

## **HEALTH ANNUAL STATEMENT**

AS OF DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

# Aetna Better Health Inc. (a New Jersey corporation)

NAIC Grou	(Current) (Prio	NAIC Company Code	Employers i	D Number 46-3203088
Organized under the Laws of	New Jerse	•	ate of Domicile or Port of En	ntry NJ
Country of Domicile		United States of	f America	
Licensed as business type:		Health Maintenance	Organization	
Is HMO Federally Qualified? Yes [	] No [X]			•
Incorporated/Organized	05/01/2013		Commenced Business	01/01/2015
Statutory Home Office	3 Independence Way, S	Suite 400		Princeton, NJ, US 08540
	(Street and Number	er)	(City or	Town, State, Country and Zip Code)
Main Administrative Office				
Prin	ceton, NJ, US 08540	(Ollect and M		855-232-3596
(City or Town	, State, Country and Zip Code	e)·	(A	rea Code) (Telephone Number)
Mail Address	151 Farmington Avenue, RT	21		Hartford, CT, US 06156
	(Street and Number or P.O. E	Box)	(City or	Town, State, Country and Zip Code)
Primary Location of Books and Rec	ords			
Prin	ceton NJ IIS 08540	(Street and No	ımber)	855-232-3596
		2)	(A)	rea Code) (Telephone Number)
Internet Website Address		www.aetnabetter	nealth.com	
Statutory Statement Contact	Kim F	Roth		215,775,8508
				(Area Code) (Telephone Number)
Statuto	ryReporting@aetna.com			860-262-7767
Gregory Stephen Martino, \	/ice President	Peter Keller, Assistan	t Controller	Whitney Dorothy Lavoie, Assistant Controller Bryan Sheppard Nazworth, Chief Financial Officer #
				Tracy Louise Smith, Vice President and Treasurer
Pares Observed No	and the			
Bryan Sneppard Na	ZWORN #	Sonya Kay N	eison #	Heidi Schwarzwald Rosenstrauch #
all of the herein described assets we statement, together with related exhibition and affairs of the said repoin accordance with the NAIC Annual rules or regulations require difference. Furthermore, the scope of this attest (except for formatting differences duties.)	were the absolute property of the bits, schedules and explanation of the reporting entity as of the reporting I Statement Instructions and A ses in reporting not related to action by the described office	the said reporting entity, fre ons therein contained, anne period stated above, and of Accounting Practices and Pro coounting practices and pro- ors also includes the related	ee and clear from any liens xed or referred to, is a full ar its income and deductions i orcedures manual except to cedures, according to the be corresponding electronic fi	or claims thereon, except as herein stated, and that this d true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state st of their information, knowledge and belief, respectively, ling with the NAIC, when required, that is an exact copy
	•		-	Robert Mark Kessler
Chief Executive Officer a	and President			Vice President and Secretary
State of New Jersey County of Mercer				
Subscribed and sworn to before me	this		S	ubscribed and sworn to before me this
Is HMO Federally Qualified? Yes [ ] No [X] Incorporated/Organized			day of, 2022	
NOTARY PUBLIC (Seal)			N	OTARY PUBLIC (Seal)

WANDA I. SANTIAGO
NOTARY PUBLIC NOTARY PUBLIC
State of New Jersey
ID # 2315579
My Commission Expires 3/9/2025

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



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AS OF DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

# Aetna Better Health Inc. (a New Jersey corporation)

NAIC Group C		NAIC Company Co	de <u>15611</u> Employer	's ID Number	46-3203088
Organized under the Laws of	(Current) (Prior)  New Jersey		State of Domicile or Port of	Entry	NJ
Country of Domicile		United States	of America		
Licensed as business type:		Health Maintenand	ce Organization		
Is HMO Federally Qualified? Yes [ ]	No[X]				
Incorporated/Organized	05/01/2013		Commenced Business		01/01/2015
Statutory Home Office	3 Independence Way, Suite	400		Princeton, NJ	, US 08540
	(Street and Number)		(City	or Town, State, Co	ountry and Zip Code)
Main Administrative Office		3 Independence \ (Street and			
	on, NJ, US 08540			855-232 (Area Code) (Tolo	
•	ate, Country and Zip Code)			(Area Code) (Tele	
	on Farmington Avenue, RT21 reet and Number or P.O. Box)		(City	Hartford, CT, or Town, State, Co	ountry and Zip Code)
Primary Location of Books and Record	s	3 Independence	Way, Suite 400		
·	on, NJ, US 08540	(Street and	Number)	855-232	-3596
	ate, Country and Zip Code)			(Area Code) (Tele	
Internet Website Address		www.aetnabett	erhealth.com	*	
Statutory Statement Contact	Kim E. Ro	oth			-775-6508
StatutoryR	(Name) eporting@aetna.com			(Area Code) ( 860-262	(Telephone Number) -7767
	mail Address)		,	(FAX Nu	
Chief Executive Officer and President Control of President Scott Blunt, Senior Investry Gregory Stephen Martino, Vice Robert Joseph Parslow, Principal F	nent Officer #	OFFIC Manger # OTHI Peter Keller, Assist Cara Sue Mullen, Ass	Vice Preside  ER ant Controller		Robert Mark Kessler orothy Lavoie, Assistant Controller and Nazworth, Chief Financial Officer #
and Controller				Tracy Louise	Smith, Vice President and Treasurer
Bryan Sheppard Nazw	orth#	DIRECTORS OI Sonya Kay		Heid	i Schwarzwald Rosenstrauch #
all of the herein described assets were statement, together with related exhibition and affairs of the said reporting in accordance with the NAIC Annual Strules or regulations require differences in Furthermore, the scope of this attestat (except for formatting differences due enclosed statement.	the absolute property of the s, schedules and explanations g entity as of the reporting per atement Instructions and Acc n reporting not related to acco on by the described officers to electronic filing) of the enco	said reporting entity, therein contained, an nod stated above, and ounting Practices and punting practices and p also includes the relat	free and clear from any lie nexed or referred to, is a ful of its income and deduction Procedures manual excep- rocedures, according to the ted corresponding electroni	ns or claims there I and true statements therefrom for the to the extent that best of their information with the NA	that on the reporting period stated above, on, except as herein stated, and that this nt of all the assets and liabilities and of the eperiod ended, and have been completed: (1) state law may differ; or, (2) that state nation, knowledge and belief, respectively. AIC, when required, that is an exact copy is regulators in lieu of or in addition to the
Joseph William Man Chief Executive Officer and					ce President and Secretary
State of New Jersey County of Mercer				State of Aria County of Ma	
Subscribed and sworn to before me this	S			Subscribed and	sworn to before me this
day of	, 2022			3 day of	Survey, 2022
NOTARY PUBLIC (Seal)				NOTARY PUBLI	M Jambert.
·					LISA M LAMBERT Notary Public, State of Arizonal Maricopa County Commission # 558484 My Commission Expires January 21, 2023

# **ASSETS**

			Current Year		Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1.	Bonds (Schedule D)			226,387,964	122,200,932
2.	Stocks (Schedule D):			, ,	, ,
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks		0		
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens		0		0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$	0	0	0	0
	4.2 Properties held for the production of income (less \$				0
	4.3 Properties held for sale (less \$				
5.	encumbrances)			0	0
	investments (\$				
6.	Contract loans, (including \$				
7.	Derivatives (Schedule DB)				0
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	317,240,077	0	317,240,077	213,388,339
13.	Title plants less \$0 charged off (for Title insurers	0			0
	only)				
14.	Investment income due and accrued	1,045,684	0	1,045,684	590,948
15.	Premiums and considerations:  15.1 Uncollected premiums and agents' balances in the course of collection.	0.005.000		0.005.000	14 460 656
		9,030,266	0	9,030,266	14,409,000
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0  earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$	0		0	0
	contracts subject to redetermination (\$	1.182.809	0	1.182.809	0
16.	Reinsurance:	1, 102,009		1, 102,009	0
10.	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies				0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans				0
18.1			0		0
	Net deferred tax asset		0	1,824,949	2,118,204
19.	Guaranty funds receivable or on deposit		0	0	0
20.	Electronic data processing equipment and software		0		n
21.	Furniture and equipment, including health care delivery assets	0			
۲۱.	(\$	n	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
23.	Receivables from parent, subsidiaries and affiliates				21,822,756
24.	Health care (\$				295,264
25.	Aggregate write-ins for other than invested assets		0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)		1,916,141	331,054,696	252,685,167
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0	0
28.	Total (Lines 26 and 27)	332,970,837	1,916,141	331,054,696	252,685,167
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.		0	0	0	0
1103.		0	0	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.		0	0	0	0
2502.		0	0	0	0
2503.			0	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

# LIABILITIES, CAPITAL AND SURPLUS

	LIADILITILO, CAF				Dries Vees
	<u>-</u>	1	Current Year 2	3	Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	94.344.528	11.439.173	105.783.701	89.132.868
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	2,547,896	0	2,547,896	2,681,228
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	31 490 545	0	31 490 545	28 718 038
_					
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves	0	0	0	0
8.	Premiums received in advance	0	0	0	0
	General expenses due or accrued.				
9.		34,700,330		34,760,530	24,331,720
10.1	. ,				
	(including \$0 on realized capital gains (losses))	3,202,330	0	3,202,330	657,753
10.2	Net deferred tax liability	0	0	0	0
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	125,211	0	125,211	138,225
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	, ,	0	0	0	0
	\$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates.	26,287,515	0	26,287,515	0
16.	Derivatives	0	0	0	0
17.	Payable for securities				750,000
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$0				
	authorized reinsurers, \$0 unauthorized				
	reinsurers and \$	0	0	0	0
00					
20.	Reinsurance in unauthorized and certified (\$0 )				
	companies			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
23.	Aggregate write-ins for other liabilities (including \$				
	current)				
24.	Total liabilities (Lines 1 to 23)	195,717,653	11,439,173	207, 156, 826	148,873,318
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus.	XXX	XXX	56,000,000	56,000,000
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				
31.	Unassigned funds (surplus)	XXX	XXX	67,897,870	47,811,849
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$0 )	<b>YYY</b>	<b>YYY</b>	0	0
					0
	32.20 shares preferred (value included in Line 27				
	\$	XXX	XXX	0	0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	xxx	XXX	123,897,870	103,811,849
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	331,054,696	252,685,167
<b>υ</b> τ.		,,,,,	, , , , ,	301,004,000	202,300,101
	DETAILS OF WRITE-INS				
2301.	Escheat payable	1,048,095	0	1,048,095	882,768
2302.					
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	1,048,095	0	1,048,095	882,768
2501.		xxx	xxx		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
			XXX	0	0
	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX			

# STATEMENT OF REVENUE AND EXPENSES

		Current Y	Prior Year	
		1 Uncovered	2 Total	3 Total
1.	Member Months.			1,077,688
١.	Method Method			1,077,000
2.	Net premium income ( including \$	XXX	865,630,007	651,346,482
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ 0 medical expenses)			
5.	Risk revenue			0
6.	Aggregate write-ins for other health care related revenues			0
7.	Aggregate write-ins for other non-health revenues			0
8.	Total revenues (Lines 2 to 7)	XXX	860,902,362	
9.	Hospital and Medical: Hospital/medical benefits	44 505 702	401 079 220	250 267 420
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			30,296,497
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			0
15.	Incentive pool, withhold adjustments and bonus amounts			3,367,932
16.	Subtotal (Lines 9 to 15)	68,780,436	719,813,435	543,780,190
	Less:			
17.	Net reinsurance recoveries			210,039
18.	Total hospital and medical (Lines 16 minus 17)		719,813,435	543,570,151
19.	Non-health claims (net)			0
20.	Claims adjustment expenses, including \$29,239,213 cost containment expenses	0	44,223,131	31,794,000
21.	General administrative expenses	0	78,737,098	57,375,793
22.	Increase in reserves for life and accident and health contracts (including \$			
	increase in reserves for life only)	0	(1,955,138)	1,955,138
23.	Total underwriting deductions (Lines 18 through 22)	68,780,436	840,818,526	634,695,082
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	20,083,836	1,818,375
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			3,024,031
26.	Net realized capital gains (losses) less capital gains tax of \$			(21,219)
27.	Net investment gains (losses) (Lines 25 plus 26)			3,002,812
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		(160,301)	
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus		(100,001)	
30.	27 plus 28 plus 29)	xxx	23,675,071	5, 197, 443
31.	Federal and foreign income taxes incurred	xxx	3,079,410	2,864,551
32.	Net income (loss) (Lines 30 minus 31)	xxx	20,595,661	2,332,892
	DETAILS OF WRITE-INS			
0601.		XXX	0	0
0602.				0
0603				0
0698.	Summary of remaining write-ins for Line 6 from overflow page			0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.			0	0
0702.		XXX		0
0703				0
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.		0	0	0
1402.				0
1403.				0
1498.	Summary of remaining write-ins for Line 14 from overflow page		_	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Regulatory fines	0	(160,301)	376,256
2902.			0	0
2903		0	0	0
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(160,301)	376,256

