

QUARTERLY STATEMENT
AS OF MARCH 31, 2025
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.....
(Telephone Number)
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.....
(Telephone Number)
Internet Website Address.....www.essencehealthcare.com.....
Statutory Statement Contact.....Amanda Louise Pinkerton..... 314-518-3519.....
(Telephone Number)
apinkerton@lumeris.com..... 314-209-3235.....
(E-Mail Address)(Fax Number)

OFFICERS

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

OTHER

Jason Siegel, Chief Actuary.....

DIRECTORS OR TRUSTEES

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

State of
County of SS

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

X

Jordan Reigel
President

X

Erin Venable
Chief Financial Officer

X

Gail Halterman
Secretary

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: _____

X

ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	129,556		129,556	129,510
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances)				
	4.2 Properties held for the production of income (less \$..... encumbrances)				
	4.3 Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....3,505,010), cash equivalents (\$.....9,346) and short-term investments (\$.....)	3,514,356		3,514,356	3,610,495
6.	Contract loans (including \$..... premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	3,643,912		3,643,912	3,740,005
13.	Title plants less \$..... charged off (for Title insurers only)				
14.	Investment income due and accrued	395		395	1,221
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	908	602	306	354
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$.....43,969) and contracts subject to redetermination (\$.....)	43,969		43,969	24,213
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	54,414		54,414	68,037
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	17,946		17,946	19,977
24.	Health care (\$.....89,932) and other amounts receivable	189,751	99,819	89,932	131,602
25.	Aggregate write-ins for other-than-invested assets	33,500	33,500	-	-
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,984,795	133,921	3,850,874	3,985,409
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	3,984,795	133,921	3,850,874	3,985,409
Details of Write-Ins					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	33,500	33,500	-	-
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	33,500	33,500	-	-

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded)	863,377		863,377	987,102
2.	Accrued medical incentive pool and bonus amounts	22,218		22,218	22,218
3.	Unpaid claims adjustment expenses	23,925		23,925	29,023
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	180		180	172
9.	General expenses due or accrued	276		276	11,298
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				225
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	19,487		19,487	28,309
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	137,279		137,279	86,793
23.	Aggregate write-ins for other liabilities (including \$..... current)				
24.	Total liabilities (Lines 1 to 23)	1,066,742		1,066,742	1,165,140
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	1,000,000	1,000,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	2,778,996	2,778,996
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	(994,864)	(958,727)
32.	Less treasury stock, at cost:				
32.1	shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2	shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,784,132	2,820,269
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,850,874	3,985,409
Details of Write-Ins					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	XXX	XXX		
2502.	.....	XXX	XXX		
2503.	.....	XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	.....	XXX	XXX		
3002.	.....	XXX	XXX		
3003.	.....	XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months.....	XXX	447	677	2,805
2.	Net premium income (including \$..... non-health premium income).....	XXX	483,055	622,237	2,580,050
3.	Change in unearned premium reserves and reserve for rate credits.....	XXX			
4.	Fee-for-service (net of \$..... medical expenses).....	XXX			
5.	Risk revenue.....	XXX			
6.	Aggregate write-ins for other health care related revenues.....	XXX			
7.	Aggregate write-ins for other non-health revenues.....	XXX			
8.	Total revenues (Lines 2 to 7).....	XXX	483,055	622,237	2,580,050
Hospital and Medical:					
9.	Hospital/medical benefits.....		163,914	384,200	1,163,619
10.	Other professional services.....		6,471	82,081	358,460
11.	Outside referrals.....		59,653	147,457	660,536
12.	Emergency room and out-of-area.....		1,568	5,648	50,860
13.	Prescription drugs.....		162,053	91,832	273,527
14.	Aggregate write-ins for other hospital and medical.....				
15.	Incentive pool, withhold adjustments and bonus amounts.....			2,090	15,218
16.	Subtotal (Lines 9 to 15).....		393,659	713,308	2,522,220
Less:					
17.	Net reinsurance recoveries.....				
18.	Total hospital and medical (Lines 16 minus 17).....		393,659	713,308	2,522,220
19.	Non-health claims (net).....				
20.	Claims adjustment expenses, including \$.....444 cost containment expenses.....		3,000	12,203	18,431
21.	General administrative expenses.....		67,210	125,405	444,954
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....			(150,099)	(600,397)
23.	Total underwriting deductions (Lines 18 through 22).....		463,869	700,817	2,385,208
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	19,186	(78,580)	194,842
25.	Net investment income earned.....		20,959	7,740	88,551
26.	Net realized capital gains (losses) less capital gains tax of \$.....				
27.	Net investment gains (losses) (Lines 25 plus 26).....		20,959	7,740	88,551
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....			(865)	
29.	Aggregate write-ins for other income or expenses.....		(960)		(865)
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	39,185	(71,705)	282,528
31.	Federal and foreign income taxes incurred.....	XXX	—		
32.	Net income (loss) (Lines 30 minus 31).....	XXX	39,185	(71,705)	282,528
Details of Write-Ins					
0601.	.....	XXX			
0602.	.....	XXX			
0603.	.....	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX			
0701.	.....	XXX			
0702.	.....	XXX			
0703.	.....	XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page.....				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.	Bad Debt Reserve.....		(960)		(865)
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page.....				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....		(960)		(865)

