4. Third Quarter.....	240													
5. Current Year.....	242													
6. Current Year Member Months.....	2,805								2,805					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	1,683									1,683				
8. Non-Physician.....	1,091									1,091				
9. Total.....	2,774									2,774				
10. Hospital Patient Days Incurred.....	130										130			
11. Number of Inpatient Admissions.....	24										24			
12. Health Premiums Written ^(b)	2,595,820									2,595,820				
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	2,595,820									2,595,820				
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	2,205,511									2,205,511				
18. Amount Incurred for Provision of Health Care Services.....	2,522,220									2,522,220				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,595,820

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION ^(a)

REPORT FOR: 1. CORPORATION Essence Healthcare of Ohio, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 17275

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	83													
2. First Quarter.....	225													
3. Second Quarter.....	237													
4. Third Quarter.....	240													
5. Current Year.....	242													
6. Current Year Member Months.....	2,805								2,805					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	1,683									1,683				
8. Non-Physician.....	1,091									1,091				
9. Total.....	2,774									2,774				
10. Hospital Patient Days Incurred.....	130										130			
11. Number of Inpatient Admissions.....	24										24			
12. Health Premiums Written ^(b)	2,595,820									2,595,820				
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	2,595,820									2,595,820				
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	2,205,510									2,205,511				
18. Amount Incurred for Provision of Health Care Services.....	2,522,220									2,522,220				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,595,820

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	13 Outstanding Surplus Relief		14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year	
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates												
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	SSL/I	MR	15,770					
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							15,770					
1099999 - General Account, Authorized, Total Authorized Non-Affiliates							15,770					
1199999 - Total General Account Authorized							15,770					
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							15,770					
9199999 - Total U.S.							15,770					
9999999 - Total (Sum of 4599999 and 9099999)							15,770					

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	16	6			
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	3,740,005		3,740,005
2. Accident and health premiums due and unpaid (Line 15).....	24,567		24,567
3. Amounts recoverable from reinsurers (Line 16.1).....			
4. Net credit for ceded reinsurance.....	XXX		
5. All other admitted assets (Balance).....	220,837		220,837
6. Total assets (Line 28).....	3,985,409		3,985,409
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	987,102		987,102
8. Accrued medical incentive pool and bonus payments (Line 2).....	22,218		22,218
9. Premiums received in advance (Line 8).....	172		172
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....			
14. All other liabilities (Balance).....	155,648		155,648
15. Total liabilities (Line 24).....	1,165,140		1,165,140
16. Total capital and surplus (Line 33).....	2,820,269	XXX	2,820,269
17. Total liabilities, capital and surplus (Line 34).....	3,985,409		3,985,409
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....		XXX	XXX
19. Accrued medical incentive pool.....		XXX	XXX
20. Premiums received in advance.....		XXX	XXX
21. Reinsurance recoverable on paid losses.....		XXX	XXX
22. Other ceded reinsurance recoverables.....		XXX	XXX
23. Total ceded reinsurance recoverables.....		XXX	XXX
24. Premiums receivable.....		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26. Unauthorized reinsurance.....		XXX	XXX
27. Reinsurance with Certified Reinsurers.....		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29. Other ceded reinsurance payables/offsets.....		XXX	XXX
30. Total ceded reinsurance payables/offsets.....		XXX	XXX
31. Total net credit for ceded reinsurance.....		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No) *	
4597	Lumeris Grp		26-3628710			Lumeris Healthcare Outcomes, LLC	MO	NIA	Lumeris Holdings LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		43-1861242			Lumeris Solutions Company, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		80-0968618			Lumeris Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		26-1245470			Lumeris Group Holdings Corporation	DE	UDP	JDLinx, LLC	Ownership	55.600	JDLinx, LLC	NO		
4597	Lumeris Grp	11699	20-8185682			Essence Healthcare, Inc.	MO	RE	Lumeris Group Holdings Corporation	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		47-2472489			Forecast Health Inc.	NC	NIA	Lumeris Solutions Company, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		82-3463296			LHO of Florida, LLC	FL	NIA	Lumeris Health Outcomes MO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		84-3677241			Essence Plan Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp	17058	86-3230767			Essence Healthcare of Georgia, Inc.	GA	DS	Essence Healthcare, Inc.	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		84-5172897			Esse Health ACO, LLC	MO	NIA	Essence Plan Holdings, LLC	Ownership	49.000	JDLinx, LLC	NO		
4597	Lumeris Grp		87-1943889			Rancho Health Management, LLC	CA	NIA	Essence Plan Holdings, LLC	Ownership	49.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-2894234			Lumeris MSSP ACO, LLC	DE	NIA	Essence Plan Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		46-4071746			Essence Healthcare of California, Inc.	CA	NIA	Essence Plan Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp	17254	88-0718243			Essence Healthcare PPO, Inc.	MO	DS	Essence Healthcare, Inc.	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp	17275	30-1295719			Essence Healthcare of Ohio, Inc.	OH	DS	Essence Healthcare, Inc.	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		88-1789122			Lumeris ARO, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		88-1764234			Lumeris ARO St. Louis, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		92-3102119			Lumeris ARO Arkansas, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		93-1400012			Lumeris ARO Ohio, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		93-1435438			Lumeris ARO Oklahoma, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		93-2085084			Lumeris ARO New Jersey, LLC	NJ	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-0904611			Lumeris ARO NY IPA, LLC	NY	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Group		93-3633636			Lumeris ARO Illinois, LLC	IL	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		93-3879347			Lumeris ARO Colorado, LLC	CO	NIA	Lumeris ARO, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-2822679			Provider's Choice, LLC	MO	NIA	Lumeris Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-3260508			Medicare Partners MSSP II, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-3266090			Medicare Partners MSSP III, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-3288876			Medicare Partners MSSP IV, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		
4597	Lumeris Grp		99-3374021			Medicare Partners MSSP V, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.000	JDLinx, LLC	NO		

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
17275	20-1295719	Essence Healthcare of Ohio, Inc.....				(348,307)				(348,307)		
00000	26-3628710	Lumeris Healthcare Outcomes, LLC.....				348,307				348,307		
9999999 - Control Totals.....									XXX			

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Essence Healthcare, Inc.....	Lumeris Group Holdings Corporation.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %
Essence Healthcare of Georgia, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %
Essence Healthcare of Ohio, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %
Essence Healthcare PPO, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**REQUIRED FILINGS**

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

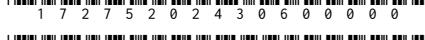
	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
June Filing	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	Response
March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
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13.		 1 7 2 7 5 2 0 2 4 3 7 1 0 0 0 0 0
14.		 1 7 2 7 5 2 0 2 4 3 7 0 0 0 0 0 0
15.		 1 7 2 7 5 2 0 2 4 3 6 5 0 0 0 0 0
16.		 1 7 2 7 5 2 0 2 4 2 2 4 0 0 0 0 0
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