



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

Provident American Life and Health Insurance Company

NAIC Group Code 0917 0901 NAIC Company Code 67903 Employer's ID Number 23-1335885
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes No

Incorporated/Organized 04/06/1949 Commenced Business 09/30/1949

Statutory Home Office 4400 East Commons Way, Suite 125, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 Great Circle Road, 512-451-2224
(Street and Number) (Area Code) (Telephone Number)
Nashville, TN, US 37228, (City or Town, State, Country and Zip Code)

Mail Address 500 Great Circle Road, Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 Great Circle Road, 512-451-2224
(Street and Number) (Area Code) (Telephone Number)
Nashville, TN, US 37228, (City or Town, State, Country and Zip Code)

Internet Website Address www.HCSC.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465
(Name) (Area Code) (Telephone Number)
CSBFinRpt@cignahealthcare.com, 512-467-1399
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer, Stephen Devon Harris # Treasurer Lillian Michelle Sutton #
President Arlene Keh Lim #
Secretary

OTHER

Kimberly Ann Green #, Vice President, Compliance Eric Roger Schmid #, Vice President, Tax

DIRECTORS OR TRUSTEES

Kimberly Ann Green # Sachin Gupta # Stephen Devon Harris #
Eric Roger Schmid # Lillian Michelle Sutton #

State of Tennessee SS:
County of Davidson

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.

Stephen Devon Harris
Chief Executive Officer, President

Arlene Keh Lim
Secretary

Lillian Michelle Sutton
Treasurer

Subscribed and sworn to before me this
day of

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

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	3,958,863	0	3,958,863	3,482,054
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	14,689,424	0	14,689,424	9,212,585
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$ 1,267,390), cash equivalents (\$ 557,821) and short-term investments (\$)	1,825,211	0	1,825,211	1,529,460
6. Contract loans (including \$ 0 premium notes)	0	0	0	0
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	20,473,498	0	20,473,498	14,224,099
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	46,566	0	46,566	20,056
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,906	0	2,906	6,427
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	65,609	0	65,609	72,379
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	39,813	0	39,813	28,829
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	5,249	0	5,249	6,073
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	494,212
18.2 Net deferred tax asset	615,996	178,465	437,531	208,007
19. Guaranty funds receivable or on deposit	7,259	0	7,259	7,259
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	14,000,440	0	14,000,440	428
24. Health care (\$ 0) and other amounts receivable	838	838	0	0
25. Aggregate write-ins for other-than-invested assets	8,382	8,382	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	35,266,556	187,685	35,078,871	15,067,769
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	35,266,556	187,685	35,078,871	15,067,769
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses and miscellaneous	8,382	8,382	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	8,382	8,382	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 53,318 reinsurance ceded)	194,179	0	194,179	190,047
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	2,850	0	2,850	2,801
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	173,183	0	173,183	401,485
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	14,007	0	14,007	34,802
9. General expenses due or accrued	31,629	0	31,629	27,035
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	34,466	0	34,466	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	106,201		106,201	121,355
12. Amounts withheld or retained for the account of others	40	0	40	40
13. Remittances and items not allocated	60,923		60,923	3,949
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	14,014,589		14,014,589	23,158
16. Derivatives	0	0	0	0
17. Payable for securities	138	0	138	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	14,309	0	14,309	5,356
24. Total liabilities (Lines 1 to 23)	14,646,514	0	14,646,514	810,028
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	44,100,116	24,100,116
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(26,167,759)	(12,342,375)
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	20,432,357	14,257,741
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	35,078,871	15,067,769
DETAILS OF WRITE-INS				
2301. Escheat Liability	7,409		7,409	526
2302. Other Amounts Payable on Reinsurance	6,900		6,900	4,830
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	14,309	0	14,309	5,356
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	....XXX.....	2,393	2,845	5,400
2. Net premium income (including \$ 0 non-health premium income).....	....XXX.....	1,195,563	928,418	1,919,872
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....	35,704	20,211	26,939
4. Fee-for-service (net of \$ medical expenses).....	....XXX.....	0	0	0
5. Risk revenue .....	....XXX.....			
6. Aggregate write-ins for other health care related revenues .....	....XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues .....	....XXX.....	189	121	479
8. Total revenues (Lines 2 to 7) .....	....XXX.....	1,231,456	948,750	1,947,290
Hospital and Medical:				
9. Hospital/medical benefits		686,284	842,043	1,678,844
10. Other professional services		0		0
11. Outside referrals		0		0
12. Emergency room and out-of-area		0		0
13. Prescription drugs		0		0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				0
16. Subtotal (Lines 9 to 15)	0	686,284	842,043	1,678,844
Less:				
17. Net reinsurance recoveries		61,065	60,413	116,254
18. Total hospital and medical (Lines 16 minus 17)	0	625,219	781,630	1,562,590
19. Non-health claims (net)		0		0
20. Claims adjustment expenses, including \$ 8,581 cost containment expenses		15,357	11,278	27,938
21. General administrative expenses		103,782	178,429	299,835
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(108)	(2,894)	(2,682)
23. Total underwriting deductions (Lines 18 through 22).....	0	744,250	968,443	1,887,681
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	487,206	(19,693)	59,609
25. Net investment income earned		46,780	35,975	76,970
26. Net realized capital gains (losses) less capital gains tax of \$ 0		0	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	46,780	35,975	76,970
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)].....		0		0
29. Aggregate write-ins for other income or expenses	0	0	0	(7,533)
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.....	533,986	16,282	129,046
31. Federal and foreign income taxes incurred .....	....XXX.....	58,365	(3,387)	(763,194)
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	475,621	19,669	892,240
DETAILS OF WRITE-INS				
0601. ....	....XXX.....			
0602. ....	....XXX.....			
0603. ....	....XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	....XXX.....	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	....XXX.....	0	0	0
0701. Interest on agent balances .....	....XXX.....	61	29	110
0702. Ceding commission amortization .....	....XXX.....	128	92	369
0703. ....	....XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	....XXX.....	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	....XXX.....	189	121	479
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Penalties		0	0	(7,533)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	(7,533)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	14,257,742	17,718,693	17,718,694
34. Net income or (loss) from Line 32	475,621	19,539	892,240
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	(14,523,162)	(961,164)
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax	(118,758)	(6,828)	(817,399)
39. Change in nonadmitted assets	341,042	121,506	536,245
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	(116,722)	(116,722)
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	20,000,000	0	10,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital	0		0
46. Dividends to stockholders	0		0
47. Aggregate write-ins for gains or (losses) in surplus	(128)	(184)	(369)
48. Net change in capital & surplus (Lines 34 to 47)	6,174,615	(943,853)	(3,460,952)
49. Capital and surplus end of reporting period (Line 33 plus 48)	20,432,357	16,774,840	14,257,742
DETAILS OF WRITE-INS			
4701. Change in Surplus as a result of Reinsurance	(128)	(184)	(369)
4702. IMR	0	0	0
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(128)	(184)	(369)