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND EXPENSES	<del>) (Oontinaca</del>	/
		Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	103,811,849	64,755,115
34.	Net income or (loss) from Line 32	20,595,661	2,332,892
35.	Change in valuation basis of aggregate policy and claim reserves	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$(25,301)	(95, 180)	0
37.	Change in net unrealized capital gains (losses) less capital gains tax of \$\times \text{(100.000)} \text{(100.0000)} \text{(100.000)} (1		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		
	Change in unauthorized and certified reinsurance		
40	Change in treasury stock		
41.			
42.	Change in surplus notes		0
43.		0	0
44.	Capital Changes:		0
	44.1 Paid in		0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus.	0	0
45.	Surplus adjustments:		
	45.1 Paid in		35,000,000
	45.2 Transferred to capital (Stock Dividend)		0
	45.3 Transferred from capital	0	0
46.	Dividends to stockholders	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	20,086,021	39,056,734
49.	Capital and surplus end of reporting period (Line 33 plus 48)	123,897,870	103,811,849
	DETAILS OF WRITE-INS		
4701.		0	0
4702.		0	0
4703.		0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

# **CASH FLOW**

		1	2
		Current Year	Prior Year
	Cash from Operations	ourron rour	
1.	Premiums collected net of reinsurance	869.881.566	643,779,580
2.	Net investment income		2,762,901
3.	Miscellaneous income		0
4.	Total (Lines 1 through 3)		646,542,481
5.	Benefit and loss related payments		511, 126, 820
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7.	Commissions, expenses paid and aggregate write-ins for deductions		72,464,651
8.	Dividends paid to policyholders		0
9.	Federal and foreign income taxes paid (recovered) net of \$		344,943
10.	Total (Lines 5 through 9)		583,936,414
11.	Net cash from operations (Line 4 minus Line 10)		62,606,067
11.	Net cash from operations (Line 4 fillings Line 10)	37,320,733	02,000,007
	Out four Loudens to		
40	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	44 004 000	40,000,000
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		0
	12.4 Real estate		0
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		79
	12.7 Miscellaneous proceeds		750,000
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	45,709,216	49,046,744
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		70,838,539
	13.2 Stocks		0
	13.3 Mortgage loans		0
	13.4 Real estate		0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications		687,063
	13.7 Total investments acquired (Lines 13.1 to 13.6)	150,852,390	71,525,602
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(105, 143, 174)	(22,478,858)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	35,000,000
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	48,262,585	(17,407,008)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	48,262,585	17,592,992
	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)	448 , 144	57,720,201
19.	Cash, cash equivalents and short-term investments:	,	, , , , , , , , , , , , , , , , , , , ,
	19.1 Beginning of year	90,403,969	32,683,768
	19.2 End of year (Line 18 plus Line 19.1)	90,852,113	90,403,969

Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Non-cash investment exchanges	1,920,835	1,247,475

# **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

		7 44	IAL I GIG G		TION D		) DOOM		•	^	10
		1	2	3	4	5	6 Federal Employees	7 Title	8 Title	9	10
			Comprehensive	Medicare	Dental	Vision	Health	XVIII	XIX		Other
		Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
1.	Net premium income	865,630,007	Ó		0	0	0	29,290,039		0	0
2.	Change in unearned premium reserves and reserve for rate credit	(4,727,645)	0	0	0	0	0	0	(4,727,645)	0	0
3.	Fee-for-service (net of \$0									0	<b>V00</b> /
	medical expenses)	0	0	0	0	0	0	0	0		XXX XXX
4. 5.	Aggregate write-ins for other health care related	y		u	u	u	u	u	u		
	revenues	0	0	0	0	0	0	0	0	0	xxx
6.	Aggregate write-ins for other non-health care related revenues	0	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX	0
7.	Total revenues (Lines 1 to 6)	860,902,362	0	0	0	0	0	29,290,039	831,612,323	0	0
8.	Hospital/medical benefits	491,078,229	0	0	0	0	0	17,987,073	473,091,156	0	XXX
9.	Other professional services	77,647,441	0	0	0	0	0	1,910,532	75,736,909	0	XXX
10.	Outside referrals	18,904,224	0	0	0	0	0	465,687	18,438,537	0	XXX
11.	Emergency room and out-of-area	42,963,360	0	0	0	0	0	625 , 180	42,338,180	0	XXX
12.	Prescription drugs	82,088,349	0	0	0	0	0	1, 159, 121	80,929,228	0	XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	7, 131,832	0	0	0	0	0	0	7, 131, 832	0	XXX
15.	Subtotal (Lines 8 to 14)	719,813,435	0 L	0	0	0	0	22, 147,593	697,665,842	0	XXX
16.	Net reinsurance recoveries	0	0 L	0	0	0	0	0	0	0	XXX
17.	Total medical and hospital (Lines 15 minus 16)	719,813,435	0 L	0	0	0	0	22, 147,593	697,665,842	0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19.	Claims adjustment expenses including \$29,239,213 cost containment expenses	44,223,131	0	0	0	0	0	1,469,404	42.753.727	0	0
20.	General administrative expenses	78,737,098	0	0	0	0	0	2,087,438	76,649,660	0	0
21.	Increase in reserves for accident and health contracts	(1,955,138)	0	0	0	0	0	0	(1,955,138)	0	XXX
22.	Increase in reserves for life contracts	(1,000,100)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
	Total underwriting deductions (Lines 17 to 22)		0			n	n	25,704,435			n
	Total underwriting gain or (loss) (Line 7 minus Line 23)	20.083.836	n	0		0	0	3.585.604	16.498.232	 0	n
	DETAILS OF WRITE-INS	20,000,000	J .	0	<u></u>	0	0	0,000,004	10,400,202		
0501.						•••••	•				XXX
0502. 0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	n	0	n	n	n	n	0	n	0	xxx
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	n l	n	n	n	n	n	0	n	0	XXX
0601.	The state of the s	Ů	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7001
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	Summary of remaining write-ins for Line 6 from overflow										
3000.	page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	n	0	0	0	0	0	XXX
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n l	n	n .	n	n	n l	n l	n l	0	XXX
1000.	Totals (Lines 1301 tillu 1303 plus 1330) (Line 13 above)	U	U L	U	U	1 0	1 0	0 1	U	0	^^^

# UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS				
	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
			•	
Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
		0	•	
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	29,298,541	0	8,502	29,290,039
	000 514 100	0	174 155	000 000 000
7. Title XIX - Medicaid		0	174, 155	836,339,968
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	865,812,664	0	182,657	865,630,007
40 1%	0	0	0	0
10. Life	0	0		
11. Property/casualty	0	0	0	0
-t - y				
12. Totals (Lines 9 to 11)	865,812,664	0	182,657	865,630,007

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - CLAIMS INCURRED DURING THE YEAR

Page					IMS INCURRED DU						
Peyments during the year		1	2	3	4	5	Federal	,	Ü	9	10
1 / Decet		Total			Dental Only	Vision Only	Health	XVIII	XIX	Other Health	
1 / Decet	Payments during the year:				•	•					
1.3 Reinsurance coded		696,466,631	0	0	0	0	0	13,225,198	683,241,433	0	0
1 A Net	1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1 A Net	1.3 Reinsurance ceded	159,085	0	0	0	0	0	0	159,085	0	0
2. Paid modical incentive pools and bonuses 6. 8 801,547 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	13,225,198		0	0
3. Claim lability December 31, current year from Part 2N: 3.1 Direct 3. 1 Direct 3. 2 Reinsurance assumed 4. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Paid medical incentive pools and bonuses		0	0	0	0	0	0		0	0
3.1 Direct		, , ,							, , ,		
3.2 Reinsurance assumed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		105,783,701	0	0	0	0	0	9, 181, 418	96,602,283	0	0
3.4 Net 4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.4 Net 4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 4.1 Direct 4.2 Reinsurance assumed 5. Claim reserve December 31, current year from Part 2D: 4.2 Reinsurance assumed 5. Claim fability December 31, prior year from Part 2D: 8.3 Reinsurance assumed 5. Claim reserve December 31, prior year from Part 2D: 9.1 Direct 9.2 Reinsurance assumed 9.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		105,783,701	0	0	0	0	0	9, 181, 418	96,602,283	0	0
4.2 Reinsurance assumed 4.3 Reinsurance assumed 5. Accrued medical incentive pools and bonuses, current year 6. Net healthcare receivables (a) 7. Amounts recoverable from reinsurers December 31, current year 8. Claim hiability December 31, prior year from Part 2A: 8.1 Direct 8.2 Reinsurance edded 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	4. Claim reserve December 31, current year from Part 2D:	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded		o		o		٥	o	n			٥٠
4 4 Net		۰۰	۰	۰۰		٥	Δ	Δ			٥٠
5. Accrued medical incentive pools and bonuses, current year		۰۰		۰	Δ	٠	Λ	Δ			٥٠
year		0		0			0				0
7. Amounts recoverable from reinsurers December 31, current year current year current year (author) and the properties of the properties o	year		0	0	0	0	0	0		0	0
Current year   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		276,776	0	0	0	0	0	259,023	17,753	0	0
8.1 Direct	current year	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	8. Claim liability December 31, prior year from Part 2A:										
8.3 Reinsurance ceded	8.1 Direct	89,291,953	0	0	0	0	0	0	89,291,953	0	0
8.4 Net	8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D: 9.1 Direct 9.2 Reinsurance assumed 9.3 Reinsurance ceded 9.4 Net 9.4 Net 9.5 Reinsurance assumed 9.6 Claim reserve December 31, prior year from Part 2D: 9.1 Direct 9.2 Reinsurance assumed 9.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.3 Reinsurance ceded		0	0	0	0	0	0		0	0
9.1 Direct         .0		89,132,868	0	0	0	0	0	0	89, 132,868	0	0
9.2 Reinsurance assumed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded       0		0	0	0	0	0	0	0	0	0	0
9.4 Net		0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year 11. Amounts recoverable from reinsurers December 31, prior year 12. Incurred Benefits: 12.1 Direct 12.2 Reinsurance assumed 12.3 Reinsurance ceded 12.4 Net 12.4 Net 12.5 Net 12.5 Net 12.6 Net 12.		0	0	0	0		0	0	0	0	 0
11. Amounts recoverable from reinsurers December 31, prior year       0 <t< td=""><td></td><td>1 560 718</td><td>0</td><td></td><td>n</td><td></td><td>0</td><td>0</td><td>1 560 718</td><td></td><td>٥٥</td></t<>		1 560 718	0		n		0	0	1 560 718		٥٥
prior year         0	11. Amounts recoverable from reinsurers December 31	1,000,110	•	•	Ů			·	1,000,710	•	
12. Incurred Benefits:     12.1 Direct     .712,681,603     .0     .0     .0     .0     .0     .0     .22,147,593     .690,534,010     .0       12.2 Reinsurance assumed     .0 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></t<>		0	0	0	0	0	0	0	0	0	0
12.1 Direct     712,681,603     0     0     0     0     0     22,147,593     690,534,010     0       12.2 Reinsurance assumed     0     0     0     0     0     0     0     0     0     0       12.3 Reinsurance ceded     0     0     0     0     0     0     0     0     0     0       12.4 Net     712,681,603     0     0     0     0     0     22,147,593     690,534,010     0						<u>-</u>					
12.2 Reinsurance assumed     0		712.681 603	0	0	0	0	0	22,147,593	690.534 010	0	0
12.3 Reinsurance ceded 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0	0	0	0
12.4 Net 712,681,603 0 0 0 0 0 22,147,593 690,534,010 0		0	n l	n l	n	0	0	0	0	n l	0
		712.681 603	0	0	0	0	0	22.147 593	690.534 010	0	0
	13. Incurred medical incentive pools and bonuses	7,131,832	n	0	0	0	n	0	7,131,832	n	

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

				13 LIABILITI LIVE			_		•	10
	1	2	3	4	5	6 Federal Employees	7 Title	8 Title	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
Reported in Process of Adjustment:										
1.1 Direct	17,035,868	0	0	0	0	0	1,386,806	15,649,062	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	17,035,868	0	0	0	0	0	1,386,806	15,649,062	0	0
Incurred but Unreported:										
2.1 Direct	88,747,833	0	0	0	0	0	7,794,612	80,953,221	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net		0	0	0	0	0	7,794,612	80,953,221	0	0
Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	105,783,701	0	0	0	0	0	9, 181,418	96,602,283	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	105,783,701	0	0	0	0	0	9,181,418	96,602,283	0	0

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

TAKT ZD - ANALTOIG OF GE	AIMS UNPAID - PRIOR YEAR - NET OF R			nd Claim Liability	5	6
	Claims Paid D	uring the Year 2	December 31	of Current Year		Estimated Claim
	1		3	7		Reserve and Claim
	On Claims Incurred		On Claims Unpaid		Claims Incurred	Liability
Line of Business	Prior to January 1 of Current Year	On Claims Incurred During the Year	December 31 of Prior Year	On Claims Incurred During the Year	In Prior Years (Columns 1 + 3)	December 31 of Prior Year
Life of Dusiness	of Current Teal	During the Teal	FIIOI Teal	During the Teal	(Columns 1 + 3)	Filor real
Comprehensive (hospital and medical)	0	0	0	0	0	0
Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	13,225,198	0	9, 181, 418	0	0
7 Title XIX - Medicaid		609,903,027	9,312,662	87,289,621	82,491,982	89 , 132 , 868
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)		623,128,225	9,312,662	96,471,039	82,491,982	89,132,868
10. Healthcare receivables (a)	0	2,392,276	0	0	0	2,115,501
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	1,070,425	5,731,122	1,020,227	870,776	2,090,652	1,560,718
13. Totals (Lines 9 - 10 + 11 + 12)	74,249,745	626,467,071	10,332,889	97,341,815	84,582,634	88,578,085

