



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

Provident American Life and Health Insurance Company

NAIC Group Code 0917 (Current) 0901 (Prior) 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 [ X ]

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

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

Main Administrative Office 300 E. Randolph Street (Street and Number) Chicago, IL, US 60601 (City or Town, State, Country and Zip Code) 312-653-6000 (Area Code) (Telephone Number)

Mail Address 300 E. Randolph Street (Street and Number or P.O. Box) Chicago, IL, US 60601 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 E. Randolph Street (Street and Number) Chicago, IL, US 60601 (City or Town, State, Country and Zip Code) 312-653-6000 (Area Code) (Telephone Number)

Internet Website Address www.HCSC.com

Statutory Statement Contact Mark Larson (Name) 972-766-4350 (Area Code) (Telephone Number) Mark.Larson@bcbstx.com (E-mail Address) 972-766-4360 (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, Tax Mark Edmund Ochal #, Vice President Minhe Yu #, Vice President Marlana Powell Pickering #, Assistant Secretary

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 Yes [ X ] No [ ]

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

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

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 .....	4,606,327	0	4,606,327	3,482,054
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	1,907,239	0	1,907,239	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 \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....883,243 ), cash equivalents (\$ .....989,806 ) and short-term investments (\$ ..... ) .....	1,873,049		1,873,049	1,529,460
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....		0	0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....		0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	8,386,615	0	8,386,615	14,224,099
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	36,945	0	36,945	20,056
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,550	0	3,550	6,427
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	66,463	0	66,463	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 .....	26,625	0	26,625	28,829
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	5,565	0	5,565	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 .....	551,926	185,210	366,716	208,007
19. Guaranty funds receivable or on deposit .....	6,036	0	6,036	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 .....	690	0	690	428
24. Health care (\$ .....0 ) and other amounts receivable .....	862	862	0	0
25. Aggregate write-ins for other-than-invested assets .....	9,177	9,177	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	9,094,454	195,249	8,899,205	15,067,769
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	9,094,454	195,249	8,899,205	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 .....	9,177	9,177	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)	9,177	9,177	0	0

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 62,563 reinsurance ceded) .....	199,234	0	199,234	190,047
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	2,931	0	2,931	2,801
4. Aggregate health policy reserves, including the liability of \$ ..... 0 for medical loss ratio rebate per the Public Health Service Act .....	164,039	0	164,039	401,485
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	13,572	0	13,572	34,802
9. General expenses due or accrued .....	15,676	0	15,676	27,035
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... 0 on realized gains (losses)) .....	6,000	0	6,000	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	109,160		109,160	121,355
12. Amounts withheld or retained for the account of others.....	40	0	40	40
13. Remittances and items not allocated .....	579,751		579,751	3,949
14. Borrowed money (including \$ ..... 0 current) and interest thereon \$ ..... (including \$ ..... current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	18,247		18,247	23,158
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	2,822	0	2,822	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) .....	12,799	0	12,799	5,356
24. Total liabilities (Lines 1 to 23) .....	1,124,271	0	1,124,271	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	
30. Aggregate write-ins for other-than-special surplus funds .....	XXX.....	XXX.....	0	0
31. Unassigned funds (surplus) .....	XXX.....	XXX.....	(38,825,182)	(12,342,375)
32. Less treasury stock, at cost:				
32.1 ..... 0 shares common (value included in Line 26 \$ ..... ) .....	XXX.....	XXX.....		
32.2 ..... 0 shares preferred (value included in Line 27 \$ ..... ) .....	XXX.....	XXX.....		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX.....	XXX.....	7,774,934	14,257,741
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX.....	XXX.....	8,899,205	15,067,769
DETAILS OF WRITE-INS				
2301. Escheat Liability .....	8,035	0	8,035	526
2302. Other Amounts Payable on Reinsurance .....	4,764	0	4,764	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)	12,799	0	12,799	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 AS OF SEPTEMBER 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