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	972,058	1,175,869	2,127,909
2. Net investment income	18,492	36,744	71,927
3. Miscellaneous income	189	241	479
4. Total (Lines 1 to 3)	990,739	1,212,854	2,200,315
5. Benefit and loss related payments	632,801	777,896	1,536,514
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	99,866	215,646	342,555
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(470,313)	(103,000)	(125,998)
10. Total (Lines 5 through 9)	262,354	890,542	1,753,071
11. Net cash from operations (Line 4 minus Line 10)	728,385	322,312	447,244
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	65,000	0	1,000,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	138	210,000	210,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	65,138	210,000	1,210,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	540,031	0	973,324
13.2 Stocks	6,000,000	0	10,000,000
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	6,540,031	0	10,973,324
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(6,474,893)	210,000	(9,763,324)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	6,000,000	0	10,000,000
16.3 Borrowed funds	0	(200,967)	(200,967)
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	42,259	(3,347)	(18,214)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	6,042,259	(204,314)	9,780,819
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)	295,751	327,998	464,739
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,529,460	1,064,721	1,064,721
19.2 End of period (Line 18 plus Line 19.1)	1,825,211	1,392,719	1,529,460

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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											
Total Members at end of:														
1. Prior Year	408	1	0	407	0	0	0	0	0	0	0	0	0	0
2. First Quarter	392	1	0	391	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	371	1	0	370	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0													
5. Current Year	371	1	0	370	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	2,393	6	0	2,387	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (a)	1,283,357	1,000	0	1,282,357	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	116,860	0	0	0	0	0	0	0	0	0	0	0	0	116,860
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,316,292	1,000	0	1,315,292	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	682,663	0	0	682,663	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	686,284	0	0	686,284	0	0	0	0	0	0	0	0	0	0

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

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						227,12
0699999 Total amounts withheld						20,37
0799999 Total claims unpaid						247,49
0899999 Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement	159,782	461,304	20,002	174,177	179,784	190,047
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	159,782	461,304	20,002	174,177	179,784	190,047
14. Health care receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	159,782	461,304	20,002	174,177	179,784	190,047

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

Notes to Financial Statements

Note 1 – Summary of Significant Accounting Policies and Going Concern

On March 19, 2025, The Cigna Group completed the sale of its Medicare Advantage, Medicare Individual Stand-Alone Prescription Drug Plans, Medicare and Other Supplemental Benefits, and CareAllies businesses to Health Care Service Corporation ("HCSC"). The Company was included as part of this transaction. As a result of this sale, the Company's ultimate parent is now HCSC, effective as of the transaction closing date.

A. Accounting Practices

The financial Statements of Provident American Life and Health Insurance Company ("PALHIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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 for determining its solvency under the Ohio 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:

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 475,621	\$ 892,240
(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	\$ 475,621	\$ 892,240
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 20,432,357	\$ 14,257,741
(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	\$ 20,432,357	\$ 14,257,741

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

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

C. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company pays dividends to participating policyholders.

The Company uses the following accounting policies:

(2) Basis for Short-Term Investments, Bonds and Amortization

Bonds not backed by other loans are stated at amortized cost using the interest rate method, except for those bonds with an NAIC 3-6 designation, which are carried at the lower of amortized cost or fair value. Fair values are calculated based on market prices provided by the custodian. If there are no market prices provided by the custodian, the fair value is calculated by the Company in conjunction with its investment advisors. All NAIC Securities Valuation Office (SVO) identified bond exchange-traded funds (ETFs) held by the Company are reported at fair value.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Asset-backed securities are carried at amortized cost, except for those asset-backed securities with an initial NAIC 3-6 designation, which are carried at the lower of amortized cost or fair value.