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Occion A-1 aid neath Gianns - Comprehensive (nospital & r		Cu	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

	Sum of Cum	ulative Net Amount Paid and C	Claim Liability, Claim Resoutstanding at End of Ye	erve and Medical Incent ear	ive Pool and Bonuses		
	1 2 3 4						
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021		
1. Prior							
2. 2017							
3. 2018	xxx						
4. 2019	xxx	xxx					
5. 2020	xxx	XXX	XXX				
6. 2021	XXX	XXX	XXX	XXX			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adiustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2017										
2. 2018										
3. 2019					<u></u>					
4. 2020										
5. 2021				_						

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Coolon A Tala Hoakii Glaime inicalcate cappionisti	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021		
1. Prior							
2. 2017	,						
3. 2018	XXX						
4. 2019	XXX	XXX					
5. 2020	XXX	XXX	XXX				
6. 2021	XXX	XXX	XXX	XXX			

Section B - Incurred Health Claims - Medicare Supplement

The state of the s											
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool Outstanding at End of Year										
	1	5									
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021						
1. Prior											
2. 2017											
3. 2018	XXX										
4. 2019	XXX	xxx									
5. 2020	XXX	XXX	XXX								
6. 2021	xxx	XXX	XXX	XXX							

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5 2021										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Dental Only

			Cur	mulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior					
2.	2017	,				
3.	2018	XXX				
4.	2019	XXX	XXX			
5.	2020	XXX	XXX	XXX		
6.	2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

	***************************************								
		Sum of Cumulative	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Outstanding at End of Year						
		1	2	3	4	5			
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021			
1. Prior									
2. 2017									
3. 2018		XXX							
4. 2019		XXX	xxx						
5. 2020		XXX	XXX	XXX					
6. 2021		XXX	XXX	XXX	XXX				

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adiustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1	2017										
2	2018										
۷.						·····					
3.	2019					····		•••••			
4.	2020										
5.	2021				_						

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Vision Only

	-		Cur	mulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior					
2.	2017	,				
3.	2018	XXX				
4.	2019	XXX	XXX			
5.	2020	XXX	XXX	XXX		
6.	2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Coulon B mountouring victor only					
	Sum of Cumulative N	let Amount Paid and Cl	aim Liability, Claim Rese Outstanding at End of Ye	erve and Medical Incenti ear	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	xxx	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adiustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1	1. 2017										
	2. 2018										
1						······					
3	3. 2019					<u></u>					
4	1. 2020										
5	5. 2021									!	

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Geodoff A-1 and Health Glaints -1 edetal Employees Health Belletits		Cu	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Goodon B mounted risulation in custom Employees risulating	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Po Outstanding at End of Year								
Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021				
1. Prior	_								
3. 2018 4. 2019	XXX XXX	XXX							
5. 2020	■ xxx	XXX	XXX						
6. 2021	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adiustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2017										
2. 2018										
3. 2019					<u></u>					
4. 2020										
5. 2021				_						

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

		Cui	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	0	0	0
5. 2020	XXX	XXX	XXX	0	0
6. 2021	XXX	XXX	XXX	XXX	12,966

#### Section B - Incurred Health Claims - Title XVIII

	Sum of Cumulative Net	Amount Paid and C	laim Liability, Claim Rese Outstanding at End of Ye	rve and Medical Incent ar	ive Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	0	0	0
5. 2020	XXX	XXX	XXX	0	0
6. 2021	XXX	XXX	XXX	XXX	22,148

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
	1. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0
	2. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
;	3. 2019	0	0	0	0.0	0	0.0	0	0	0	0.0
	4. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
	5. 2021	29,290	12,966	1,227	9.5	14, 193	48.5	9,181	242	23,616	80.6

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XIX

	OCCUPITA I dia Houldi Giallio Tide XIX		Cumi	ulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior	22,765	22,765	22,765	22,765	22,765
2.	2017	153,232	182,128	182,128	182,128	182,128
3.	2018	XXX	266,266	305,958	305,958	305,958
4.	2019	XXX	XXX	344,457	408,540	408,540
5.	2020	XXX	XXX	XXX	444,929	519,179
6.	2021	XXX	XXX	XXX	XXX	613,501

#### Section B - Incurred Health Claims - Title XIX

	Sum of Cumulative N	et Amount Paid and Clain Out:	n Liability, Claim Rese standing at End of Ye	erve and Medical Incentivar	ve Pool and Bonuses
Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021
	1				-
1. Prior	23,907	23,907	23,907	23,907	23,907
2. 2017	189,067	218,531	218,531	218,531	218,531
3. 2018	XXX	313,567	357,844	357,844	357,844
4. 2019	XXX	XXX	397,949	467,739	467,739
5. 2020	XXX	XXX	XXX	529,915	614,498
6. 2021	XXX	XXX	XXX	XXX	701,661

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2017	233,756	182, 128	10,270	5.6	192,398	82.3	0	0	192,398	82.3
2. 2018	364 , 147	305,958	17,159	5.6	323,117	88.7	0	0	323,117	88.7
3. 2019	459,347	408,540	23,946	5.9	432,486	94.2	0	0	432,486	94.2
4. 2020	636,513	519,179	31,794	6.1	550,973	86.6	10,333	0	561,306	88.2
5. 2021	831,612	613,501	43,129	7.0	656,630	79.0	88,160	2,306	747,096	89.8

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted) Section A - Paid Health Claims - Other

			Cur	mulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior					
2.	2017	,				
3.	2018	XXX				
4.	2019	XXX	XXX			
5.	2020	XXX	XXX	XXX		
6.	2021	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonu Outstanding at End of Year					
Vasa is Which Lagran Was Insured	1	2	3	4	5	
Year in Which Losses Were Incurred	2017	2018	2019	2020	2021	
1. Prior						
2. 2017						
3. 2018	XXX					
4. 2019	XXX	XXX				
5. 2020	XXX	XXX	xxx			
6. 2021	XXX	XXX	XXX	XXX		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adiustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1	1. 2017										
	2. 2018										
1						······					
3	3. 2019					<u></u>					
4	1. 2020										
5	5. 2021									!	

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

			Cumu	lative Net Amounts P	aid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2017	2018	2019	2020	2021
1.	Prior	22,765	22,765	22,765	22,765	22,765
2.	2017	153,232	182,128	182,128	182,128	182,128
3.	2018	XXX	266,266	305,958	305,958	305,958
4.	2019	XXX	XXX	344,457	408,540	408,540
5.	2020	XXX	XXX	XXX	444,929	519,179
6.	2021	XXX	XXX	XXX	XXX	626,467

#### Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021	
Teal III Which Losses Were incurred	-					
1. Prior	23,907	23,907	23,907	23,907	23,907	
2. 2017	189,067	218,531	218,531	218,531	218,531	
3. 2018.	XXX	313,567	357,844	357,844	357,844	
4. 2019	XXX	XXX	397,949	467,739	467,739	
5. 2020	XXX	XXX	XXX	529,915	614,498	
6. 2021	XXX	XXX	XXX	XXX	723,809	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2017	233,756	182, 128	10,270	5.6	192,398	82.3	0	0	192,398	82.3
2.	2018	364 , 147	305,958	17,159	5.6	323,117	88.7	0	0	323,117	88.7
3.	2019	459,347	408,540	23,946	5.9	432,486	94.2	0	0	432,486	94.2
4.	2020	636,513	519,179	31,794	6.1	550,973	86.6	10,333	0	561,306	88.2
5.	2021	860,902	626,467	44,356	7.1	670,823	77.9	97,341	2,548	770,712	89.5

## 3

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	PART 2D - A	GGREGATE RESER	VE FOR ACCIDENT	TAND HEALTH CO	NTRACTS ONLY			•	
	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4  Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
Unearned premium reserves		0	0	0	0		0	0	0
2. Additional policy reserves (a)	0		0	0	0	0	0	0	0
Reserve for future contingent benefits	0		0	0	0	0	0	0	0
Reserve for rate credits or experience rating refunds (including									
\$ ) for investment income	31,490,545	0	0	0	L0	0	0	31,490,545	Lo
Aggregate write-ins for other policy reserves		L0	0	0	L0	0	0	0	Lo
6. Totals (gross)	31,490,545	0	0	0	0	0	0	31,490,545	Lo
7. Reinsurance ceded			0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)		0	0	0	0	0	0	31,490,545	0
Present value of amounts not yet due on claims			0	0	0	0	0	0	0
Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	Lo
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	C
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	O
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ \_\_\_\_\_\_0 premium deficiency reserve.

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

	-	Claim Adjustme 1	2	3	4	5
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$0 for occupancy of					
	own building)	0	127,874	563,319	1,931	693, 12
2.	Salary, wages and other benefits	19,900,023	7,835,538	14,617,697	178	42,353,43
3.	Commissions (less \$0					
	ceded plus \$0 assumed)	0	0	0	0	
4.	Legal fees and expenses	99,021	38,989	72,737	0	210,74
5.	Certifications and accreditation fees	0	0	0	0	
6.	Auditing, actuarial and other consulting services	0	1,101,877	4,854,073	27,878	5,983,82
7.	Traveling expenses	0	18,254	80,415	177	98,84
8.	Marketing and advertising			1,581,491	3	1,940,49
9.	Postage, express and telephone					
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment					408,69
13.	Cost or depreciation of EDP equipment and					
10.	software	0	469,522	2,068,376	950	2,538,84
14.	Outsourced services including EDP, claims, and other services	7 002 066	2 702 961	5 210 260	12 690	15 100 07
45	Boards, bureaus and association fees					
15.	Insurance, except on real estate					
16.	Collection and bank service charges					
17.	=			110,460		
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans			0		
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses			647,755		,
22.		0	0	169,572	0	169,57
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes			, , , , , , , , , , , , , , , , , , ,		621,68
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					44,093,18
	23.4 Payroll taxes	2,099,628	826,719	1,542,296	0	4,468,64
	23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	
24.					88,910	
25.	Aggregate write-ins for expenses	0	778,807	(133,332)	0	645,47
26.	Total expenses incurred (Lines 1 to 25)	29 239 213	· ·	, , ,	140 492	
27.					0	37,328,42
28.	' '				0	27,032,94
29.	Amounts receivable relating to uninsured plans,				0	
30.	Amounts receivable relating to uninsured plans, current year	0	0	249,754	0	249,75
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	29,335,539	15,020,924	68,558,042	140,492	113,054,99
	DETAILS OF WRITE-INS					
2501.	Interest expense	0	778,807	0	0	778,80
2502.	Loss adjustment expense	0	0	(133,332)	0	(133,30
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25					

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## **EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected During Year	
1.	U.S. government bonds	(a)948,755	
1.1	Bonds exempt from U.S. tax	(a)0	
1.2	Other bonds (unaffiliated)	(a)2,780,761	3,209,460
1.3	Bonds of affiliates		0
2.1	Preferred stocks (unaffiliated)	(b)0	
2.11	Preferred stocks of affiliates	(b)0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)0	
4.	Real estate		
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments		85,021
7	Derivative instruments	(f)0	
8.	Other invested assets		0
9.	Aggregate write-ins for investment income	93,523	93,523
10.	Total gross investment income	3,908,060	4,362,795
11.	Investment expenses		(g)140,492
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		140,492
17.	Net investment income (Line 10 minus Line 16)		4,222,303
	DETAILS OF WRITE-INS		
0901.	Miscellaneous interest income	93,523	93,523
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	93,523	93,523
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		(
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		C

(a) Includes \$	345 , 199	accrual of discount less \$767,552	amortization of premium and less \$336,7	paid for accrued interest on purchases.
(b) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$	.0 paid for accrued dividends on purchases
(c) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$	.0 paid for accrued interest on purchases.
(d) Includes \$	0	for company's occupancy of its own building	s; and excludes \$0 interest on en	cumbrances.
(e) Includes \$	85,021	accrual of discount less \$0	amortization of premium and less \$	.0 paid for accrued interest on purchases.
(f) Includes \$	0	accrual of discount less \$0	amortization of premium.	
	and Separate Acco		.0 investment taxes, licenses and fees, excluding fe	ederal income taxes, attributable to
(h) Includes \$	0	interest on surplus notes and \$	0 interest on capital notes.	
(i) Includes \$	0	depreciation on real estate and \$	0 depreciation on other invested assets.	