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	3,470	4,158	5,400
2. Net premium income ( including \$ ..... 1,729 non-health premium income).....	XXX	1,673,607	1,401,413	1,919,872
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	39,362	57,510	26,939
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0	0
5. Risk revenue .....	XXX		0	
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	734	365	479
8. Total revenues (Lines 2 to 7) .....	XXX	1,713,703	1,459,288	1,947,290
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		982,542	1,242,169	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	0
16. Subtotal (Lines 9 to 15) .....	0	982,542	1,242,169	1,678,844
<b>Less:</b>				
17. Net reinsurance recoveries .....		78,128	94,491	116,254
18. Total hospital and medical (Lines 16 minus 17) .....	0	904,414	1,147,678	1,562,590
19. Non-health claims (net) .....		0	0	0
20. Claims adjustment expenses, including \$ .....498 cost containment expenses .....		9,684	18,102	27,938
21. General administrative expenses .....		163,166	253,085	299,835
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .		(243)	(2,999)	(2,682)
23. Total underwriting deductions (Lines 18 through 22).....	0	1,077,021	1,415,866	1,887,681
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	636,682	43,422	59,609
25. Net investment income earned .....		65,949	56,167	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	65,949	56,167	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	(204)	(6,833)	(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	702,427	92,756	129,046
31. Federal and foreign income taxes incurred .....	XXX	29,899	(73,235)	(763,194)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	672,528	165,991	892,240
<b>DETAILS OF WRITE-INS</b>				
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	93	88	110
0702. Ceding commission amortization .....	XXX	641	277	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	734	365	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 .....		(204)	(6,833)	(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	(204)	(6,833)	(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 .....	672,528	165,991	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	(27,305,345)	(4,888,490)	(13,954,947)
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	(182,828)	(93,374)	(817,399)
39. Change in nonadmitted assets .....	333,478	123,680	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	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....		0	
45. Surplus adjustments:			
45.1 Paid in .....	20,000,000	0	10,000,000
45.2 Transferred to capital (Stock Dividend) .....		0	
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	(641)	(277)	(369)
48. Net change in capital & surplus (Lines 34 to 47) .....	(6,482,808)	(4,809,192)	(3,460,952)
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,774,934	12,909,501	14,257,742
DETAILS OF WRITE-INS			
4701. Change in Surplus as a result of Reinsurance .....	(641)	(277)	(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)	(641)	(277)	(369)

STATEMENT AS OF SEPTEMBER 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 .....	1,445,326	1,550,126	2,127,909
2. Net investment income .....	45,772	54,892	71,927
3. Miscellaneous income .....	734	365	479
4. Total (Lines 1 to 3) .....	1,491,832	1,605,383	2,200,315
5. Benefit and loss related payments .....	893,642	1,167,211	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 .....	182,160	300,337	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) .....	605,489	1,364,548	1,753,071
11. Net cash from operations (Line 4 minus Line 10) .....	886,343	240,835	447,244
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	75,000	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 .....	2,822	210,000	210,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	77,822	210,000	1,210,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,195,985	0	973,324
13.2 Stocks .....	20,000,000	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) .....	21,195,985	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) .....	(21,118,163)	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 .....	20,000,000	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) .....	575,409	(20,147)	(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) .....	20,575,409	(221,114)	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) .	343,589	229,721	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) .....	1,873,049	1,294,442	1,529,460

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

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STATEMENT AS OF SEPTEMBER 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	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year .....	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 .....	356	1	0	355	0	0					0	0	0	
5. Current Year	356	1	0	355	0	0					0	0	0	
6. Current Year Member Months	3,470	9	0	3,461	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) .....	1,798,489	1,000	0	1,797,489	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct .....	177,091													177,091
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	1,834,889	1,000	0	1,833,889	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	973,028			973,028										
18. Amount Incurred for Provision of Health Care Services	982,542			982,542										

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

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

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

[illegible]



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  Claims Incurred in Prior Years (Columns 1 + 3)	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 .....	162,292	732,934	9,563	189,672	171,855	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) .....	162,292	732,934	9,563	189,672	171,855	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)	162,292	732,934	9,563	189,672	171,855	190,047

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

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

## 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 ("PALHC" 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	\$ 672,528	\$ 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	\$ 672,528	\$ 892,240
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,774,934	\$ 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	\$ 7,774,934	\$ 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.