Prepayment assumptions for asset-backed securities are obtained from Mortgage Industry Advisor Corporation (MIAC) Mortgage Industry Medians (MIMs), Moody's Analytics, and Reuters, and the retrospective adjustment method is used. Once a asset-backed security has recognized an other-than temporary impairment (OTTI), the security is prospectively accreted over its remaining life to the undiscounted estimate of principal recovery.

D. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. Management has assessed and concluded that there were no conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements are issued. Accordingly, the accompanying financial statements have been prepared on the going concern basis.

Notes to Financial Statements

Note 2 – Accounting Changes and Correction of Errors

Statement of Statutory Accounting Principles (SSAP) No. 26, Bonds, SSAP No. 43 Loan-Backed and Structured Securities, and other related SSAPs were updated as part of the NAIC's principle-based bond definition project. Under the new bond definition, bonds are classified as either an "issuer credit obligation" or an "asset-backed security" and must establish a creditor relationship. Securities that exhibit equity-like features will transition to a new accounting and reporting standards under SSAP No. 21, Other Admitted Assets. The revisions were effective January 1, 2025. Adoption of this guidance did not have a material impact on the Company's financial position and results of operations.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. - C. Not applicable.

D. Loan Backed Securities

- (1) Prepayment assumptions for fixed-rate agency mortgage-backed securities are determined utilizing MIAC MIMs. MIMs are derived from a semimonthly dealer-consensus survey of long-term prepayment projections. Prepayment assumptions for other mortgage-backed, loan-backed and structured securities are obtained from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, data is obtained from Reuters which utilizes the median prepayment speed from contributors models.
- (2) In 2025, the Company has not recognized any other temporary investments parentheses (OTTIs) on loan backed securities that are classified under either intent to sell or under inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.
- (3) The Company did not recognize any OTTIs on loan-backed securities during the period ended June 30, 2025.
- (4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of June 30, 2025.
- (5) The Company believes that all unrealized losses on individual securities are the result of normal price fluctuations due to market conditions and are not an indication of OTTI. Market conditions include interest rate fluctuations, credit quality, supply, and demand.

E. - R.. Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

No significant changes.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

.As a result of the sale of PALHIC to HCSC, services formerly provided to the Company by Cigna through various intercompany arrangements have been replaced by a Transition Services Agreement ("TSA"). Services under the TSA will expire at various times through 2026 as similar services become available to the Company through new intercompany arrangements with HCSC.

Note 11 – Debt

Not applicable.

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

On March 19, 2025, most all Cigna employees associated with the business sold to HCSC became employees of HCSC ("the conveying employees"). As a result of the sale, various benefits formerly provided to the conveying employees by Cigna were terminated and replaced by similar benefits provided by HCSC.

Notes to Financial Statements

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

B. Assessments - There were no material impacts to existing or new guaranty fund assessments for the three months ended June 30, 2025.

F. All Other Contingencies

Other Legal Matters

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Management does not believe that litigation or other matters currently pending against the Company would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

Note 15 – Leases

Not applicable.

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

Not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets - Not applicable.

C. The Company was not involved in any wash sale transactions in 2025.

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

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that gives the highest rating to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). There were no changes in valuation techniques from the prior period.

Level 1 – Inputs are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.

Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Net Asset Value (NAV) – NAV per share is the amount of net assets attributable to each share of capital stock (other than senior equity securities, that is, preferred stock) outstanding at the close of the period. It excludes the effects of assuming conversion of outstanding convertible securities, whether or not their conversion would have a diluting effect.

In order to be classified as Level 1, unadjusted quoted market prices for identical assets or liabilities in active markets must be available. Fair values based on quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the investment (e.g., market interest rates and volatilities, spreads, yield curves, reported trades, broker/dealer quotes, bids, and offers) are classified as Level 2. Fair values not determined using the methods applicable to Levels 1 and 2, such as using discounted cash flow analysis, incorporating current market inputs for similar financial instruments with comparable terms and credit quality (matrix pricing) or other methods, models, and assumptions that management believes market participants would use to determine a current transaction price are assigned to Level 3.

The Company's invested assets subject to this disclosure are priced principally through independent pricing services that obtain prices from reputable pricing vendors in the marketplace. Through contracted custodians and software vendors, the Company obtains prices for all securities and continually monitors and reviews the external pricing sources while actively attempting to resolve any pricing issues that may arise. These service providers use a market approach to find pricing of similar financial instruments.

These valuation techniques involve some level of management estimation and judgment, which become significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model, or input used.

(1) Fair Value Measurements at Reporting Date

The following table summarizes fair value measurements by level as of June 30, 2025 for financial instruments carried at fair value:

Notes to Financial Statements

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Money Market Mutual Funds	\$ —	\$ —	\$ —	\$ 557,821	\$ 557,821
Total Assets at fair value	\$ —	\$ —	\$ —	\$ 557,821	\$ 557,821

The following table summarizes fair value measurements by level as of December 31, 2024 for financial instruments carried at fair value: None.

- (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy
Not applicable
- (3) Level 3 Transfers
Not applicable
- (4) Valuation Techniques and Inputs
Not applicable

B. Other Fair Value Disclosures

Not applicable.