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		1	2	2	4	5
		1	2	3	4	J J
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	0	(210,656)	(210,656)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(237,000)	0	(237,000)	(120,481)	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	910	0	910	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(236,090)	(210,656)	(446,746)	(120,481)	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

## **EXHIBIT OF NON-ADMITTED ASSETS**

	EXHIBIT OF NON-ADMITTE	1 Current Year Total	2 Prior Year Total	3 Change in Total Nonadmitted Assets
	D 1 (0.1.11.D)	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks	_	0	0
	2.2 Common stocks	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			0
	4.2 Properties held for the production of income	0	0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			0
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
10.	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16	Reinsurance:			
16.	16.1 Amounts recoverable from reinsurers	0	0	0
				0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans		0	0
18.1	Current federal and foreign income tax recoverable and interest thereon		0	0
18.2	Net deferred tax asset		0	0
19.	Guaranty funds receivable or on deposit		0	0
20.	Electronic data processing equipment and software		0	0
21.	Furniture and equipment, including health care delivery assets		0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates		0	0
23.	Receivable from parent, subsidiaries and affiliates	0	0	0
24.	Health care and other amounts receivable	1,916,141	1,820,237	(95,904)
25.	Aggregate write-ins for other than invested assets	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,916,141	1,820,237	(95,904)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	1,916,141	1,820,237	(95,904)
	DETAILS OF WRITE-INS			
1101.		-		
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.				
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

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# **EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

			Total Members at End of			6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
Source of Enforment	i noi reai	i iist Quarter	Second Quarter		Current real	Wember Wortins
Health Maintenance Organizations	107,062	113,128	117,298	121,716	124,326	1,411,907
Provider Service Organizations	0	0	0	0	0	0
Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	107,062	113,128	117,298	121,716	124,326	1,411,907
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

## **NOTES TO FINANCIAL STATEMENTS**

#### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health Inc. (a New Jersey Corporation) (the "Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance ("New Jersey Department") ("New Jersey Accounting Practices"). The New Jersey Department recognizes statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey for the years ending December 31, 2021 and 2020 is as follows:

		SSAP#	F/S Page	F/S Line #	2021	2020
NET IN	NCOME					
(1)	Aetna Better Health Inc. (a New Jersey corporation) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 20,595,661	\$ 2,332,892
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	_	_
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A		
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 20,595,661	\$ 2,332,892
SURPL	US					
(5)	Aetna Better Health Inc. (a New Jersey corporation) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 123,897,870	\$ 103,811,849
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	_	_
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	_	_
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 123,897,870	\$ 103,811,849

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

The preparation of these financial statements in conformity with New Jersey Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

#### C. Accounting Policies

The Company applies the following significant accounting policies:

#### (1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability.

## NOTES TO FINANCIAL STATEMENTS

#### (2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2021 or 2020. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS") discussed in Note 1 C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

#### (3) Common Stocks

The Company did not own any common stock at December 31, 2021 or 2020.

### (4) Preferred Stocks

The Company did not own any preferred stock at December 31, 2021 or 2020.

### (5) Mortgage Loans

The Company did not have any mortgage loans at December 31, 2021 or 2020.

#### (6) Loan-Backed and Structured Securities

LB&SS are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

## **NOTES TO FINANCIAL STATEMENTS**

#### (7) Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2021 or 2020.

#### (8) Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2021 or 2020.

#### (9) Derivatives

The Company did not have any derivatives at December 31, 2021 or 2020.

#### (10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2021 and 2020.

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company's results for full year 2021 and 2020 include estimates of \$1,151,256 and \$750,431, respectively, of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

The Company is required to make premium rebate payments to the State of New Jersey under the Medicaid risk corridor program. The Company's Medicaid risk corridor payable of \$30,339,290 and \$26,012,469 was included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at 2021 or 2020, respectively.

For Medicare plans, the Company's annual contract with Centers for Medicare & Medicaid Services ("CMS") provides a risk-sharing arrangement to limit exposure to unexpected expenses. The risk-sharing arrangement provides a risk corridor whereby the amount the Company received in premiums from members and CMS based on its annual bid is compared to actual drug costs incurred during the contract year. Based on the risk corridor provision and Part D activity-to-date, no estimated risk-sharing payables were recorded in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2021 and 2020.

The Company reported liabilities associated with contracts subject to redetermination as aggregate health policy reserves in accordance with SSAP No. 54 - Revised - *Individual and Group and Accident Health Contracts* ("SSAP No. 54"). Liabilities associated with estimated adjustments to premium payments to the Company's Medicare plans based on the health status of its Medicare members are included as part of the Company's contracts subject to redetermination. The Company did not have any amounts related to these liabilities included in aggregate health policy reserves at December 31, 2021 and 2020.

### (11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

## **NOTES TO FINANCIAL STATEMENTS**

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

#### (12) Capitalization Policy

The Company has not modified its capitalization policy from the prior period.

#### (13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Note 28.

#### (14) Premiums and Amounts Due and Unpaid

Premium revenue for prepaid health or dental care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

The CMS payment is subject to risk sharing provisions through the CMS risk corridor provision, which is accounted for as a retrospectively rated contract in accordance with SSAP No. 66 - *Retrospectively Rated Contracts*. Receivables related to the CMS risk corridor provision are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statement of Assets.

The Company's CMS payment is also subject to the CMS risk adjustment process for each member, which is accounted for as a contract subject to redetermination in accordance with SSAP No. 54. Receivables related to the CMS risk adjustment process are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statement of Assets.

### (15) <u>Investment Income Due and Accrued</u>

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2021 and 2020, the Company did not have any nonadmitted investment income due and accrued.

### (16) <u>Covered and Uncovered Expenses and Related Liabilities</u>

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

#### (17) Fees Paid to the Federal Government by Health Insurers

SSAP No. 106 - Affordable Care Act Section 9010 Assessment ("SSAP No. 106") required (1) that the annual fee be recognized in full on January 1 of the fee year (the calendar year in which the assessment must be paid to the federal government), in the operating expense category of general administrative expenses, excluding federal income taxes and (2) that in each data year preceding a fee year a reporting entity pro-ratably accrue by reclassifying from unassigned surplus to special surplus funds an amount equal to its estimated subsequent fee year assessment. This reclassification has no impact on total capital and surplus and is reversed in full on January 1 of the fee year. On January 1, 2020, the Company was subject to the annual fee ("ACA assessment"). This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that was written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. In September 2020, the Company paid \$5,190,500 to the federal government for its portion of the annual fee. In December 2019, the annual fee was repealed beginning in 2021. As a result of this repeal, there was no annual fee payable in 2021 and thereafter, and therefore no

## NOTES TO FINANCIAL STATEMENTS

estimated subsequent fee year assessment was required to be reclassified from unassigned funds to special surplus funds at December 31, 2021 and December 31, 2020.

#### (18) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

#### (19) Federal and State Income Taxes

Aetna Inc. ("Aetna") and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in various states. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years endedDecember 31, 2021 and 2020 the Company incurred state income tax expenses (benefits) of \$621,681 and \$385,103, respectively.

The Company had \$608,323 and \$779,139 of state income tax payables at December 31, 2021 and 2020 These balances were included in general expenses due or accrued in the Statutory Statements of Liabilities, Capital and Surplus.

### D. Going Concern

## **NOTES TO FINANCIAL STATEMENTS**

As of February 25, 2022, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

#### 2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2021 and 2020.

#### 3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2021 and 2020.

#### 4. <u>Discontinued Operations</u>

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2021 and 2020.

#### Investments

- A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2021 or 2020.
- B. The Company did not have any debt restructuring in the years ending December 31, 2021 or 2020.
- C. The Company did not have any reverse mortgages at December 31, 2021 or 2020.

#### D. Loan-Backed Securities

- (1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.
- (2) The Company did not recognize any other-than-temporary impairments ("OTTI") on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R Loan-Backed and Structured Securities ("SSAP No. 43R") at December 31, 2021.
- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2021.
- (4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2021 is as follows:
  - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ (168,899)
2.	12 Months or Longer	(17,417)

b. The aggregate related fair value of securities with unrealized losses:

 1. Less than 12 Months
 \$ 24,597,101

 2. 12 Months or Longer
 1,000,255

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2021 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.
- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2021.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2021.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2021.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2021.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2021.

## **NOTES TO FINANCIAL STATEMENTS**

- J. The Company did not have any real estate at December 31, 2021.
- K. The Company did not have any low-income housing tax credits at December 31, 2021 or 2020.
- L. Restricted Assets
  - (1) Restricted assets (including pledged):

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	_		_	_	_	0.0	0.0
b. Collateral held under security lending agreements	_		_	_	_	0.0	0.0
c. Subject to repurchase agreements	_		_	_	_	0.0	0.0
d. Subject to reverse repurchase agreements	_		_	_	_	0.0	0.0
e. Subject to dollar repurchase agreements	_		_	_	_	0.0	0.0
f. Subject to dollar reverse repurchase agreements	_		_	_	_	0.0	0.0
g. Placed under option contracts	_		_	_	_	0.0	0.0
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	_		_	_	_	0.0	0.0
i. FHLB capital stock	_		_	_	_	0.0	0.0
j. On deposit with states	\$ 95,977,610	\$ 69,275,774	\$ 26,701,836	\$ —	\$ 95,977,610	28.82	28.99
k. On deposit with other regulatory bodies	_		_	_	_	_	_
Pledged collateral to FHLB (including assets backing funding agreements)	_		_	_	_	_	_
m. Pledged as collateral not captured in other categories	_		_	_	_	_	_
n. Other restricted assets	_		_	_	_	_	_
o. Total Restricted Assets	\$ 95,977,610	\$ 69,275,774	\$ 26,701,836	\$ —	\$ 95,977,610	28.83	28.99

(a) Column 1 divided by Asset Page, Column 1, Line 28 (b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2021 or 2020
- (3) The Company did not have any other restricted assets at December 31, 2021 or 2020.
- (4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2021.
- M. The Company did not have any working capital finance investments at December 31, 2021.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2021.
- O. The Company did not have any 5GI securities at December 31, 2021 or 2020.
- P. The Company did not have any short sales within the reporting period.
- Q. Prepayment Penalty and Acceleration Fees at December 31, 2021:

Prepayment Penalty and Acceleration Fees

	General Account			
1. Number of CUSIPs		13		
2. Aggregate Amount of Investment Income	\$	419,198		

- R. The Company did not participate in any qualified cash pools at December 31, 2021.
- 6. Joint Ventures, Partnerships, and Limited Liability Companies
  - A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2021 or 2020.

## **NOTES TO FINANCIAL STATEMENTS**

B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2021 or 2020.

#### 7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.

B. There was no amount excluded at December 31, 2021 or 2020.

## 8. <u>Derivative Instruments</u>

The Company did not have any derivative instruments at December 31, 2021 or 2020.

#### 9. Income Taxes

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

			12/31/2021			12/31/2020				
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Gross Deferred Tax Assets	\$1,828,128	\$ 390,453	\$2,218,581	\$2,130,555	\$ 231,995	\$2,362,550	\$ (302,427)	\$ 158,458	\$ (143,969)
(b)	Statutory Valuation Allowance Adjustment	_	_	_	_	_	_	_	_	_
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	1,828,128	390,453	2,218,581	2,130,555	231,995	2,362,550	(302,427)	158,458	(143,969)
(d)	Deferred Tax Assets Nonadmitted	_	_	_	_	_	_	_	_	_
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,828,128	390,453	2,218,581	2,130,555	231,995	2,362,550	(302,427)	158,458	(143,969)
(f)	Deferred Tax Liabilities	47,107	346,525	393,632	55,146	189,200	244,346	(8,039)	157,325	149,286
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$1,781,021	\$ 43,928	\$1,824,949	\$2,075,409	\$ 42,795	\$2,118,204	\$ (294,388)	\$ 1,133	\$ (293,255)

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

			12/31/2021			12/31/2020 Change				
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
	nission Calculation Components P No. 101	,	Сирлип	10441	orania.	Сиріші	10111	O'Amin'y	Cupiui	Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$1,813,870	\$ 103,791	\$1,917,661	\$2,117,178	\$ 64,451	\$2,181,629	\$ (303,308)	\$ 39,340	\$ (263,968)
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	14,257	_	14,257	13,377	_	13,377	880	_	880
(0)	Adjusted Gross Deferred     Tax Assets Expected to be     Realized Following the     Balance Sheet Date.	14,257	_	14,257	13,377	_	13,377	880	_	880
	Adjusted Gross Deferred     Tax Assets Allowed per     Limitation Threshold.	XX	XX	18,310,938	XX	XX	15,254,047	XX	XX	3,056,891
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1	286,662	286,663	_	167,544	167,544	1	119,118	119,119
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$1,828,128	\$ 390,453	\$2,218,581	\$2,130,555	\$ 231,995	\$2,362,550	\$ (302,427)	\$ 158,458	\$ (143,969)

(3)

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.