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

## 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 September 30, 2025.

(4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of September 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

On May 30, 2025 and July 18, 2025, the Company received \$6,000,000 and \$14,000,000 in capital contributions from Healthspring National Health Insurance Company.

On May 30, 2025 and July 18, 2025, the Company contributed \$6,000,000 and \$14,000,000, respectively, to Healthspring Insurance Company.

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

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

## Notes to Financial Statements

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.

### 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 September 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.

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

## Notes to Financial Statements

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 September 30, 2025 for financial instruments carried at fair value:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents					
Exempt Money Market Mutual Funds				\$ 835,903	\$ 835,903
Other Money Market Mutual Funds	\$ —	\$ —	\$ —	\$ 153,904	\$ 153,904
Total Assets at fair value	\$ —	\$ —	\$ —	\$ 989,806	\$ 989,806

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 September 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	\$ 4,484,970	\$ 4,606,327		\$ 4,484,970	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 1,873,049	\$ 1,873,049	\$ 883,243		\$	\$ 989,806	\$

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 Expedient

Not applicable

### Note 21 – Other Items

No significant changes.

### Note 22 – Events Subsequent

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

On October 1, 2025, the Company received a \$10,000,000 capital contribution from HealthSpring National Health Insurance Company.

On October 1, 2025, the Company paid a \$10,000,000 capital contribution to HealthSpring Insurance Company.

### Note 23 – Reinsurance

No significant changes.

### Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

Notes to Financial Statements

Not applicable.

**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 September 30, 2025, \$162,292 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$9,563 as a result of re-estimation of unpaid claims principally on Medicare Supplement. Therefore, there has been a \$18,192 favorable prior year development since December 31, 2024 to September 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.

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 ☒
- 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 ☒
- 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 ☒ No ☐
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

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

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes ☐ No ☐ N/A ☒
- 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 ☒
- 6.6

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

Yes ☐ No ☐ N/A ☒
- 7.1

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

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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? .....  
(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.

Yes [ X ] No [ ]
- 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 [ X ]
- 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 [ X ]
- 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: .....\$.....

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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 [ X ] No [ ]
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$.....0	\$.....
14.22 Preferred Stock .....	\$.....0	\$.....
14.23 Common Stock .....	\$.....9,212,585	\$.....1,907,239
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	\$.....1,907,239
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
- 11.1



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 [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... 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:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

52.866 %

1.2 A&H cost containment percent

0.029 %

1.3 A&H expense percent excluding cost containment expenses

10.178 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

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

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

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

\$

3.