C. Aggregate Fair Value of All Financial Instruments

The following table provides the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of June 30, 2025:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
March 31, 2025							
Bonds	\$ 3,803,611	\$ 3,958,863	\$ 3,803,611	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 1,825,211	\$ 1,825,211	\$ 1,267,390	\$ 557,821	\$	\$ 557,821	\$

The following table provides the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2024:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	(Carrying Value)
December 31, 2024							
Bonds	\$ 3,219,526	\$ 3,482,054	\$ 3,219,526	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 1,529,460	\$ 1,529,460	\$ 602,298	\$ 927,162	\$	\$	\$

D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value

None.

E. Investments Measured Using the NAV Practical Expendit

Not applicable

Note 21 – Other Items

No significant changes.

Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through August 14, 2025, the date financial statements were available to be issued.

On July 17, 2025, the Company received a \$14,000,000 capital contribution from HealthSpring National Health Insurance Company. In accordance with paragraph 8 of NAIC Statements of Statutory Accounting Principles No. 72, "Surplus and Quasi-Reorganizations" (SSAP No.72) and with permission of the Ohio Department of Insurance, the contribution was recognized in the accompanying Statements of Assets as a Receivable from Parent, Subsidiaries and Affiliates and in the Statement of Liabilities and Capital and Surplus as a credit to Gross Paid-in and Contributed Surplus.

On July 17, 2025, the Company contributed \$14,000,000 to HealthSpring Insurance Company. In accordance with SSAP No. 72 and with permission of the Ohio Department of Insurance, the contribution was recognized in the accompanying Statement of Assets as a common stock investment and in the Statement of Liabilities and Capital and Surplus as a credit to intercompany payables.

Note 23 – Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Notes to Financial Statements

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2024 were \$190,047. As of June 30, 2025, \$159,782 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$20,002 as a result of re-estimation of unpaid claims principally on Medicare Supplement. Therefore, there has been a \$10,262 favorable prior year development since December 31, 2024 to June 30, 2025. The change is generally the result of ongoing analysis of recent loss development trends.

B. Information about Significant Changes in Methodologies and Assumptions

Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

No significant changes.

Note 30 – Premium Deficiency Reserves

Not applicable.

Note 31 – Anticipated Salvage and Subrogation

Not applicable.

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
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? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] 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? Yes [] No [X]

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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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? Yes [] No [X]

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? Yes [] No [X]

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

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

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? Yes [] No [] N/A [X] 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. 12/31/2023

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. 12/31/2023

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). 06/30/2025

6.4 By what department or departments?
Ohio Department of Insurance _____

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

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? Yes [] No [X]

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? Yes [] No [X]

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? Yes [] No [X]

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 affiliate's primary federal regulator.

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

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
GENERAL 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 [] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? Yes [] 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? Yes [] 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 [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 14,000,000

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 9,212,585	\$ 14,689,424
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 9,212,585	\$ 14,689,424
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? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
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	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
GENERAL INTERROGATORIES

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 [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
Wellington Management Company LLP	345 North Morgan Street, 4th Floor Chicago, Illinois 60607

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 Name(s)	2 Location(s)	3 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? Yes [X] No []

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JPMorgan Chase Bank, N.A.	Wellington Management Company LLP	03/19/2025	Change in control

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. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Lillian Michelle Sutton	I.....
Wellington Management Company LLP	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? Yes [X] 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? Yes [X] 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106595	Wellington Management Company LLP	549300YHP12TEZNLCX41	SEC	DS.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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? Yes [] No [X]

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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	51.467 %
1.2 A&H cost containment percent	0.697 %
1.3 A&H expense percent excluding cost containment expenses	10.461 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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? Yes [] No [X]