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	2,820,268	2,579,802	2,579,802
34.	Net income or (loss) from Line 32	39,185	(71,705)	282,528
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(74,504)	5,218	(42,062)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	—	—	—
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	(817)		
48.	Net change in capital and surplus (Lines 34 to 47)	(36,136)	(66,487)	240,466
49.	Capital and surplus end of reporting period (Line 33 plus 48)	2,784,132	2,513,315	2,820,268
Details of Write-Ins				
4701.	Prior period surplus adj.	(817)		
4702.	.....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(817)		

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	464,651	445,046	1,956,733
2. Net investment income	21,739	8,441	88,286
3. Miscellaneous income	(34,130)	—	—
4. Total (Lines 1 to 3)	452,260	453,487	2,045,019
5. Benefit and loss related payments	517,384	340,721	1,605,114
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	23,181	93,651	460,548
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	225	—	—
10. Total (Lines 5 through 9)	540,790	434,372	2,065,662
11. Net cash from operations (Line 4 minus Line 10)	(88,530)	19,115	(20,643)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	—	—	—
12.8 Total investment proceeds (Lines 12.1 to 12.7)	—	—	—
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	—	—	—
13.7 Total investments acquired (Lines 13.1 to 13.6)	—	—	—
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	—	—	—
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	—	750,000	750,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(7,608)	(70,235)	(92,299)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(7,608)	679,765	657,701
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)	(96,138)	698,880	637,058
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	3,610,496	2,973,436	2,973,438
19.2 End of period (Line 18 plus Line 19.1)	3,514,358	3,672,316	3,610,496
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. Capital Contribution Receivable			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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
Total Members at end of:														
1. Prior Year	242							242						
2. First Quarter	147							147						
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	447							447						
Total Member Ambulatory Encounters for Period:														
7. Physician	200							200						
8. Non-Physician	92							92						
9. Total	292							292						
10. Hospital Patient Days Incurred	50							50						
11. Number of Inpatient Admissions	8							8						
12. Health Premiums Written (a)	484,600							484,600						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	484,600							484,600						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	361,762							361,762						
18. Amount Incurred for Provision of Health Care Services	393,658							393,658						

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999 – Aggregate accounts not individually listed-covered.....	108					108
0499999 – Subtotals.....	108					108
0599999 – Unreported claims and other claim reserves.....						863,269
0799999 – Total claims unpaid.....						863,377
0899999 – Accrued medical incentive pool and bonus amounts						22,218

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		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 Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....						
2. Comprehensive (hospital and medical) group.....						
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....	195,783	355,730	511,555	351,822	707,338	987,102
8. Title XIX – Medicaid.....						
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	195,783	355,730	511,555	351,822	707,338	987,102
14. Health care receivables (a).....	114,459	75,292			114,459	155,621
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....			22,218		22,218	22,218
17. Totals (Lines 13-14+15+16).....	81,324	280,438	533,773	351,822	615,097	853,699

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

The financial statements of Essence Healthcare of Ohio, Inc. (“EHOH” or “the Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department). The Ohio Department of Insurance recognizes only 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, to determine its solvency under the Ohio Department of Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. 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 is shown below:

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	03/31/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 39,185	\$ 282,528
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 39,185</u>	<u>\$ 282,528</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,784,132	\$ 2,820,269
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 2,784,132</u>	<u>\$ 2,820,269</u>

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

The preparation of financial statements in conformity with the accounting practices prescribed or permitted by the Company’s applicable regulatory authorities requires management to make estimates and assumptions. Management’s estimates and assumptions affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenues and expenses during the reporting periods.