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

Yes ☒ 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 SEPTEMBER 30, 2025 OF THE PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	...N...	11,896					6,341		18,237	
2.	Alaska .....	...L...								0	
3.	Arizona .....	...L...	10,318					989		11,307	
4.	Arkansas .....	...L...	9,760							9,760	
5.	California .....	...L...	16,440					990		17,430	
6.	Colorado .....	...L...	14,967					40		15,007	
7.	Connecticut .....	...N...								0	
8.	Delaware .....	...L...								0	
9.	District of Columbia	...L...								0	
10.	Florida .....	...L...	3,468					2,810		6,278	
11.	Georgia .....	...L...	8,775							8,775	
12.	Hawaii .....	...L...								0	
13.	Idaho .....	...L...	4,391					1,605		5,995	
14.	Illinois .....	...L...	29,248					4,144		33,392	
15.	Indiana .....	...L...	7,015					1,164		8,179	
16.	Iowa .....	...L...	90,801					933		91,734	
17.	Kansas .....	...L...								0	
18.	Kentucky .....	...L...	19,271					3,702		22,973	
19.	Louisiana .....	...L...	21,293					234		21,527	
20.	Maine .....	...N...								0	
21.	Maryland .....	...L...								0	
22.	Massachusetts .....	...L...								0	
23.	Michigan .....	...N...						935		935	
24.	Minnesota .....	...N...	4,872					313		5,184	
25.	Mississippi .....	...L...	30,610					3,725		34,336	
26.	Missouri .....	...L...	10,569					2,882		13,452	
27.	Montana .....	...L...	50,083					1,195		51,278	
28.	Nebraska .....	...L...	29,870					1,245		31,115	
29.	Nevada .....	...L...						51		51	
30.	New Hampshire .....	...N...								0	
31.	New Jersey .....	...N...								0	
32.	New Mexico .....	...N...						408		408	
33.	New York .....	...N...								0	
34.	North Carolina .....	...L...	5,060					775		5,835	
35.	North Dakota .....	...L...								0	
36.	Ohio .....	...L...	16,435					1,996		18,431	
37.	Oklahoma .....	...L...	57,976					5,558		63,535	
38.	Oregon .....	...L...	96,297					5,783		102,080	
39.	Pennsylvania .....	...L...	4,311					6,362		10,674	
40.	Rhode Island .....	...N...								0	
41.	South Carolina .....	...L...	184,585					24,850		209,434	
42.	South Dakota .....	...L...								0	
43.	Tennessee .....	...N...	6,338							6,338	
44.	Texas .....	...L...	1,016,008					89,894		1,105,902	
45.	Utah .....	...L...	4,090					4,775		8,865	
46.	Vermont .....	...L...								0	
47.	Virginia .....	...N...	2,132					423		2,555	
48.	Washington .....	...N...	15,203					140		15,344	
49.	West Virginia .....	...L...	16,405					905		17,311	
50.	Wisconsin .....	...L...						1,922		1,922	
51.	Wyoming .....	...L...								0	
52.	American Samoa .....	...N...								0	
53.	Guam .....	...N...								0	
54.	Puerto Rico .....	...N...								0	
55.	U.S. Virgin Islands .....	...N...								0	
56.	Northern Mariana Islands .....	...N...								0	
57.	Canada .....	...N...								0	
58.	Aggregate Other Aliens .....	OT	0	0	0	0	0	0	0	0	0
59.	Subtotal .....	XXX	1,798,489	0	0	0	0	177,091	0	1,975,579	0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX								0	
61.	Totals (Direct Business) .....	XXX	1,798,489	0	0	0	0	177,091	0	1,975,579	0
DETAILS OF WRITE-INS											
58001.	.....	XXX									
58002.	.....	XXX									
58003.	.....	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX	0	0	0	0	0	0	0	0	0

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

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

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 HEALTH HOLDINGS LLC		38-4358504	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	12.35%
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%
EXCELL HEALTHCARE ADVISORS, LLC		88-4252820	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%
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	28.51%
TRIWEST ALLIANCE INC.		86-0813402	DE	15.51%
HCSC VENTURES, INC.		37-1789176	DE	100.00%
ALACURA HOLDINGS, INC. <sup>1</sup>		83-2215567	DE	23.18%
AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS		46-3019902	DE	17.61%
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%
COGITATIVO, INC.		47-1692551	DE	14.73%
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%

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

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%
CIVICAScript, 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%

<sup>1</sup>Includes 2.78% passive investment through private equity funds.

STATEMENT AS OF SEPTEMBER 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 Location	Relation-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 Percen-tage	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			.. 0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
. 0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	.. IL	.. 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	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	.. NY	.. DS	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	.. DE	.. DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	.. DE	.. DS	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management Ownership, Board of Directors, Management	.. 0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	0000001
		00000	38-2612298				DENTEMAX, LLC	.. DE	.. DS	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	.. MI	.. DS	DENTEMAX, LLC	Ownership, Management	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	0000002
		00000	36-4186601				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	
. 0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	.. IL	.. 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					PRIME HEALTH HOLDINGS LLC	.. DE	.. DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	.. 38.980	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		00000	59-3715944				AVAILITY, LLC	.. DE	.. DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	.. 21.440	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	81-2760646				CAREALLIES, INC.	.. DE	.. DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	.. DE	.. DS	CAREALLIES, INC.	Ownership	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	.. DE	.. DS	CAREALLIES, INC.	Ownership	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	.. DE	.. DS	CAREALLIES, INC.	Ownership	.. 51.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	.. DE	.. DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	.. 12.350	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	HEALTH CARE SERVICE CORPORATION, A 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				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUE INC'S 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		0001367705		MEDECISION, INC.	.. PA	.. 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	.. 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	88-4252820				EXCELL HEALTHCARE ADVISORS, LLC	.. DE	.. DS	MEDECISION, INC.	Ownership	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		00000	80-0849331				GS1 HEALTH, LLC	.. PA	.. DS	MEDECISION, INC.	Ownership	.. 100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	27-4269034		0001508432		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	HEALTH CARE SERVICE CORPORATION, A 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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	.. IL	.. DS	INNOVISTA, LLC	Ownership, Board of Directors	.. 40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	.. NO	