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

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

None

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N	7,900 .....	.....	.....	.....	4,615 .....	.....	12,516 .....	.....
2. Alaska	AK	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
3. Arizona	AZ	L	6,854 .....	.....	.....	.....	659 .....	.....	7,513 .....	.....
4. Arkansas	AR	L	6,477 .....	.....	.....	.....	.....	.....	6,477 .....	.....
5. California	CA	L	16,440 .....	.....	.....	.....	847 .....	.....	17,287 .....	.....
6. Colorado	CO	L	12,128 .....	.....	.....	.....	299 .....	.....	12,428 .....	.....
7. Connecticut	CT	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
8. Delaware	DE	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
9. District of Columbia	DC	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
10. Florida	FL	L	2,312 .....	.....	.....	.....	.....	.....	2,312 .....	.....
11. Georgia	GA	L	5,285 .....	.....	.....	.....	.....	.....	5,285 .....	.....
12. Hawaii	HI	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
13. Idaho	ID	L	2,927 .....	.....	.....	.....	1,070 .....	.....	3,997 .....	.....
14. Illinois	IL	L	22,365 .....	.....	.....	.....	2,774 .....	.....	25,139 .....	.....
15. Indiana	IN	L	4,887 .....	.....	.....	.....	776 .....	.....	5,663 .....	.....
16. Iowa	IA	L	59,673 .....	.....	.....	.....	664 .....	.....	60,337 .....	.....
17. Kansas	KS	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
18. Kentucky	KY	L	8,078 .....	.....	.....	.....	2,540 .....	.....	10,618 .....	.....
19. Louisiana	LA	L	10,160 .....	.....	.....	.....	156 .....	.....	10,316 .....	.....
20. Maine	ME	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
21. Maryland	MD	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
22. Massachusetts	MA	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
23. Michigan	MI	N .....	.....	.....	.....	.....	623 .....	.....	623 .....	.....
24. Minnesota	MN	N	3,283 .....	.....	.....	.....	208 .....	.....	3,491 .....	.....
25. Mississippi	MS	L	20,486 .....	.....	.....	.....	2,588 .....	.....	23,075 .....	.....
26. Missouri	MO	L	7,258 .....	.....	.....	.....	2,025 .....	.....	9,283 .....	.....
27. Montana	MT	L	37,127 .....	.....	.....	.....	797 .....	.....	37,924 .....	.....
28. Nebraska	NE	L	22,721 .....	.....	.....	.....	830 .....	.....	23,552 .....	.....
29. Nevada	NV	L .....	.....	.....	.....	.....	51 .....	.....	51 .....	.....
30. New Hampshire	NH	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
31. New Jersey	NJ	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
32. New Mexico	NM	N .....	.....	.....	.....	.....	255 .....	.....	255 .....	.....
33. New York	NY	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
34. North Carolina	NC	L	2,871 .....	.....	.....	.....	351 .....	.....	3,222 .....	.....
35. North Dakota	ND	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
36. Ohio	OH	L	11,539 .....	.....	.....	.....	1,341 .....	.....	12,879 .....	.....
37. Oklahoma	OK	L	37,827 .....	.....	.....	.....	3,697 .....	.....	41,524 .....	.....
38. Oregon	OR	L	63,816 .....	.....	.....	.....	3,732 .....	.....	67,548 .....	.....
39. Pennsylvania	PA	L	2,843 .....	.....	.....	.....	4,129 .....	.....	6,971 .....	.....
40. Rhode Island	RI	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
41. South Carolina	SC	L	147,421 .....	.....	.....	.....	16,421 .....	.....	163,842 .....	.....
42. South Dakota	SD	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
43. Tennessee	TN	N	4,867 .....	.....	.....	.....	.....	.....	4,867 .....	.....
44. Texas	TX	L	733,626 .....	.....	.....	.....	59,784 .....	.....	793,409 .....	.....
45. Utah	UT	L	4,090 .....	.....	.....	.....	3,183 .....	.....	7,273 .....	.....
46. Vermont	VT	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
47. Virginia	VA	N	2,132 .....	.....	.....	.....	433 .....	.....	2,565 .....	.....
48. Washington	WA	N	4,027 .....	.....	.....	.....	156 .....	.....	4,183 .....	.....
49. West Virginia	WV	L	10,937 .....	.....	.....	.....	862 .....	.....	11,799 .....	.....
50. Wisconsin	WI	L .....	.....	.....	.....	.....	994 .....	.....	994 .....	.....
51. Wyoming	WY	L .....	.....	.....	.....	.....	.....	.....	0 .....	.....
52. American Samoa	AS	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
53. Guam	GU	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
54. Puerto Rico	PR	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
55. U.S. Virgin Islands	VI	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
56. Northern Mariana Islands	MP	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
57. Canada	CAN	N .....	.....	.....	.....	.....	.....	.....	0 .....	.....
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal .....	.....	XXX	1,282,357	0	0	0	116,860	0	1,399,218	0
60. Reporting Entity Contributions for Employee Benefit Plans .....	.....	XXX .....	.....	.....	.....	.....	.....	.....	0	0
61. Totals (Direct Business) .....	.....	XXX	1,282,357	0	0	0	116,860	0	1,399,218	0
DETAILS OF WRITE-INS										
58001. .....	.....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58002. .....	.....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58003. .....	.....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page .....	.....	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	.....	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 38 4. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 19
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

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

COMPANY	NAIC CODE	FEDERAL ID NUMBERS	DOMICILED STATE	PERCENTAGE OWNED BY PARENT
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	36-1236610	IL	
DEARBORN LIFE INSURANCE COMPANY	71129	36-2598882	IL	100.00%
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	85090	22-3026145	NY	100.00%
DENTAL NETWORK OF AMERICA, LLC		36-3339483	DE	100.00%
DENTEMAX, LLC		38-2612298	DE	100.00%
DENTAL SOLUTIONS, INC.		20-1067299	MI	100.00%
HCSC PURCHASING, LLC		36-4186601	DE	100.00%
HCSC INSURANCE SERVICES COMPANY	78611	73-1350270	IL	100.00%
PRIME THERAPEUTICS LLC		26-0076803	DE	38.98%
AVAILITY, LLC		59-3715944	DE	21.44%
CAREALLIES, INC.		81-2760646	DE	100.00%
CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC		85-0954556	DE	100.00%
CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC		87-1813801	DE	100.00%
CAPITAL GROUP FOR BETTER HEALTH, LLC		88-4112374	DE	51.00%
COLLECTIVEHEALTH, INC.		46-3985383	DE	14.49%
GHS INSURANCE COMPANY	29718	73-1507369	OK	100.00%
GHS GENERAL INSURANCE AGENCY, INC.		73-1514691	OK	100.00%
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	11814	73-1191843	OK	100.00%
MEDECISION, INC.		23-2530889	PA	100.00%
CMH TECHNOLOGY SUBSIDIARY, LLC		82-4418148	DE	100.00%
GSI HEALTH, LLC		80-0849331	PA	100.00%
HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE		27-4269034	DE	10.64%
INNOVISTA, LLC		30-0802612	DE	100.00%
ESSENTIAL HEALTH PARTNERS, LLC		83-3093990	IL	40.00%
GENOVISTA HEALTH, LLC		83-4283301	TX	49.00%
INNOVISTA HEALTH PARTNERS, LLC		99-4379181	TX	100.00%
INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER		83-4213500	TX	100.00%
SILVER CROSS MSO, LLC		85-3005773	IL	13.33%
SOLERA HEALTH, INC.		47-5298764	DE	28.75%
TRIWEST ALLIANCE INC.		86-0813402	DE	15.61%
HCSC VENTURES, INC.		37-1789176	DE	100.00%
ALACURA HOLDINGS, INC. ¹		83-2215567	DE	23.18%
AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS		46-3019902	DE	18.04%
BLUECROSS BLUESHIELD VENTURES, INC.		26-2930757	DE	21.55%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	1.00%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	21.34%