2021 2020 424 % 454 %

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. \$ 122,072,921 \$ 101,693,645

## **NOTES TO FINANCIAL STATEMENTS**

(4) The impact of tax planning strategies is as follows:

	12/31	/2021	12/31	/2020		
	(1)	(2)	(3)	(4)	(5) (Col. 1 - 3)	(6) (Col. 2 - 4)
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 1,828,128	\$ 390,453	\$ 2,130,555	\$ 231,995	\$ (302,427)	\$ 158,458
Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	1,828,128	390,453	2,130,555	231,995	(302,427)	158,458
Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	— %	— %	— %	— %	— %	— %

 $(b) \quad \text{Do the Company's tax-planning strategies include the use of reinsurance?} \\$ 

Yes [ ] No [X]

- B. There are no DTLs that were not recognized at December 31, 2021 or 2020.
- C. Current income taxes incurred consist of the following major components:

## **NOTES TO FINANCIAL STATEMENTS**

			(1)	(2)	(3)
1 /	Current Income Tax		12/21/2021	12/21/2020	(Col. 1 - 2)
		\$	12/31/2021 3,079,410	12/31/2020 \$ 2,864,551	Change
	(a) Federal (b) Foreign	Ф	3,079,410	5 2,804,331	\$ 214,859
	(c) Subtotal		3,079,410	2,864,551	214,859
	(d) Federal income tax on net capital gains		24,021	64,451	(40,430)
	(e) Utilization of capital loss carry-forwards			-	(10,130)
	(f) Other		_	_	_
	(g) Federal and foreign income taxes incurred		3,103,431	2,929,002	174,429
	D.A. 15.				
	Deferred Tax Assets:				
(	(a) Ordinary:		1 425 729	1 227 726	99.012
	<ul><li>(1) Discounting of unpaid losses</li><li>(2) Unearned premium reserve</li></ul>		1,425,738	1,337,726	88,012
	(3) Policyholder reserves			410,579	— (410,579)
	(4) Investments			410,377	(410,577)
	(5) Deferred acquisition costs		_	_	_
	(6) Policyholder dividends accrual		_	_	_
	(7) Fixed Assets		_	_	_
	(8) Compensation and benefits accrual		_	_	_
	(9) Pension accrual		_	_	_
	(10) Receivables - nonadmitted		402,390	382,250	20,140
	(11) Net operating loss carry-forward		_	_	_
	(12) Tax credit carry-forward		_	_	_
	(13) Other (including items <5% of total ordinary tax assets)		_	_	_
	(99) Subtotal		1,828,128	2,130,555	(302,427)
(	(b) Statutory valuation allowance adjustment		_	_	_
(	(c) Nonadmitted		_	_	_
(	(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)		1,828,128	2,130,555	(302,427)
(	(e) Capital:				
	(1) Investments		390,453	231,995	158,458
	(2) Net capital loss carry-forward		_	_	_
	<ul><li>(3) Real estate</li><li>(4) Other (including items &lt;5% of total ordinary tax assets)</li></ul>		_	_	_
	(99) Subtotal		390,453	231,995	158,458
	(f) Statutory valuation allowance adjustment		570, <del>1</del> 55	231,773	
	(g) Nonadmitted		_	_	_
	(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)		390,453	231,995	158,458
	(i) Admitted deferred tax assets (2d + 2h)		2,218,581	2,362,550	(143,969)
	D. C. LIE T. L. L.				
	Deferred Tax Liabilities:				
(	(a) Ordinary: (1) Investments		22,992	22,992	
	(2) Fixed assets		22,992	22,992	_
	(3) Deferred and uncollected premium				
	(4) Policyholder reserves		_	_	_
	(5) Other (including items <5% of total ordinary tax liabilities)		24,115	32,154	(8,039)
	(99) Subtotal		47,107	55,146	(8,039)
(	(b) Capital:		,	, -	( , )
	(1) Investments		346,525	189,200	157,325
	(2) Real estate		_	_	_
	(3) Other (including items <5% of total capital tax liabilities)		_	_	_
	(99) Subtotal		346,525	189,200	157,325
	(c) Deferred tax liabilities (3a99 + 3b99)		393,632	244,346	149,286
4. 1	Net deferred tax assets/liabilities (2i - 3c)	\$	1,824,949	\$ 2,118,204	\$ (293,255)

The change in net deferred income taxes is comprised of the following:

	12/31/2021	12/31/2020	Change
Total Deferred Tax Assets	\$ 2,218,581 \$	2,362,550 \$	(143,969)
Total Deferred Tax Liabilities	 (393,632)	(244,346)	(149,286)
Net Deferred Tax Assets/(Liabilities)	1,824,949	2,118,204	(293,255)
Tax Effect of Unrealized Gains/(Losses)			(25,301)
Change in Net Deferred Income Tax		\$	(318,556)

### **NOTES TO FINANCIAL STATEMENTS**

There was no valuation allowance adjustment to gross DTAs as of December 31, 2021 or 2020. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

D. The provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	 12/31/2021	Effective Tax Rate	12/31/2020	Effective Tax Rate
Provision computed at statutory rate	\$ 4,976,810	21.0 %	\$ 1,105,000	21.0 %
Health insurer fee	_	0.0 %	1,090,005	20.7 %
Transfer pricing adjustment	(1,535,943)	(6.5)%	(1,127,461)	(21.4)%
Tax-exempt interest	(31,188)	(0.1)%	(16,758)	(0.3)%
Change in nonadmitted assets	(20,140)	(0.1)%	25,726	0.5 %
Prior year true-up	(1,215)	0.0 %	370,466	7.0 %
Other	33,663	0.1 %	(79,017)	(1.5)%
Total	\$ 3,421,987	14.4 %	\$ 1,367,961	26.0 %
Federal and foreign income taxes incurred	\$ 3,103,431	13.1 %	\$ 2,929,002	55.7 %
Change in net deferred income taxes	 318,556	1.3 %	(1,561,041)	(29.7)%
Total statutory income taxes	\$ 3,421,987	14.4 %	\$ 1,367,961	26.0 %

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

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- (1) At December 31, 2021 and 2020, the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2021	\$ 3,247,797 \$	39,340 \$	3,287,137
2020	1,581,890	64,451	1,646,341
2019	 NA	_	
Total	\$ 4,829,687 \$	103,791 \$	4,933,478

(3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2021 and 2020.

CORAM HEALTHCARE CORPORATION OF NORTHERN CALIFORNIA

F.

@ Credentials Inc.

(1) At December 31, 2021, the Company's Federal Income Tax Return was consolidated with the following entities:

CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA ACCENDO INSURANCE COMPANY ACS ACOCO CORP. CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA Active Health Management, Inc. CORAM HEALTHCARE CORPORATION OF UTAH Adminco, Inc. Coventry Consumer Advantage, Inc. Administrative Enterprises, Inc. Coventry Health and Life Insurance Company ADVANCED CARE SCRIPTS, INC Coventry Health Care National Accounts, Inc. Aetna Better Health Inc. (Georgia) Coventry Health Care National Network, Inc. Aetna Better Health Inc. (NJ) Coventry Health Care of Illinois, Inc. Aetna Better Health Inc. (NY) Coventry Health Care of Kansas, Inc. Aetna Better Health Inc. (OH) Coventry Health Care of Missouri, Inc. Aetna Better Health of California, Inc. Coventry Health Care of Nebraska, Inc. Aetna Better Health of Florida, Inc. (F/K/A Coventry Health Care of Coventry Health Care of Virginia, Inc. Aetna Better Health of Illinois, Inc. (F/K/A IlliniCare Health Plan, Inc.) Coventry Health Care of West Virginia, Inc. Aetna Better Health of Indiana Inc Coventry Health Plan of Florida, Inc. Aetna Better Health of Kansas Inc. Coventry HealthCare Management Corporation Aetna Better Health of Kentucky Insurance Co. Coventry Prescription Management Services, Inc.

### **NOTES TO FINANCIAL STATEMENTS**

Aetna Better Health of Michigan, Inc. Coventry Transplant Network, Inc.

Aetna Better Health of Missouri LLC

Aetna Better Health of Nevada Inc.

CVS AOC Corporation

CVS ARCLIGHT, INC.

Aetna Better Health of North Carolina, Inc.

CVS CAREMARK INDEMNITY LTD.

Aetna Better Health of Oklahoma Inc. CVS FOREIGN, INC.

Aetna Better Health of Tennessee Inc. (F/K/A Aetna Better Health Inc.

Aetna Better Health of Texas, Inc.

CVS PHARMACY, INC.

CVS PR CENTER, INC.

Aetna Better Health Premier Plan MMAI Inc. (f/n/a Aetna Better Health CVS RX SERVICES, INC. Aetna Better Health. Inc. (Connecticut) CVS WWRE. INC.

Aetna Better Health, Inc. (Connecticut)

CVS WWRE, INC.

Aetna Better Health, Inc. (LA)

DELAWARE CVS PHARMACY, L.L.C.

Aetna Better Health, Inc. (PA)

Delaware Physicians Care, Inc.

Aetna Corporate Services LLC

E.T.B., INC.

Aetna Dental Inc. (New Jersey)

Echo Merger Sub. Inc.

Aetna Dental Inc. (New Jersey) Echo Merger Sub, Inc
Aetna Dental Inc. (Texas) ECKERD CORPORATION OF FLORIDA, INC.

Aging Daniel of Colifornia Inc.

Aetna Dental of California, Inc. First Health Group Corp.

Aetna Florida, Inc.

First Health Life and Health Insurance Company

AETNA HEALTH AND LIFE INSURANCE COMPANY

Florida Health Plan Administrators, LLC

Group Dental Service of Maryland, Inc.

Aetna Health Inc. (Florida) Group Dental Service, Inc.

Aetna Health Inc. (Georgia) Health and Human Resource Center, Inc.

Aetna Health Inc. (LA)

Health Data & Management Solutions, Inc.

Aetna Health Inc. (Maine) Health Re, Inc.

Aetna Health Inc. (New Jersey) HealthAssurance Pennsylvania, Inc.

Aetna Health Inc. (NY) HOLIDAY CVS, L.L.C.

Aetna Health Inc. (Pennsylvania)

IOWA CVS PHARMACY, L.L.C.

Aetna Health Inc. (Texas)

KENTUCKY CVS PHARMACY, L.L.C.

Aetna Health Insurance Co

Managed Care Coordinators, Inc.

Aetna Health Insurance Company of New York

MARYLAND CVS PHARMACY, L.L.C.

Aetna Health of California Inc.

MASSACHUSETTS CVS PHARMACY, INC.

Aetna Health of Iowa, Inc

MELVILLE REALTY CO., INC.

Aetna Health of Michigan Inc. (F/K/A Aetna Health Inc. (Michigan)) Mental Health Associates, Inc.

 $A etna\ Health\ of\ Ohio,\ Inc.\ (F/K/A\ A etna\ Better\ Health\ of\ Iowa,\ Inc.) \\ Mental\ Health\ Network\ of\ New\ York\ IPA,\ Inc.$ 

Aetna Health of Utah, Inc.

Meritain Health, Inc.

Aetna HealthAssurance Pennsylvania, Inc. MHNet of Florida, Inc.

Aetna Inc. MINUTECLINIC DIAGNOSTIC OF ILLINOIS, L.L.C.

Aetna Integrated Informatics, Inc.

MinuteClinic Physician Practice of Texas

Aetna Ireland Inc. MinuteClinic Telehealth Services of Texas Association

Aetna Risk Assurance Company of Connecticut

Niagara Re, Inc.

Aetna Student Health Agency, Inc.

ALABAMA CVS PHARMACY, L.L.C.

NORTH CAROLINA CVS PHARMACY, L.L.C.

OKLAHOMA CVS PHARMACY, L.L.C.

American Health Holding, Inc.

APRIA FINANCE HOLDINGS, INC.

AUSHC Holdings, Inc. (CT)

PayFlex Holdings, Inc.

PayFlex Systems USA, Inc.

BRUIN ACQUISITION CO., INC.

Precision Benefit Services, Inc.

bswift, LLC PrimeNet, Inc.

Carefree Insurance Services, Inc.

CAREMARK ULYSSES HOLDING CORP.

Claims Administration Corporation

Prodigy Health Group, Inc.

Professional Risk Management, Inc.

Resources for Living, LLC

Cofinity, Inc. RETRAC, INC.

CONNECTICUT CVS PHARMACY, L.L.C. RICHMOND HEIGHTS ACQUISITION CORP.

CORAM ALTERNATE SITE SERVICES, INC. Schaller Anderson Medical Administrators Inc

CORAM HEALTHCARE CORPORATION OF ALABAMA

SILVERSCRIPT INSURANCE COMPANY

CORAM HEALTHCARE CORPORATION OF FLORIDA

CORAM HEALTHCARE CORPORATION OF GREATER D.C.

T2 MEDICAL, INC.

CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK TENNESSEE CVS PHARMACY, L.L.C.

CORAM HEALTHCARE CORPORATION OF INDIANA

CORAM HEALTHCARE CORPORATION OF MASSACHUSETTS

CORAM HEALTHCARE CORPORATION OF MISSISSIPPI

UAC HOLDING, INC.

CORAM HEALTHCARE CORPORATION OF NEVADA

CORAM HEALTHCARE CORPORATION OF NORTH TEXAS

Work & Family Benefits, Inc.

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- H. The Company was not subject to the Repatriation Transition Tax at December 31, 2021 and 2020.

# **NOTES TO FINANCIAL STATEMENTS**

- I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2021 and 2020.
- 10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

#### A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company's total admitted assets and cost allocation transactions follow:

The Company did not have any transactions during 2021 with its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company's total admitted assets, and cost allocation transactions.