Although the Company regularly assesses these estimates, actual results could differ materially from these estimates. Changes in estimates are recorded in the period in which they become known. The Company bases its estimates on historical experience and various other assumptions that it believes to be reasonable under the circumstances. Actual results could differ from management’s estimates if past experience or other assumptions do not turn out to be substantially accurate.

C. Accounting Policy

In addition, the Company uses the following accounting policies.

- (1) The Company does not have any short term investments.
- (2) The Company had no mandatory convertible securities and Securities Valuation Office (SVO) identified securities.
- (3) The Company does not have any common stock.
- (4) The Company does not have any preferred stock.
- (5) The Company does not have any mortgage loans.
- (6) The Company does not have any loaned-back securities.
- (7) The Company does not have any investments in subsidiaries, controlled or affiliated companies.
- (8) The Company does not have any joint ventures, partnerships or limited liability companies.
- (9) The Company does not have any derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed.
- (13) The Company's pharmaceutical rebate receivables are estimated based on a historical experience. The amount of receivable is calculated as a percent of the cost of brand drugs. This percentage is continually reviewed and adjusted as necessary and any change is reflected in the period determined.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

Notes to the Financial Statements

5. Investments (Continued)

- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Asset-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Investments in Tax Credit Structures (tax credit investments) - None
- L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	129,556	129,510	46		129,556	3.251	3.364
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets (Sum of a through n)	<u>\$ 129,556</u>	<u>\$ 129,510</u>	<u>\$ 46</u>	<u>\$</u>	<u>\$ 129,556</u>	<u>3.251 %</u>	<u>3.364 %</u>

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

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus

All investment income due & accrued with amounts over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- B. Total Amount Excluded

The Company had no investment income due & accrued excluded from surplus.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 395
2. Nonadmitted	\$
3. Admitted	\$ 395

- D. The aggregate deferred interest - None
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

8. Derivative Instruments - None

9. Income Taxes - No Significant Changes

Notes to the Financial Statements

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

- A. The Company is a wholly-owned subsidiary of Essence Healthcare, Inc. The Company and Lumeris Group Holdings Corporation LGHC have entered into a Guaranty Agreement that requires LGHC, in addition to certain other obligations, to provide capital to the Company to permit the maintenance of statutorily required levels of surplus and reserves.
- B. In the second quarter of 2022 the Company received a surplus contribution of \$2,528,996 from Essence Healthcare, Inc. In the first quarter of 2023 and 2024 the Company received a capital contribution of \$500,000 and \$750,000, respectively, from Essence Healthcare, Inc.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - None
- D. As of March 31, 2025, the Company had an intercompany receivable from Essence Healthcare, Inc. in the amount of \$17,946 and an intercompany payable to Lumeris Health Outcomes, LLC in the amount of \$19,487.
- E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
- F. Guarantees or Contingencies - None
- G. All outstanding shares of the Company are owned by the Parent Company, Essence Healthcare, Inc., an insurance company domiciled in the state of Missouri.
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies of Plan Assets - None
- C. Fair Value of Each Class of Plan Assets - None
- D. Expected Long-Term Rate of Return for the Plan Assets - None
- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans

The Company maintains a 401(k) profit sharing plan through its affiliate, Lumeris Solutions Company, LLC. The Company has no legal obligation for benefits under the plan. Lumeris Solutions Company, LLC matches 50% of the first 8% of an active participant’s contributions in the plan year. Total expense was \$0 for March 31, 2025.
- H. Postemployment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - None

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

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

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

20. Fair Value Measurements

- A. Fair Value Measurement

The Company follows SSAP No. 100, Fair Value Measurements (SSAP No. 100), for the Company’s financial assets and liabilities that are measured at fair value.