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

COGITATIVO, INC.		47-1692551	DE	11.88%
HCSC ITC, LLC		82-1682951	DE	100.00%
HEALTHBOX CHICAGO III LLC		47-0970280	DE	36.27%
HCSC INVESTMENTS, LLC		87-4386908	DE	100.00%
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	16013	61-1782332	IL	100.00%
505 INSURANCE COMPANY	16359	38-3984430	NM	100.00%
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	15941	36-4836697	TX	100.00%
SOUTH WATER INSURANCE COMPANY		84-2710924	UT	100.00%
LUMINARE HEALTH BENEFITS, INC.		35-1846036	DE	100.00%
HCSC MEDICARE HOLDINGS INC.		99-1184798	DE	100.00%
HCSC MEDICARE INC.		99-1194574	DE	100.00%
CERES SALES OF OHIO, LLC		34-1970892	OH	100.00%
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	95604	84-1004500	CO	100.00%
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE CO.)	61727	34-0970995	OH	100.00%
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	67903	23-1335885	OH	100.00%
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	65269	75-2305400	OH	100.00%
HEALTHSPRING, INC.		20-1821898	DE	100.00%
NEWQUEST, LLC		76-0628370	TX	100.00%
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	12902	20-8534298	IL	100.00%
HEALTHSPRING MANAGEMENT OF AMERICA, LLC		20-8647386	DE	100.00%
HEALTHSPRING OF FLORIDA, INC.	11532	65-1129599	FL	100.00%
HEALTHSPRING USA, LLC		72-1559530	TN	100.00%
HOUQUEST, LLC		75-3108521	DE	100.00%
GULFQUEST, LP		76-0657035	TX	99.00%
NEWQUEST MANAGEMENT NORTHEAST, LLC		52-1929677	DE	100.00%
BRAVO HEALTH PENNSYLVANIA, INC.	11524	52-2363406	PA	100.00%
BRAVO HEALTH MID-ATLANTIC, INC.	10095	52-2259087	MD	100.00%
NEWQUEST MANAGEMENT ALABAMA, LLC		33-1033586	AL	100.00%
NEWQUEST MANAGEMENT OF FLORIDA, LLC		20-4954206	FL	100.00%
NEWQUEST MANAGEMENT OF ILLINOIS, LLC		77-0632665	IL	100.00%
TENNESSEE QUEST, LLC		20-5524622	TN	100.00%
TEXQUEST, LLC		75-3108527	DE	100.00%
GULFQUEST, LP		76-0657035	TX	1.00%
LOYAL AMERICAN LIFE INSURANCE COMPANY	65722	63-0343428	OH	100.00%
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366	59-2760189	OH	100.00%
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	34720	13-3506395	NY	100.00%
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762	42-1425239	PA	100.00%
STERLING LIFE INSURANCE COMPANY	77399	13-1867829	IL	100.00%

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

CIVICASCIPT, LLC	84-4777602	DE	0.00%
CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	75-2393811	TX	0.00%
THE OKLAHOMA CARING FOUNDATION, INC.	73-1470846	OK	0.00%
THE CARING FOUNDATION OF MONTANA, INC.	35-2613131	MT	0.00%
PLANITES CREDIT UNION	36-6057472	IL	0.00%
LIFETIME FEDERAL CREDIT UNION	75-6020171	TX	0.00%

¹Includes 2.78% passive investment through private equity funds.

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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	Domestic- iliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Yes/No)	*
.0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UDP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	IL	DS	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	85090	22-3026145				DENTAL NETWORK OF AMERICA, LLC	NY	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	DEARBORN LIFE INSURANCE COMPANY	Ownership	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTEMAX, LLC	DE	DS	DENTAL NETWORK OF AMERICA, LLC	Board of Directors, Management	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTAL SOLUTIONS, INC.	MI	DS	DENTEMAX, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				HCSC PURCHASING, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC INSURANCE SERVICES COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	78611	73-1350270				PRIME THERAPEUTICS LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-0076803				AVAILITY, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.440	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				CAREALLIES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	81-2760646				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	DS	CAREALLIES, INC.	Ownership	51.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				COLLECTIVEHEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	14.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
.0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11814	73-1191843		0001367705		D/B/A BLUELINS HMO	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001508432		MEDECISION, INC.	PA	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	82-4418148				CMH TECHNOLOGY SUBSIDIARY, LLC	DE	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	DS	MEDECISION, INC.	Ownership	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034				HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	DS	INNOVISTA, LLC	Ownership, Board of Directors	40.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-4283301				GENOVISTA HEALTH, LLC	TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	49.000	MUTUAL LEGAL RESERVE COMPANY	NO	