STATEMENT AS OF SEPTEMBER 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 Location	Relation-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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.....		.....00000.....	99-4379181 ..	.....	.....	.....	INNOVISTA HEALTH PARTNERS, 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 .....	..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 .....	..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. ....	..DE.....	..DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	..28.510 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	...YES.....	.....
.....		.....00000.....	86-0813402 ..	.....	.....	.....	TRIWEST ALLIANCE, INC. ....	..DE.....	..DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	..15.510 ..	MUTUAL LEGAL RESERVE COMPANY .....	...YES.....	.....
.....		.....00000.....	37-1789176 ..	.....	.....	.....	HCSC VENTURES, INC. ....	..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 .....	...YES.....	.....
.....		.....00000.....	83-2215567 ..	.....	.....	.....	ALACURA HOLDINGS, 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 HEALTHCARE SOLUTIONS .....	..DE.....	..DS.....	HCSC VENTURES, INC. ....	Ownership, Board of Directors .....	..17.610 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	...NO.....	.....
.....		.....00000.....	26-2930757 ..	.....	0001439779 ..	.....	BLUECROSS BLUESHIELD 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 VENTURE PARTNERS, L.P. ....	..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. ....	..DE.....	..DS.....	HCSC VENTURES, INC. ....	Ownership, Board of Directors .....	..21.300 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	...NO.....	0000003 ..
.....		.....00000.....	47-1692551 ..	.....	.....	.....	COGITATIVO, INC .....	..DE.....	..DS.....	HCSC VENTURES, INC. ....	Ownership, Board of Directors .....	..14.730 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	...NO.....	.....
.....		.....00000.....	82-1682951 ..	.....	.....	.....	HCSC ITC, LLC .....	..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 .....	..DE.....	..DS.....	HCSC VENTURES, INC. ....	Ownership.....	..36.300 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	...NO.....	.....
.....		.....00000.....	87-4386908 ..	.....	.....	.....	HCSC INVESTMENTS, 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.....	.....
.0917 ..	HCSC GROUP .....	.....16013.....	61-1782332 ..	.....	.....	.....	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY .....	..IL.....	..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 .....	.....16359.....	38-3984430 ..	.....	.....	.....	505 INSURANCE COMPANY .....	..NM.....	..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 .....	.....15941.....	36-4836697 ..	.....	.....	.....	TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY .....	..TX.....	..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.....	84-2710924 ..	.....	.....	.....	SOUTH WATER INSURANCE COMPANY .....	..UT.....	..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 .....	...YES.....	0000004 ..
.....		.....00000.....	35-1846036 ..	.....	.....	.....	LUMINARE HEALTH BENEFITS, INC. ....	..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 .....	...YES.....	.....
.....		.....00000.....	99-1184798 ..	.....	.....	.....	HCSC MEDICARE HOLDINGS INC. ....	..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 .....	...YES.....	.....
.....		.....00000.....	99-1194574 ..	.....	.....	.....	HCSC MEDICARE INC. ....	..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 .....	..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.) .....	..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) .....	..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 .....	..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 SEPTEMBER 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 Location	Relation-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 Percen-tage	Ultimate Controlling Entity(ies)/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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	20-1821898				HEALTHSPRING, INC.	.. DE.....	..DS.....	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
. 0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	.. IL.....	..DS.....	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
. 0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	.. FL.....	..DS.....	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	72-1559530				HEALTHSPRING USA, LLC	.. TN.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	75-3108521				HOUQUEST, LLC	.. DE.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	76-0657035				GULFQUEST, LP	.. TX.....	..DS.....	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	.. DE.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... 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	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	.. FL.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	20-5524622				TENNESSEE QUEST, LLC	.. TN.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	75-3108527				TEXQUEST, LLC	.. DE.....	..DS.....	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	76-0657035				GULFQUEST, LP	.. TX.....	..DS.....	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	0000003
. 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 MUTUAL LEGAL RESERVE COMPANY	... 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	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
. 0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	.. PA.....	..IA.....	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A 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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	
		00000	84-4777602				CIVICASRIPT, LLC	.. DE.....	..OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	... NO.....	0000008
		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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	0000004
		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 MUTUAL LEGAL RESERVE COMPANY	... NO.....	0000004