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

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

 - Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
 - Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- Level 3: Inputs are unobservable and reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.

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

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents	\$ 9,346			\$	\$ 9,346
Total assets at fair value/NAV	\$ 9,346			\$	\$ 9,346
b. Liabilities at fair value					
Total liabilities at fair value					

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

(3) Policy on transfers into and out of Level 3 - None

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

(5) Derivatives - None

B. Other Fair Value Disclosures - None

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 125,220	\$ 129,556	\$ 125,220			\$	\$
Cash Equivalents	9,346	9,346	9,346				

D. Not Practicable to Estimate Fair Value - None

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

21. Other Items - None

22. Events Subsequent

1. Type I. – Recognized Subsequent Events

Subsequent events have been considered through May 15, 2025 for the statutory statement issued on March 31, 2025.

None

Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through May 15, 2025 for the statutory statement issued on March 31, 2025.

None

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

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 reinsurer 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 statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (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)

B. Uncollectible Reinsurance

- (1)

The Company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of , which is reflected as:

	Amount
a. Losses incurred.....	\$.....
b. Loss adjustment expenses incurred.....	
c. Premiums earned.....	
d. Other.....	
e. <u>Company</u>	

C. Commutation of Ceded Reinsurance - None

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

E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate - None

B. Method Used to Record - None

C. Amount and Percent of Net Retrospective Premiums - None

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

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred.....	\$.....	\$.....	\$.....	\$.....	\$.....
(2) Medical loss ratio rebates paid.....					
(3) Medical loss ratio rebates unpaid.....					
(4) Plus reinsurance assumed amounts.....	XXX.....	XXX.....	XXX.....	XXX.....	
(5) Less reinsurance ceded amounts.....	XXX.....	XXX.....	XXX.....	XXX.....	
(6) Rebates unpaid net of reinsurance.....	XXX.....	XXX.....	XXX.....	XXX.....	\$.....
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred.....	\$.....	\$.....	\$.....	\$.....	\$.....
(8) Medical loss ratio rebates paid.....					
(9) Medical loss ratio rebates unpaid.....					
(10) Plus reinsurance assumed amounts.....	XXX.....	XXX.....	XXX.....	XXX.....	
(11) Less reinsurance ceded amounts.....	XXX.....	XXX.....	XXX.....	XXX.....	
(12) Rebates unpaid net of reinsurance.....	XXX.....	XXX.....	XXX.....	XXX.....	\$.....

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

- (1)

Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2)

Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None
- (3)

Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None

Notes to the Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses

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

Reserves for claims and claim adjustment expenses as of December 31, 2024 were \$1,038,343. As of March 31, 2025, \$235,646 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$533,773 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$268,924 favorable prior-year development since December 31, 2024 to March 31, 2025. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. There were no significant changes in methodologies and assumptions used in calculating the liability for the unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - No Significant Changes

29. Participating Policies - None

30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves:..... \$—.....
- 2. Date of the most recent evaluation of this liability:..... 12/31/2024.....
- 3. Was anticipated investment income utilized in the calculation?..... YES.....

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?..... NO
- 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?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....
- 6.2 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.
- 6.3 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).....
- 6.4 By what department or departments?
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 affiliates primary federal regulator.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended? NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... YES
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 17,946

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... NO
- 11.2 If yes, give full and complete information relating thereto:
.....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgage Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? N/A
- If no, attach a description with this statement.
.....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.3 Total payable for securities lending reported on the liability page..... \$
17. 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

- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
BMO Harris Private Bank	13205 Manchester Road, St. Louis, MO 63131

- 17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....		

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?..... NO
- 17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

17.5 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.