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	99-4379181			INNOVISTA HEALTH PARTNERS, LLC	INNOVISTA, LLC	TX.....DS.....	INNOVISTA, LLC	Ownership.....	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	83-4213500			INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	INNOVISTA, LLC	TX.....DS.....	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	85-3005773			SILVER CROSS MSO, LLC	INNOVISTA, LLC	IL.....DS.....	INNOVISTA, LLC	Ownership, Board of Directors	13.300	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	47-5298764			SOLERA HEALTH, INC.	LEGAL RESERVE COMPANY	DE.....DS.....	LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.750	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	86-0813402			TRIWEST ALLIANCE, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.610	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	37-1789176			HCSC VENTURES, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	83-2215567			ALACURA HOLDINGS, INC.	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership, Board of Directors	23.180	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	0000007
		00000	46-3019902			AVALON HEALTH SERVICES, LLC D/B/A AVALON	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership, Board of Directors	18.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	26-2930757		0001439779 ..	HEALTHCARE SOLUTIONS	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	26-2936839		0001439778 ..	BLUECROSS BLUESHIELD VENTURES, INC.	HCSC VENTURES, INC.	DE.....DS.....	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	0000003
		00000	26-2936839		0001439778 ..	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	HCSC VENTURES, INC.	DE.....DS.....	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	0000003
		00000	47-1692551			COGITATIVO, INC.	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership, Board of Directors	11.900	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	82-1682951			HCSC ITC, LLC	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	47-0970280		0001612123 ..	HEALTHBOX CHICAGO III LLC	HCSC VENTURES, INC.	DE.....DS.....	HCSC VENTURES, INC.	Ownership.....	36.300	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	87-4386908			HCSC INVESTMENTS, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	16013	61-1782332			ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL	IL.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	16359	38-3984430			505 INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	15941	36-4836697			TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL	TX.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	84-2710924			SOUTH WATER INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL	UT.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	0000004
		00000	35-1846036			LUMINARE HEALTH BENEFITS, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	99-1184798			HCSC MEDICARE HOLDINGS INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	99-1194574			HCSC MEDICARE INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	34-1970892			CERES SALES OF OHIO, LLC	HCSC MEDICARE INC.	OH.....DS.....	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	95604	84-1004500			HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	HCSC MEDICARE INC.	CO.....DS.....	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	61727	34-0970995			HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	HCSC MEDICARE INC.	OH.....UDP.....	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	
0917	HCSC GROUP	67903	23-1335885			PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	CIGNA NATIONAL HEALTH INSURANCE COMPANY	OH.....RE.....	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY	NO.....	

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
0917	HCSC GROUP	65269	75-2305400			HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)		OH	DS	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	20-1821898			HEALTHSPRING, INC.		DE	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370			NEWQUEST, LLC		TX	DS	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		12902	20-8534298			HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.		IL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-8647386			HEALTHSPRING MANAGEMENT OF AMERICA, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
0917	HCSC GROUP	11532	65-1129599			HEALTHSPRING OF FLORIDA, INC.		FL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530			HEALTHSPRING USA, LLC		TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	75-3108521			HOQUEST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035			GULFQUEST, LP		TX	DS	HOQUEST, LLC	Ownership, Management	.99.000	HEALTH CARE SERVICE CORPORATION, A	NO	000003
		00000	52-1929677			NEWQUEST MANAGEMENT NORTHEAST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11524	52-2363406			BRAVO HEALTH PENNSYLVANIA, INC.		PA	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
0917	HCSC GROUP	10095	52-2259087			BRAVO HEALTH MID-ATLANTIC, INC.		MD	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586			NEWQUEST MANAGEMENT ALABAMA, LLC		AL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	20-4954206			NEWQUEST MANAGEMENT OF FLORIDA, LLC		FL	DS	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665			NEWQUEST MANAGEMENT OF ILLINOIS, LLC		IL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	20-5524622			TENNESSEE QUEST, LLC		TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527			TEXQUEST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	76-0657035			GULFQUEST, LP		TX	DS	TEXQUEST, LLC	Ownership, Management	1.000	MUTUAL LEGAL RESERVE COMPANY	NO	000003
0917	HCSC GROUP	65722	63-0343428			LOYAL AMERICAN LIFE INSURANCE COMPANY		OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
0917	HCSC GROUP	88366	59-2760189			AMERICAN RETIREMENT LIFE INSURANCE COMPANY		OH	IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	34720	13-3506395			MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK		NY	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
0917	HCSC GROUP	63762	42-1425239			MEDCO CONTAINMENT LIFE INSURANCE COMPANY		PA	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	77399	13-1867829			STERLING LIFE INSURANCE COMPANY		IL	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A	NO	
		00000	84-4777602			CIVICASCIPT, LLC		DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	000008
		00000	75-2393811			CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.		TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A	NO	000004
		00000	35-2613131			THE CARING FOUNDATION OF MONTANA, INC.		MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A	NO	000004

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi-ciliary Loca-tion	10 Rela-tion-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percen-tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re-quired? (Yes/No)	16 *
.....	00000	73-1470846	.....	.....	THE OKLAHOMA CARING FOUNDATION, INC.	.....	OK.....	OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000005
.....	00000	36-6057472	.....	.....	PLANITES CREDIT UNION	.....	IL.....	OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006
.....	00000	75-6020171	.....	.....	LIFETIME FEDERAL CREDIT UNION	.....	TX.....	OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006

Asterisk	Explanation
1	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8
2	Ownership (shell company)
3	Reflect direct ownership percentages only
4	Majority of the directors are employees or directors of HCSC
5	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
6	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
7	Includes 2.78% passive investment through private equity funds.
8	HCSC controls 1 of 10 board seats

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
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.