December 31, 2020

				Assets receiv	ed by insurer	Assets transfe	erred by insurer
Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Statement value	Statement description	Statement value	Statement description
December 28, 2020	Capital contribution	Aetna Better Health Inc. (a New Jersey corporation)	Aetna Health Holdings, LLC	35,000,000	Cash	s —	<u> </u>

- C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2021.
- D. At December 31, 2021 and 2020, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	December 31,	
	 2021	2020
Amounts due to affiliates		
Aetna Medicaid Administrators, LLC	\$ 26,287,515 \$	_
Total due to affiliates	\$ 26,287,515 \$	_
	D 1 21	
	December 31,	
	 2021	2020
Amounts due from affiliates		
Aetna Medicaid Administrators, LLC	\$ — \$	21,822,756
Total due from affiliates	\$ — \$	21,822,756
		·

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. As of and for the years ended December 31, 2021 and 2020, the Company had the following significant transactions with affiliates:

The Company and Aetna Medicaid Administrators LLC ("AMA") are parties to an administrative services agreement, under which AMA and certain of its affiliates provides certain administrative services, including cash management and accounting and processing of premiums and claims. Under this agreement, the Company will remit a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged \$77,599,891 and \$57,331,970 in 2021 and 2020, respectively.

The Company, AMA and Aetna Health Management, LLC ("AHM"), indirectly a wholly-owned subsidiary of CVS Health, entered into a plan joinder agreement. Under this agreement, AHM has contracted with Caremark PCS Health, LLC ("Caremark"), an affiliate, to deliver pharmacy benefit management services to the Company. The Company will make payments to AMA in accordance with the administrative services agreement.

The Company has an insolvency agreement with Aetna Health Insurance Company ("AHIC"), a wholly-owned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any member until the end of the contract period for which premium has been paid, but for no longer than thirty-one days. AHIC will also make available to members, for a period of thirty-one days, replacement insurance policies.

These agreements also provide for interest on all intercompany balances. The Company did not earn any interest on amounts due from affiliates in 2021. The Company did not incur any interest on amounts due to affiliates in 2021. Interest earned on amounts due from affiliates was \$19,716 in 2020. Interest incurred on amounts due to affiliates was \$24,331 in 2020.

As explained in Note 1, Aetna and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

#### NOTES TO FINANCIAL STATEMENTS

- F. The Company does not have any guarantees or undertakings, written or otherwise, at December 31, 2021.
- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.
- H. At December 31, 2021, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.
- I. At December 31, 2021, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.
- J. At December 31, 2021, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2021, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2021, the Company did not hold any investments in a downstream noninsurance holding company.
- M. At December 31, 2021, the Company did not have any SCA investments.
- N. At December 31, 2021, the Company did not have any investments in an insurance SCA.
- O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.

#### 11. <u>Debt</u>

- A. The Company did not have any items related to debt, including capital notes at December 31, 2021.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2021.
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
  - A.- I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2021 or 2020.
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
  - A. The Company had 10,000 shares of common capital stock authorized, with 100 shares issued and outstanding with a par value of \$0 per share at December 31, 2021 and 2020.
  - B. The Company had no shares of preferred stock issued and outstanding at December 31, 2021 and 2020.
  - C. Dividend Restrictions

Under the laws of the State of New Jersey, the Company shall report to the commissioner any dividend or distribution to its shareholders within five business days following declaration. The Company shall not pay out extraordinary dividends without the prior written approval of the New Jersey Department. The New Jersey Department may disapprove the dividend or distribution request for a period of 30 days after the receipt of notification. Pursuant to New Jersey statute, no domestic insurer shall pay an extraordinary distribution to its shareholders until: (a) thirty days after the New Jersey Department has received notice of the declaration thereof and has not within such period disapproved such payment, or (b) the New Jersey Department approves such payment within the 30-day period. An extraordinary dividend or distribution is any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of: (a) 10% of the Company's surplus as regards to policyholders as of the 31st day of December next preceding, or (b) the net income, not including realized gains, for the 12 month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the Company's own securities.

D. The Company did not pay any dividends in 2021 or 2020.

The Company did not receive any capital contributions from its parent in 2021.

The company received \$35,000,000 as a capital contribution from its parent December 28, 2020.

- E. At December 31, 2021 and 2020, there was \$20,595,661 and \$10,381,185, respectively, of the Company's profits that may be paid as ordinary dividends to its shareholder without prior approval from the New Jersey Department. There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2021 or 2020, except as noted in Note 21.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

### **NOTES TO FINANCIAL STATEMENTS**

- G. The Company had no advances to surplus not repaid.
- H. The Company did not hold any stock for any special purposes at December 31, 2021 or 2020.
- I. There were no changes in the balances of special surplus funds from the prior year.
- J. At December 31, 2021, there was \$(95,180)of unassigned funds that was represented or reduced by unrealized gains and losses
- K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2021 or 2020.
- L. The Company did not participate in any quasi-reorganizations during the statement year.
- M. The Company did not participate in any quasi-reorganizations in the past 10 years.

#### 14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2021 or 2020.
- B. Assessments

#### **Guaranty Fund Assessments**

(1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2021 or 2020.

- C. The Company did not have any gain contingencies at December 31, 2021 or 2020.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2021 or 2020.
- E. The Company did not have any joint and several liability arrangements at December 31, 2021 or 2020.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

#### 15. Leases

The Company did not have any material lease obligations at December 31, 2021 or 2020.

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

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2021 or 2020.

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2021 or 2020.

- B. Transfer and Servicing of Financial Assets
  - (1) The Company did not have any loaned securities at December 31, 2021 or 2020.
  - (2) and (3):

# **NOTES TO FINANCIAL STATEMENTS**

The Company did not have any servicing assets or liabilities at December 31, 2021 or 2020.

- (4) The Company did not have any securitized financial assets at December 31, 2021 or 2020.
- (5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2021 or 2020.
- (6) The Company did not have any transfers of receivables with recourse at December 31, 2021 or 2020.
- (7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2021 or 2020.

#### C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the year for the year ended December 31, 2021 and reacquired within 30 days of the sale date.

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

- A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2021.
- B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2021.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract:
  - (1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year December 31, 2021 was \$29,290,039.
  - (2) As of December 31, 2021, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

Centers for Medicare and Medicaid Services \$249,754

- (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowance and reserves for adjustment of recorded revenues as and if applicable.
- (4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.

#### 19. <u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2021 and 2020.

### 20. Fair Value Measurements

Δ

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2021 and 2020.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2021 or 2020.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at December 31, 2021 or 2020.
- B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

### NOTES TO FINANCIAL STATEMENTS

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- Level 3 Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2021 and 2020 were as follows:

December 31, 2021

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 322,113,419	\$ 320.417.913	\$ 96 111 376	\$225,669,043	s _	s —	<b>S</b>

#### December 31, 2020

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 219,528,821	\$ 215,043,645	\$ 96,376,748	\$123,152,073	s —	\$ —	\$ —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

#### 21. Other Items

#### A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2021 and 2020.

#### B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2021 and 2020.

#### C. Other Disclosures

#### Minimum Capital and Surplus

Under the laws of the State of New Jersey, the Company is required to maintain a minimum capital and surplus equal to the greater of (1) \$1,000,000 adjusted annually by the Consumer Price Index; (2) 2% of the annual premium revenues as reported by the Company on its most recent annual financial statement filed with the Commissioner of Health and Commissioner of Banking and Insurance for the first \$150,000,000 of premium reported and 1% of the annual premium in excess of the first \$150,000,000 of premium reported; (3) an amount equal to the sum of three months of uncovered health care expenditures; or (4) an amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis and those made on a managed hospital payment basis) plus 4% of the annual hospital expenditures paid on a managed hospital payment basis. At December 31, 2021 and 2020, the Company's capital and surplus exceeded all such requirements.

The NAIC utilizes risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state

# **NOTES TO FINANCIAL STATEMENTS**

insurance commissioner to place the insurer under regulatory control. At December 31, 2021 and 2020, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

#### COVID-19

The Coronavirus Disease 2019 ("COVID-19") pandemic continues to evolve. The Company believes COVID-19's impact on the Company's businesses, operating results, cash flows and/or financial condition primarily will be driven by the geographies impacted and the severity and duration of the pandemic; the pandemic's impact on the U.S. and global economies and consumer behavior and health care utilization patterns; and the timing, scope and impact of stimulus legislation as well as other federal, state and local governmental responses to the pandemic. Those primary drivers are beyond the Company's knowledge and control. As a result, the impact COVID-19 will have on the Company's businesses, operating results, cash flows and/or financial condition is uncertain, but the impact could be adverse and material. COVID-19 also may result in legal and regulatory proceedings, investigations and claims against the Company.

#### Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the "ACA"), made broad-based changes to the United States health care system. In June 2021, the United States Supreme Court dismissed a challenge on procedural grounds that argued the ACA is unconstitutional in its entirety and issued an opinion preserving the ACA and its consumer protections in its current form. Even though the ACA was deemed constitutional, there may nevertheless be continued efforts to invalidate, modify, repeal or replace portions of it. In addition to litigation, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance at the federal or state level. The Company expects the ACA, including potential changes thereto, to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios ("MBRs") and the geographies in which the Company's products are available.

#### **Medicare**

The Company's Medicare Advantage products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the ACA requirements that Medicare Advantage plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. Payments the Company receives from CMS for its Medicare Advantage business also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice, the Office of Inspector General of the HHS (the "OIG") and CMS itself. Substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could materially affect the amount of the Company's Medicare reimbursement, require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries, and potentially limit the Company's (and the industry's) participation in the Medicare program.

The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company's Medicare or Medicare-Medicaid demonstration (historically known as "dual eligible") plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements.

#### Medicaid

The Company's Medicaid products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company's performance to determine compliance with CMS contracts and regulations. The Company's Medicaid products also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and its Medicaid program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company's existing contracts, elect not to award the Company new contracts or not to renew the Company's existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company's Medicaid products, exclude the Company from participating in one or more Medicaid programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or the Company's contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2021 or 2020.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2021 or 2020.

# **NOTES TO FINANCIAL STATEMENTS**

- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2021 or 2020.
- G. The Company did not have any retained assets at December 31, 2021 or 2020.
- H. The Company did not have any insurance-linked securities contracts at December 31, 2021 or 2020.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2021 or 2020.

#### 22. Events Subsequent

#### Type I - Recognized Subsequent Events

Subsequent events have been considered through February 25, 2022 for the statutory statement issued on February 25, 2022.

The Company had no known reportable recognized subsequent events.

#### Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 25, 2022 for the statutory statement issued on February 25, 2022.

The Company had no known reportable nonrecognized subsequent events.

#### 23. Reinsurance

#### A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

If yes, give full details. N/A

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

Yes() No (X)

If yes, give full details. N/A

### Section 2 – Ceded Reinsurance Report – Part A

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

Yes() No(X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes() No(X)

If yes, give full details. N/A

Section 3 – Ceded Reinsurance Report – Part B

NOTES TO FINANCIAL STATEMENTS
(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of the statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of th statement, to include policies or contracts that were in force or which had existing reserves established by th company as of the effective date of the agreement?
Yes() No(X)
If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? $N/A$ .
The Company did not have uncollectible reinsurance at December 31, 2021 or 2020.
The Company did not have any commutation of ceded reinsurance at December 31, 2021 or 2020.
The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2021 or 2020.
Reinsurance Credit
(1) Has the Company reinsured any risk with any other entity under a reinsurance contract (or multiple contracts with the sam reinsurer or its affiliates) that is subject to Appendix A-791, Life and Health Reinsurance Agreements, and includes provision that limits the reinsurer's assumption of significant risks identified in Appendix A-791?
Yes \( \subseteq \text{No.} \)
(2) Has the Company reinsured any risk with any other entity under a reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) that is not subject to Appendix A-791, for which reinsurance accounting was applied and includes provision that limits the reinsurer's assumption of risk?
Yes ☑ No I
If yes, indicate the number of reinsurance contracts to which such provisions apply: 1
If yes, indicate whether the reinsurance credit was reduced for the risk-limiting features. No.
(3) Does the Company have any reinsurance contracts (other than reinsurance contracts with a federal or state facility) the contain one or more of the following features which may result in delays in payment in form or in fact:
<ul> <li>Provisions which permit the reporting of losses, or settlements are made, less frequently than quarterly or payments due from the reinsurer are not made in cash within ninety (90) days of the settlement date (unless there is no activity during the period).</li> <li>Payment schedule, accumulating retentions from multiple years or any features inherently</li> </ul>
designed to delay timing of the reimbursement to the ceding entity.
Yes □ No I
(4) Has the Company reflected reinsurance accounting credit for any contracts that are not subject to Appendix A-791 and no yearly renewable term reinsurance, which meet the risk transfer requirements of SSAP No. 61R?
Yes \( \sum \) No \( \sum \)
(5) Has the Company ceded any risk, which is not subject to Appendix A-791 and not yearly renewable term reinsurance under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statements, and either:
(a) Accounted for that contract as reinsurance under statutory accounting principles (SAP) and as a deposit under

(6) If the answer to item (5)(a) or item (5)(b) is yes, include relevant information regarding GAAP to SAP differences from the accounting policy footnote to the audited statutory-basis financial statements to explain why the contract(s) is treated

Yes  $\square$  No  $\square$  N/A  $\square$ 

Yes  $\square$  No  $\square$  N/A  $\square$ 

generally accepted accounting principles (GAAP); or

differently for GAAP and SAP below: Not Applicable.