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	Relation- 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 Percen- tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Yes/No)	*
....	.....	.....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.....	00000005 .
....	.....	.....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.....	00000006 .
....	.....	.....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.....	00000006 .

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 .....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest 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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	12,694,637	16,676,755
2. Cost of bonds and stocks acquired .....	21,195,985	10,973,324
3. Accrual of discount .....	3,902	633
4. Unrealized valuation increase/(decrease) .....	(27,305,347)	(13,954,947)
5. Total gain (loss) on disposals .....	0	
6. Deduct consideration for bonds and stocks disposed of .....	75,000	1,000,000
7. Deduct amortization of premium .....	614	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) .....	6,513,563	12,694,637
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)	6,513,563	12,694,637

STATEMENT AS OF SEPTEMBER 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) .....	3,958,863	655,954	10,000	1,510	3,482,758	3,958,863	4,606,327	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	3,958,863	655,954	10,000	1,510	3,482,758	3,958,863	4,606,327	3,482,054
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	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
16. NAIC 2 .....	0				0	0	0	0
17. NAIC 3 .....	0				0	0	0	0
18. NAIC 4 .....	0				0	0	0	0
19. NAIC 5 .....	0				0	0	0	0
20. NAIC 6 .....	0				0	0	0	0
21. Total Preferred Stock .....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	3,958,863	655,954	10,000	1,510	3,482,758	3,958,863	4,606,327	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 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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	2
	Year To Date	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 .....	3,415,694	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 .....	3,353,049	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) .....	989,806	927,162
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	989,806	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 SEPTEMBER 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	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
91282C-HR-5 .....	UNITED STATES TREASURY .....	.....07/01/2025 .....	MELLON .....		113,432	112,500	1,890	1. A .....
91282C-LM-1 .....	UNITED STATES TREASURY .....	.....03/19/2025 .....	Unknown .....		542,522	560,000	9,481	1. A .....
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					655,954	672,500	11,370	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					655,954	672,500	11,370	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					655,954	672,500	11,370	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					655,954	672,500	11,370	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					0	0	0	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					655,954	672,500	11,370	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					655,954	XXX	11,370	XXX

STATEMENT AS OF SEPTEMBER 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	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..91282C-EY-3	UNITED STATES TREASURY .....	07/15/2025	Maturity @ 100.00 .....		10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	07/15/2025	1.A .....
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	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
0509999999. Total - Issuer Credit Obligations					10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					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	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					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
1909999999. Total - Asset-Backed Securities					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					10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					0	XXX	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
4509999999. Total - Preferred Stocks					0	XXX	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	XXX	XXX
5989999998. Total - Common Stocks - Part 5					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	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					10,000	XXX	10,000	10,000	0	0	0	0	0	10,000	0	0	0	300	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**

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
Bank of America Depository ... Richmond, VA .....		0.000	0	0	211,313	117,161	(17,848)	XXX.
Austin, TX/San Antonio, TX .....								
JPMorgan Chase—Depository ... ..		0.000	0	0	491,855	158,620	310,729	XXX.
Northern Trust ..... Chicago, IL .....		0.000	0	0	8,532	8,532	0	XXX.
Wachovia Bank, N.a. .... Winston Salem, NC .....		0.000	0	0	588,854	590,092	590,362	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	1,300,555	874,405	883,243	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	1,300,555	874,405	883,243	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								....
.....								....
.....								....
.....								....
.....								....
.....								....
.....								....
.....								....
0599999. Total - Cash	XXX	XXX	0	0	1,300,555	874,405	883,243	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]