YES

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 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)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 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 paid 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)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 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)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	12,694,637	16,676,755
2. Cost of bonds and stocks acquired	20,540,031	10,973,324
3. Accrual of discount	2,152	633
4. Unrealized valuation increase/(decrease)	(14,523,162)	(13,954,947)
5. Total gain (loss) on disposals	0	
6. Deduct consideration for bonds and stocks disposed of	65,000	1,000,000
7. Deduct amortization of premium	374	1,128
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	18,648,284	12,694,637
12. Deduct total nonadmitted amounts	18,648,284	12,694,637
13. Statement value at end of current period (Line 11 minus Line 12)		

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	3,482,758	540,031	65,000	1,074	3,482,758	3,958,863	0	3,482,054
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	3,482,758	540,031	65,000	1,074	3,482,758	3,958,863	0	3,482,054
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	3,482,758	540,031	65,000	1,074	3,482,758	3,958,863	0	3,482,054

(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 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	927,162	254,849
2. Cost of cash equivalents acquired	1,812,581	2,037,313
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	2,181,921	1,365,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	557,821	927,162
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	557,821	927,162

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
91282C-GZ-8	UNITED STATES TREASURY	04/08/2025	MELLON	540,031	550,000	550,000	8,508	1.A
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				540,031	550,000	550,000	8,508	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)				540,031	550,000	550,000	8,508	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)				0	0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3				540,031	550,000	550,000	8,508	XXX
0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations				540,031	550,000	550,000	8,508	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)				0	0	0	0	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)				0	0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3				0	0	0	0	XXX
1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities				0	0	0	0	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				540,031	550,000	550,000	8,508	XXX
4509999997. Total - Preferred Stocks - Part 3				0	XXX	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks				0	XXX	XXX	0	XXX
909585-10-1	CIGNA INSURANCE COMPANY	07/14/2025	Capital Contribution	14,000,000	14,000,000	14,000,000	14,000,000	.....
5929999999. Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates Other				14,000,000	XXX	14,000,000	14,000,000	XXX
5989999997. Total - Common Stocks - Part 3				14,000,000	XXX	14,000,000	14,000,000	XXX
5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks				14,000,000	XXX	14,000,000	14,000,000	XXX
5999999999. Total - Preferred and Common Stocks				14,000,000	XXX	14,000,000	14,000,000	XXX
6009999999 - Totals				14,540,031	XXX	14,008,508	14,008,508	XXX

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Adminis- trative Symbol		
									10 Unrealized Valuation Increase/(Decrease)	11 Current Year's (Amor- tization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
.91282C-EH-0	UNITED STATES TREASURY	04/15/2025	Maturity @ 100.00	65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	04/15/2025	1.A	
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)				65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4				65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0509999999. Total - Issuer Credit Obligations				65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	
1889999999. Total - Asset-Backed Securities (Unaffiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1909999999. Total - Asset-Backed Securities				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				65,000	65,000	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals				65,000	XXX	64,985	64,996	0	4	0	4	0	0	65,000	0	0	0	0	1,641	XXX	XXX	

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

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 First Month	7 Second Month	8 Third Month	
Bank of America Depository ... Richmond, VA	0.000		0	0	218,232	438,939	353,411	XXX
Austin, TX/San Antonio, TX								
JPMorgan Chase—Depository ...	0.000		0	0	364,526	151,201	317,119	XXX
Northern Trust Chicago, IL	0.000		0	0	0	0	8,532	XXX
Wachovia Bank, N.a. Winston Salem, NC	0.000		0	0	587,271	587,640	588,328	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	1,170,029	1,177,780	1,267,390	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,170,029	1,177,780	1,267,390	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	1,170,029	1,177,780	1,267,390	XXX

STATEMENT AS OF JUNE 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0489999999. Total - Issuer Credit Obligations (Unaffiliated)						0	0	0
0499999999. Total - Issuer Credit Obligations (Affiliated)						0	0	0
0509999999. Total - Issuer Credit Obligations						0	0	0
09248U-71-8	BLKRK LOC-T-FUND INSTL		06/30/2025	.4.190		10,081	35	46
4812C2-23-9	JPMORGAN:US TRS-MM CAP		06/30/2025	.4.190		10,079	35	45
665279-80-8	NORTHERN INST:TREAS SH		06/30/2025	.4.190		10,086	35	52
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						30,246	104	143
31846V-33-6	FIRST AMER:GVT OBLG X		06/30/2025	.4.220		10,081	35	46
665278-40-4	NORTHERN INST:US GVT SHS		06/03/2025	4.110		517,493	1,749	3,547
8309999999. Subtotal - All Other Money Market Mutual Funds						527,575	1,784	3,594
8589999999. Total Cash Equivalents (Unaffiliated)						557,821	1,887	3,736
8599999999. Total Cash Equivalents (Affiliated)						0	0	0
8609999999 - Total Cash Equivalents						557,821	1,887	3,736