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

### **NOTES TO FINANCIAL STATEMENTS**

#### 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Through annual contracts with CMS, the Company's Medicare Advantage revenues ultimately received for each member are based on that member's health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company's Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

Premium revenue subject to the minimum MLR rebate requirements of the ACA is recorded net of the estimated minimum MLR rebates for the current calendar year. The Company estimates the minimum MLR rebates by projecting MLRs for certain markets, as defined by the ACA, for each state in which the Company operates. The claims and premiums used in estimating such rebates are modified for certain adjustments allowed by the ACA and include a statistical credibility adjustment for those states with a number of members that is not statistically credible.

The Company estimates accrued retrospective premiums for its state sponsored programs in accordance with the provisions in its contracts with the State of New Jersey.

B. Accrued retrospective are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target.

#### C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$865,630,007 that were subject to retrospective rating features for the year ending December 31, 2021 representing 100.0% of total net premiums written.

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

The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act in 2021 or 2020.

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

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [ ] No [X]
- (2) through (5): Not applicable.

#### 25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2021 and 2020.

	 2021	2020
Balance, January 1	\$ 93,374,815 \$	59,775,931
Health care receivable	\$ (2,115,501) \$	(1,942,744)
Balance, January 1, net of health care receivable	\$ 91,259,314 \$	57,833,187
Incurred related to:		
Current year	\$ 770,147,518 \$	563,651,297
Prior years	\$ (6,110,952) \$	11,712,854
Total incurred	\$ 764,036,566 \$	575,364,151
Paid related to:		
Current year	\$ 670,534,582 \$	476,156,950
Prior years	\$ 76,930,974 \$	65,781,074
Total paid	\$ 747,465,556 \$	541,938,024
Balance, December 31, net of health care receivable	\$ 107,830,324 \$	91,259,314
Health care receivable	\$ 2,392,276 \$	2,115,501
Balance, December 31	\$ 110,222,600 \$	93,374,815

### **NOTES TO FINANCIAL STATEMENTS**

A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$6,110,952 in 2021. Changes in prior periods' estimates represents the effect of favorable development of prior period health care cost estimates on current year net income, at each financial statement date. The favorable development of these reserves is primarily a result of the actual claim submission times for health care claims being shorter than the Company had anticipated, as well as lower than expected health care cost trends in determining claims unpaid at prior financial statement date for both 2021 and 2021. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years increased by \$11,712,854 in 2020. Changes in prior periods' estimates represents the effect of unfavorable development of prior period health care cost estimates on current year net income, at each financial statement date. The unfavorable development of these reserves is primarily a result of the actual claim submission times for health care claims being longer than the Company had anticipated, as well as higher than expected health care cost trends in determining claims unpaid at prior financial statement date for both 2021 and 2020. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

#### 26. <u>Intercompany Pooling Arrangements</u>

The Company did not have any intercompany pooling arrangements at December 31, 2021 or 2020.

#### 27. Structured Settlements

The Company did not have any structured settlements at December 31, 2021 or 2020.

#### 28. Health Care Receivables

#### A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates from AHM pursuant to the plan joinder agreement between the Company, AMA and AHM discussed in Note 10. AHM has contracted with Caremark, an affiliate, to deliver pharmacy benefit management services to the Company. The Company receives rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2021 and 2020, the Company had pharmaceutical rebate receivables of \$476,135 and \$295,264, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 1,330,554	\$ —	\$ 854,419	\$ —	s —
9/30/2021	1,330,554	1,330,554	1,330,554	_	_
6/30/2021	909,224	1,226,877	1,226,877	_	_
3/31/2021	820,294	820,294	820,294	_	_
12/31/2020	584,211	606,034	606,034	_	_
9/30/2020	522,800	580,655	580,655	_	_
6/30/2020	469,675	465,537	465,537	_	_
3/31/2020	501,633	506,769	506,769	_	_
12/31/2019	424,963	491,560	491,560	_	
9/30/2019	462,056	459,911	424,963	34,948	_
6/30/2019	415,424	461,948	140,727	321,221	_
3/31/2019	289,632	444,559	150,444	294,116	_

<sup>&</sup>lt;sup>1</sup> Represents a portion of the estimated rebates for the quarter ending December 31, 2021, which were paid by AHM to the Company prior to December 31, 2021 and invoicing in 2022.

#### B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2021 or 2020.

#### 29. Participating Policies

The Company did not have any participating policies at December 31, 2021 or 2020.

# **NOTES TO FINANCIAL STATEMENTS**

#### 30. Premium Deficiency Reserves

<u>December 31, 2021</u> \$—

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was anticipated investment income utilized in the calculation?

12/31/2021

Yes □ No ☑

#### 31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2021 or 2020 as the Company records salvage and subrogation on a paid basis when cash is received.

# **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of whis an insurer?  If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.		Yes [ X	] No [	]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [ X	] No [	] N/A	<i>t</i> [ ]
1.3	State Regulating?		New Je	rsey	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [ X	] No [	]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.		000006	4803	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?		Yes [	] No [	X ]
2.2	If yes, date of change:				
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/31/	2020	
3.2	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/	2015	
3.3	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).		06/26/	2017	
3.4	By what department or departments?  New Jersey Department of Banking and Insurance				
3.5	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	4 [ X ]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [	] No [	] N/A	4 [ X ]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or composition a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  4.11 sales of new business?  4.12 renewals?		Yes [ Yes [		
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affil receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:				
	4.21 sales of new business?		Yes [ Yes [	] No [ ] No [	-
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		Yes [	] No [	X ]
5.2	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.	3			
	1 Name of Entity NAIC Company Code State of Domicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspender revoked by any governmental entity during the reporting period?		Yes [	] No [	[ X ]
6.2	If yes, give full information:				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes [	] No [	X ]
7.2	If yes, 7.21 State the percentage of foreign control;	<u> </u>	0	.0	%
	1 2 Nationality Type of Entity				

8.1 8.2	Is the company a subsidiary of a depository institution holding company (DI If the response to 8.1 is yes, please identify the name of the DIHC.					Yes [	]	No [ X	]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Offic Insurance Corporation (FDIC) and the Securities Exchange Commission (S	y and state of the main office) of any affiliates rece of the Comptroller of the Currency (OCC), the	egulated by se Federal D	a fede	ral	Yes [	]	No [ X	]
	1 Affiliate Name	2 Location (City, State)			5 FDIC	6 SEC			
8.5	Is the reporting entity a depository institution holding company with significa					V [	,	N. F.V	,
8.6	Federal Reserve System or a subsidiary of the reporting entity?	company that has otherwise been made subje	ct to the			Yes [ ] No [	•	No [ X	•
9.	What is the name and address of the independent certified public accounta	ant or accounting firm retained to conduct the a	nnual audit?	•	-		,		,
10.1	Ernst & Young LLP; 200 Clarendon Street; Boston, MA 02116	ervices provided by the certified independent p Model Regulation (Model Audit Rule), or substan	ublic accour ntially simila	itant r state			_		
10.2	law or regulation? If the response to 10.1 is yes, provide information related to this exemption	:				Yes [	J	No [ X	J
10.3 10.4	Has the insurer been granted any exemptions related to the other requirem allowed for in Section 18A of the Model Regulation, or substantially similar If the response to 10.3 is yes, provide information related to this exemption	nents of the Annual Financial Reporting Model F state law or regulation?	Regulation a	s		Yes [	]	No [ X	]
10.5 10.6	Has the reporting entity established an Audit Committee in compliance with If the response to 10.5 is no or n/a, please explain	n the domiciliary state insurance laws?				] No [	]	N/A [	]
11.	What is the name, address and affiliation (officer/employee of the reporting firm) of the individual providing the statement of actuarial opinion/certificatic Katie L. Panasci, A.S.A., M.A.A.A.; CVS; 151 Farmington Ave., RS12; Harl	on?	actuarial co	nsultir	ng				
12.1	Does the reporting entity own any securities of a real estate holding compa	ny or otherwise hold real estate indirectly?				Yes [	]	No [ X	]
	12.11 Name of real estate	9							
		involved							_
12.2	If, yes provide explanation:	d carrying value				i			0
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES OF	ONLY:							
13.1	What changes have been made during the year in the United States manager N/A		• ,						
	Does this statement contain all business transacted for the reporting entity	_				Yes [	]	No [	]
13.3	Have there been any changes made to any of the trust indentures during the	· ·				Yes [	-	No [	]
13.4 14.1	If answer to (13.3) is yes, has the domiciliary or entry state approved the chare the senior officers (principal executive officer, principal financial officer,				; [	] No [	]	N/A [	]
14.1	similar functions) of the reporting entity subject to a code of ethics, which in a. Honest and ethical conduct, including the ethical handling of actual or ap relationships;  b. Full, fair, accurate, timely and understandable disclosure in the periodic i	ocludes the following standards?	nd professio			Yes [ X	[ ]	No [	]
	c. Compliance with applicable governmental laws, rules and regulations;     d. The prompt internal reporting of violations to an appropriate person or pe     e. Accountability for adherence to the code.		ıy,						
14.11	If the response to 14.1 is No, please explain:								
	Has the code of ethics for senior managers been amended?					Yes [ X	]	No [	]
14.21	If the response to 14.2 is yes, provide information related to amendment(s) The "Maintaining Trust" section that contained Corporate Integrity Agreeme The index was removed.  Annual benchmarking exercise performed resulting in the following updates addition of consecutivity about the provided that the private latter by the provided that the private latter is the private latter.	ent (CIA) information was removed as the CIA e s/revisions: general format/layout/branding, relo	cation of to	pics,					
	addition of accessibility channels, colleague intro letter, Diversity and Inclus throughout, etc.						_		
	Have any provisions of the code of ethics been waived for any of the specifif the response to 14.3 is yes, provide the nature of any waiver(s).	fied officers?				Yes [	]	No [ X	]

2	If the response t	to 15.1 is yes, indicate the American Bankers Associa er of Credit and describe the circumstances in which t	tion (ABA) Routing Number and the name of the issuing or confirming the Letter of Credit is triggered.	Yes [ ] I	No [ X
	1 American	2	3	4	
	Bankers Association (ABA) Routing				
	Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amoun	
			RD OF DIRECTORS		
	thereof?		d upon either by the board of directors or a subordinate committee	Yes [ X ] I	No [
			oceedings of its board of directors and all subordinate committees	Yes [ X ] I	No [
	Has the reportin	g entity an established procedure for disclosure to its	board of directors or trustees of any material interest or affiliation on the that is in conflict with the official duties of such person?	Yes [X]	
			FINANCIAL		
	Has this stateme	ent been prepared using a basis of accounting other tl			
	Accounting Prin	ciples)?		Yes [ ] !	No [ X
	Total amount lo	aried during the year (inclusive of Separate Accounts,			
			(Fraternal Only)	\$	
	Total amount of	loans outstanding at the end of year (inclusive of Sep	parate Accounts, exclusive of		
	policy loans):	, , , , , , , , , , , , , , , , , , ,	20.21 To directors or other officers	\$	
			20.22 To stockholders not officers	\$	
			20.23 Trustees, supreme or grand		
			(Fraternal Only)	\$	
	Were any asset obligation being	s reported in this statement subject to a contractual ob- reported in the statement?		Yes [ ] [	No [ X
	If yes, state the	amount thereof at December 31 of the current year:	21.21 Rented from others	\$	
			21.23 Leased from others	\$	
			21.24 Other	\$	
	Does this staten guaranty associ	nent include payments for assessments as described ation assessments?	· · ·		
	If answer is yes:		22.21 Amount paid as losses or risk adjustment	\$	
			22.23 Other amounts paid	\$	
	Does the reporti	ing entity report any amounts due from parent, subsidi	iaries or affiliates on Page 2 of this statement?	Yes [ ] !	No [ X
					N F V
	90 days? If the response	to 24.1 is yes, identify the third-party that pays the age	ents and whether they are a related party.	Yes [ ] I	NO [ X
		rement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted rinciples)?  Ioaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  20.11 To directors or other officers.  20.12 To stockholders not officers.  20.13 Trustees, supreme or grand (Fraternal Only).  \$  of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of 20.21 To directors or other officers.  20.22 To stockholders not officers.  20.23 Trustees, supreme or grand (Fraternal Only).  \$  \$  \$  \$  20.22 To stockholders not officers.  \$  20.23 Trustees, supreme or grand (Fraternal Only).  \$  \$  \$  \$  \$  20.24 To directors or other officers.  \$  20.25 Trustees, supreme or grand (Fraternal Only).  \$  \$  \$  \$  \$  20.26 To stockholders not officers.  \$  20.27 To stockholders not officers.  \$  20.28 Trustees, supreme or grand (Fraternal Only).  \$  \$  \$  \$  20.29 To stockholders not officers.  \$  20.21 To directors or other officers.  \$  20.22 To stockholders not officers.  \$  20.22 To stockholders not officers.  \$  20.22 To stockholders not officers.  \$  20.23 Trustees, supreme or grand (Fraternal Only).  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$20.21 To directors or other officers.  \$  20.22 To stockholders not officers.  \$  20.22 To stockholders not officers.  \$  \$  \$  \$20.22 To stockholders not officers.  \$  \$  \$20.22 To stockholders not officers.  \$  \$20.22 To stockholders not officers.			
		Name of Third-Party			
			INVESTMENT		
			of current year, over which the reporting entity has exclusive control, in securities lending programs addressed in 25.03)	Yes [ X ]	No [

