



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

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 (Street and Number) Columbus, OH, US 43219 (City or Town, State, County and Zip Code)

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

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

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

Internet Website Address www.HCSC.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Tennessee SS: Davidson
County of

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.

Signed by:

Stephen Harris

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Stephen Devon Harris
Chief Executive Officer, President

DocSigned by:
Arlene Keh Lim
BE38C41B43B84AE

Arlene Keh Lim
Secretary

Signed by:
Lillian Sutton
CAT43F00279847Z.

Lillian Michelle Sutton
Treasurer

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

Yes No

8th day of August 2025

Kathleen G. G.