1	2
Name of Firm or Individual	Affiliation
BMO Harris Private Bank	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? NO

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
160344	BMO Harris Private Bank	I76JA5DDIWUWCSTTXS58	OCC	NO

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

18.2 If no, list exceptions:

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? NO

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

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

GENERAL INTERROGATORIES
PART 2 – HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	81.585 %
1.2	A&H cost containment percent.....	0.092 %
1.3	A&H expense percent excluding cost containment expenses.....	14.443 %
2.1	Do you act as a custodian for health savings accounts?.....	NO
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?.....	NO
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	NO
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	NO

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 93572	43-1235868.....	 01/01/2025	RGA Reinsurance Company.....	MO.....	SSL/I.....	MR.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			Direct Business Only									
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit–Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	N									
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	N									
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	L		484,600						484,600	
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX	XXX		484,600						484,600	
60.	Reporting entity contributions for employee benefits plans	XXX	XXX									
61.	Total (Direct Business)	XXX	XXX		484,600						484,600	
Details of Write-Ins												
58001.	.....	XXX	XXX									
58002.	.....	XXX	XXX									
58003.	.....	XXX	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	XXX									

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1.....4. Q – Qualified - Qualified or accredited reinsurer.....—.....
2. R – Registered – Non-domiciled RRGs.....—.....5. N – None of the above - Not allowed to write business in the state.....56.....
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state.....—.....

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

Entity Name				FEIN	State of Domicile	NAIC #	
Lumeris Group Holdings Corporation	Lumeris Holdings, LLC	Lumeris Solutions Company, LLC	Forecast Health	26-1245470	DE		
		Lumeris Health Outcomes MO, LLC	LHO of Florida, LLC	80-0968618	DE		
		Lumeris ARO, LLC	Lumeris ARO St. Louis, LLC	43-1861242	DE		
	Essence Plan Holdings, LLC	Provider's Choice LLC	Lumeris ARO Arkansas, LLC	47-2472489	NC		
			Lumeris ARO Colorado, LLC	26-3628710	MO		
			Lumeris ARO NY IPA, LLC	82-3463296	FL		
			Lumeris ARO Illinois, LLC	88-1789122	DE		
			Lumeris ARO Ohio, LLC	88-1764234	DE		
		Essence Healthcare, Inc.	Essence Health ACO, LLC (49%)	Lumeris ARO New Jersey, LLC	92-3102119	DE	
				Lumeris ARO Oklahoma, LLC	93-3879347	CO	
				Medicare Partners MSSP II, LLC	99-0904611	NY	
				Medicare Partners MSSP III, LLC	93-3633636	IL	
				Medicare Partners MSSP IV, LLC	93-1400012	DE	
	Essence Healthcare of Georgia, Inc.	Essence Health Management, LLC (49%)	Medicare Partners MSSP V, LLC	93-2085084	NJ		
			Essence Healthcare of California, Inc.	93-1435438	DE		
			Essence Healthcare of Ohio, Inc.	99-2822679	MO		
			Essence Healthcare PPO, Inc.	99-3260508	DE		

26-1245470	DE	
80-0968618	DE	
43-1861242	DE	
47-2472489	NC	
26-3628710	MO	
82-3463296	FL	
88-1789122	DE	
88-1764234	DE	
92-3102119	DE	
93-3879347	CO	
99-0904611	NY	
93-3633636	IL	
93-1400012	DE	
93-2085084	NJ	
93-1435438	DE	
99-2822679	MO	
99-3260508	DE	
99-3288876	DE	
99-3374021	DE	
99-2822679	DE	
84-3677241	DE	
84-5172897	MO	
87-1943889	CA	
99-2894234	DE	
46-4071746	CA	
20-8185682	MO	11699
86-3230767	GA	17058
30-1295719	OH	17275
88-0718243	MO	17254

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

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		98-0904611				Lumeris ARO NY IPA, LLC	NY	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		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 1A - DETAILS 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	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		43-1861242				Lumeris Solutions Company, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		80-0968618				Lumeris Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		26-1245470				Lumeris Group Holdings Corporation	DE	UDP	JDlinx, LLC	Ownership	55.6	JDlinx, LLC	NO	
4597	Lumeris Grp	11699	20-8185682				Essence Healthcare, Inc.	MO	RE	Lumeris Group Holdings Corporation	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		47-2472489				Forecast Health Inc.	NC	NIA	Lumeris Solutions Company, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		82-3463296				LHO of Florida, LLC	FL	NIA	Lumeris Health Outcomes MO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		84-3677241				Essence Plan Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp	17058	86-3230767				Essence Healthcare of Georgia, Inc.	GA	DS	Essence Healthcare, Inc.	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		84-5172897				Esse Health ACO, LLC	MO	NIA	Essence Plan Holdings, LLC	Ownership	49.0	JDlinx, LLC	NO	
4597	Lumeris Grp		87-1943889				Rancho Health Management, LLC	CA	NIA	Essence Plan Holdings, LLC	Ownership	49.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-2894234				Lumeris MSSP ACO, LLC	DE	NIA	Essence Plan Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		46-4071746				Essence Healthcare of California, Inc.	CA	NIA	Essence Plan Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp	17254	88-0718243				Essence Healthcare PPO, Inc.	MO	DS	Essence Healthcare, Inc.	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp	17275	30-1295719				Essence Healthcare of Ohio, Inc.	OH	DS	Essence Healthcare, Inc.	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		88-1789122				Lumeris ARO, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		88-1764234				Lumeris ARO St. Louis, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		92-3102119				Lumeris ARO Arkansas, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		93-1400012				Lumeris ARO Ohio, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		93-1435438				Lumeris ARO Oklahoma, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		93-2085084				Lumeris ARO New Jersey, LLC	NJ	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-0904611				Lumeris ARO NY IPA, LLC	NY	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Group		93-3633636				Lumeris ARO Illinois, LLC	IL	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		93-3879347				Lumeris ARO Colorado, LLC	CO	NIA	Lumeris ARO, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-2822679				Provider's Choice, LLC	MO	NIA	Lumeris Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3260508				Medicare Partners MSSP II, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3266090				Medicare Partners MSSP III, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3288876				Medicare Partners MSSP IV, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3374021				Medicare Partners MSSP V, LLC	DE	NIA	Lumeris Holdings, LLC	Ownership	100.0	JDlinx, LLC	NO	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO.....

August Filing

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

EXPLANATION:

1.
2.

BARCODES:

1.

17275202536500001
2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION
Real Estate

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

SCHEDULE B – VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION
Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	129,510	129,323
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount	46	187
4.	Unrealized valuation increase / (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book / adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	129,556	129,510
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	129,556	129,510

SCHEDULE D – PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
Issuer Credit Obligations (ICO)								
1. NAIC 1 (a).....	129,510			46	129,556			129,510
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total ICO.....	129,510			46	129,556			129,510
Asset-Backed Securities (ABS)								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total ABS.....								
Preferred Stock								
15. NAIC 1.....								
16. NAIC 2.....								
17. NAIC 3.....								
18. NAIC 4.....								
19. NAIC 5.....								
20. NAIC 6.....								
21. Total Preferred Stock.....								
22. Total ICO, ABS, & Preferred Stock.....	129,510			46	129,556			129,510

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

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	7,797	4,554
2.	Cost of cash equivalents acquired.....	1,549	3,243
3.	Accrual of discount.....		
4.	Unrealized valuation increase / (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration received on disposals.....		
7.	Deduct amortization of premium.....		
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	9,346	7,797
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	9,346	7,797

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

(E-05) Schedule D - Part 4
NONE

(E-06) Schedule DB - Part A - Section 1
NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)
NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-07) Schedule DB - Part B - Section 1
NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name
NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)
NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-08) Schedule DB - Part D - Section 1
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity
NONE

(E-10) Schedule DB - Part E
NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Harris Bank - HMO Operating – Chicago, IL		3.000	13,437	–	2,417,686	2,454,767	2,459,434	XXX
Harris Bank - PPO - Operating – Chicago, Il.		3.000	6,565	–	1,241,754	1,231,189	1,045,576	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories			20,002	–	3,659,440	3,685,956	3,505,010	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit			20,002	–	3,659,440	3,685,956	3,505,010	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total			20,002	–	3,659,440	3,685,956	3,505,010	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
38141W-26-5	GS FIN SQ GOVT.....	.....	.....08/01/2022.....	.....	.....XXX.....	9,346.....	.....	.....
8309999999 – All Other Money Market Mutual Funds.....						9,346.....	.....	.....
8589999999 – Total Cash Equivalents (Unaffiliated).....						9,346.....	.....	.....
8609999999 – Total Cash Equivalents.....						9,346.....	.....	.....