25.02	If no, give full and complete information relating thereto					
25.03	whether collateral is carried on or off-balance sheet. (an alternative	am including value for collateral and amount of loaned securities, and e is to reference Note 17 where this information is also provided)				
25.04	For the reporting entity's securities lending program, report amount Instructions.	t of collateral for conforming programs as outlined in the Risk-Based Capital	\$			0
25.05	For the reporting entity's securities lending program, report amount	t of collateral for other programs.	\$			0
25.06	Does your securities lending program require 102% (domestic sec outset of the contract?	urities) and 105% (foreign securities) from the counterparty at theYes [	] No	[	] N/A	[ X ]
25.07	Does the reporting entity non-admit when the collateral received from	om the counterparty falls below 100%?	] No	]	] N/A	[ X ]
25.08	Does the reporting entity or the reporting entity 's securities lending conduct securities lending?	g agent utilize the Master Securities lending Agreement (MSLA) to	] No	[	] N/A	[ X ]
25.09	For the reporting entity's securities lending program state the amount	unt of the following as of December 31 of the current year:				
	25.092 Total book adjusted/carrying value of reinv	ets reported on Schedule DL, Parts 1 and 2 rested collateral assets reported on Schedule DL, Parts 1 and 2 ed on the liability page	.\$			0
26.1	control of the reporting entity, or has the reporting entity sold or train	ty owned at December 31 of the current year not exclusively under the insferred any assets subject to a put option contract that is currently in ).	Yes	[ X ]	No [	1
26.2	If yes, state the amount thereof at December 31 of the current year	26.21 Subject to repurchase agreements 26.22 Subject to reverse repurchase agreements 26.23 Subject to dollar repurchase agreements 26.24 Subject to reverse dollar repurchase agreements 26.25 Placed under option agreements 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock 26.27 FHLB Capital Stock 26.28 On deposit with states 26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral pledged an FHLB 26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$		95,9	0 0 0 0 0 0 0
26.3	For category (26.26) provide the following:	2		3		_
26.3	1 Nature of Restriction	2 Description		3 moui		
27.1	1 Nature of Restriction	Description		moui		
27.1	Nature of Restriction  Does the reporting entity have any hedging transactions reported of	Description	Yes	moui	No [	Х ]
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions reported of the second secon	Description on Schedule DB? een made available to the domiciliary state?	Yes	moui	No [	Хј
27.1 27.2 JNES 2	1 Nature of Restriction  Does the reporting entity have any hedging transactions reported of lifyes, has a comprehensive description of the hedging program be lif no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES	Description on Schedule DB? een made available to the domiciliary state?	Yes   ] No		No [ ] N/A	X ]
27.1 27.2 JNES 2	Nature of Restriction  Does the reporting entity have any hedging transactions reported of lifyes, has a comprehensive description of the hedging program be lifno, attach a description with this statement.  T.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES Does the reporting entity utilize derivatives to hedge variable annuling the response to 27.3 is YES, does the reporting entity utilize:  27.41	Description  on Schedule DB?  een made available to the domiciliary state?  S ONLY:	Yes   Yes   Yes   Yes		No [ ] N/A No [ No [ No [	X ] X ]
27.1 27.2 LINES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  If yes, has a comprehensive description of the hedging program be if no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES  Does the reporting entity utilize derivatives to hedge variable annulation of the response to 27.3 is YES, does the reporting entity utilize:  27.41  27.42  27.43  By responding YES to 27.41 regarding utilizing the special account following:  The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provisi  Actuarial certification has been obtained which indicates to reserves and provides the impact of the hedging strategy  Financial Officer Certification has been obtained which incidence.	Description  On Schedule DB?  Seen made available to the domiciliary state?  Seen on Schedule DB?  Seen made available to the domiciliary state?  Yes [ SONLY:  Solution of Sont of So	Yes     No   Yes     Yes     Yes	[ ] [ ] ] ] ]	No [ ] N/A No [ No [ No [	x ]
27.1 27.2 LINES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  If yes, has a comprehensive description of the hedging program be if no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES  Does the reporting entity utilize derivatives to hedge variable annulated in the response to 27.3 is YES, does the reporting entity utilize:  27.44  27.42  27.43  By responding YES to 27.41 regarding utilizing the special account following:  The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provisis.  Actuarial certification has been obtained which indicates the reserves and provides the impact of the hedging strategy.  Financial Officer Certification has been obtained which includes the Hedging Strategy within VM-21 and that the Clearly Define its actual day-to-day risk mitigation efforts.	Description  On Schedule DB?  Deen made available to the domiciliary state?  Description  Yes [  S ONLY:  If Special accounting provision of SSAP No. 108  Description  On Schedule DB?  Description  Yes [	Yes     No   Yes     Yes     Yes		No [  No [	X ]  X ]  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported of the first of the hedging program be also first on the first of the hedging program be also first on the first of the hedging program be also first on the first of the hedging program be also first on the first of the hedging program be also first on the first of the hedging program be also first on the first of the hedging strategy subject to the special accounting provision of the hedging strategy subject to the special accounting provision.  Actuarial certification has been obtained which indicates the reserves and provides the impact of the hedging strategy in the hedging strategy within VM-21 and that the Clearly Define its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of issuer, convertible into equity?	Description  On Schedule DB?  Deen made available to the domiciliary state?  Deen made available to the domiciliary state?  Description  Yes [  S ONLY:  It special accounting provision of SSAP No. 108  Permitted accounting practice  Other accounting guidance  Uting provisions of SSAP No. 108, the reporting entity attests to the  Description  Yes [  Description  Ye	Yes     No   Yes     Yes     Yes     Yes		No [	X   X
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported of the state of the nedging program be also and the state of	Description  On Schedule DB?  Deen made available to the domiciliary state?  Deen made available to the domiciliary state?  Description  Yes [  S ONLY:  Dity guarantees subject to fluctuations as a result of interest rate sensitivity?  Description  Yes [  S ONLY:  Dity guarantees subject to fluctuations as a result of interest rate sensitivity?  Description  Yes [  Description  Yes [	Yes   Yes   Yes   Yes   Yes   Yes		No [	X ] X ] X ] X ] X ] X ] X ] X ] X ] X ]
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported of the state of the nedging program be also and the state of	Description  On Schedule DB?  Deen made available to the domiciliary state?	Yes   Yes   Yes   Yes   Yes   Yes		No [  No [  No [  No [  No [  No [	X ] X ] X ] X ] X ] X ] X ] X ] X ] X ]
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported of the fine, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES Does the reporting entity utilize derivatives to hedge variable annual of the response to 27.3 is YES, does the reporting entity utilize:  27.41 27.42 27.43  By responding YES to 27.41 regarding utilizing the special account following:  • The reporting entity has obtained explicit approval from the Hedging strategy subject to the special accounting provisi • Actuarial certification has been obtained which indicates to reserves and provides the impact of the hedging strategy • Financial Officer Certification has been obtained which inchedging Strategy within VM-21 and that the Clearly Define its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year excluding items in Schedule E - Part 3 - Special Deposits, real est offices, vaults or safety deposit boxes, were all stocks, bonds and custodial agreement with a qualified bank or trust company in account of the course of the NAIC Fine agreements that comply with the requirements of the NAIC Fine agreements that comply with the requirements of the NAIC Fine agreements that comply with the requirements of the NAIC Fine agreements that comply with the requirements of the NAIC Fine agreements that comply with the requirements of the NAIC Fine agreements and countered agreements and countered agreements of the NAIC Fine agreements and countered agreements of the NAIC Fine agreements and countered agreements and countered agreements of the NAIC Fine agreements and countered agreements of the NAIC Fine agreements and countered ag	Description  On Schedule DB?  Deen made available to the domiciliary state?	Yes     No   Yes     Yes     Yes     Yes     Yes	[ ] [ ] [ X ]	No [  No [	x ]

1 Name(s)		2 Location(s)		3 Complete Exp		
Have there been any changes, in f yes, give full and complete info	cluding name changes, in the customation relating thereto:	stodian(s) identified in 29.0	1 during the current year	r?	Yes	[ ] No
1 Old Custodian	New	2 v Custodian	3 Date of Change	Re	4 eason	
make investment decisions on be	fy all investment advisors, investre thalf of the reporting entity. For as investment accounts"; "handle	ssets that are managed int				
	1 of Firm or Individual tment Officer	2 Affiliation 				
	lls listed in the table for Question anage more than 10% of the rep				Yes	[ ] No
total assets under mana	ffiliated with the reporting entity (igement aggregate to more than been the table for 29.05 with an at	50% of the reporting entity'	s invested assets?		Yes	[ ] No
the table below.	2	milation code of A (anilla	3	T 4		5
Central Registration	2		J	7		Investn Manage Agreen
Depository Number  N/A Derek S. E	Name of Firm or Individu		gal Entity Identifier (LEI)			(IMA) F
	y diversified mutual funds reporte the Investment Company Act of 1 edule:				Yes	[ ] No
1		2			Book	3 /Adjusted
CUSIP#		Name of Mutual Fund				ing Value
1	edule.	_				/Adjust
For each mutual fund listed in the	table above, complete the follow	ving schedule:				
	1		2	3 Amount of M Fund's Book/A Carrying V	Adjusted	4

# **GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	320,417,405	322,112,911	1,695,506
31.2 Preferred stocks	0	0	0
31.3 Totals	320,417,405	322,112,911	1,695,506

31.4	Describe the sources or methods utilized in determining the fair values:  Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.					
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [	]	l No	[ X ]	
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes [	]	l No	[ ]	
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:					
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes [	Χ ]	l No	[ ]	
34.	By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 [	1	l No	1 X 1 o	
35.	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 [				
36.	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 [	1	l No	( X )	
37.	By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	[ ] No	[	1 [	N/A [	]

# **GENERAL INTERROGATORIES**

#### **OTHER**

30.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?		Φ	0
38.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the to service organizations and statistical or rating bureaus during the period covered by this statement.	otal payments to trade a	ssociations,	
	1 Name	2 Amount Paid		
39.1	Amount of payments for legal expenses, if any?		\$	0
39.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total paymenting the period covered by this statement.	nents for legal expenses	;	
	1 Name	2 Amount Paid		
40.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or department.	ents of government, if a	ıny?\$	0
40.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment connection with matters before legislative bodies, officers or departments of government during the period connection.			
	1 Name	2 Amount Paid		

# **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force				]
1.2	If yes, indicate premium earned on U.S. business only.				0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance	Experience Exhibit?	.\$		U
	1.31 Reason for excluding				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien r	not included in Item (1.2) above	•		0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.				0
1.6	Individual policies:	Most current three years:	· •		
		1.61 Total premium earned	.\$		0
		1.62 Total incurred claims	.\$		0
		1.63 Number of covered lives			
		All years prior to most current three years:			
		1.64 Total premium earned	.\$		0
		1.65 Total incurred claims			
		1.66 Number of covered lives			0
1.7	Group policies:	Most current three years:	_		^
		1.71 Total premium earned			
		1.72 Total incurred claims			
		All years prior to most current three years:			0
		1.74 Total premium earned			٥
		1.75 Total incurred claims			
		1.76 Number of covered lives			
		The Humber of Severed fives			
2.	Health Test:				
		1 2			
		Current Year Prior Year			
	2.1 Premium Numerator				
	2.2 Premium Denominator				
	<ul><li>2.3 Premium Ratio (2.1/2.2)</li><li>2.4 Reserve Numerator</li></ul>	130 165 240 110 411 624			
	2.5 Reserve Denominator	139 165 249 119 411 624			
	2.6 Reserve Ratio (2.4/2.5)				
	2.5 1.000.10 1.000 (2.112.0)				
3.1	Has the reporting entity received any endowment or gift from contracting hospitals returned when, as and if the earnings of the reporting entity permits?	s, physicians, dentists, or others that is agreed will be	Yes [ ]	] No [ X	]
3.2	If yes, give particulars:				
4.1	Have copies of all agreements stating the period and nature of hospitals', physicial dependents been filed with the appropriate regulatory agency?		Yes [ X ]	l No f	1
	dependents been med with the appropriate regulatory agency:		100 [ X ]	, 110 [	,
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these	e agreements include additional benefits offered?	Yes [	] No [ X	]
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [ X ]	] No [	]
5.2	If no, explain:				
	·				
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical			
		5.32 Medical Only5.33 Medicare Supplement			
		5.34 Dental & Vision			
		5.35 Other Limited Benefit Plan	.Ψ \$		0
		5.36 Other	\$		0
6.	Describe arrangement which the reporting entity may have to protect subscribers hold harmless provisions, conversion privileges with other carriers, agreements wagreements:  The Company assures that members are not liable for its debts if it becomes inscribers.	vith providers to continue rendering services, and any other			
7.1	Does the reporting entity set up its claim liability for provider services on a service	e date basis?	Yes [ X ]	] No [	]
7.2	If no, give details				
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year .		18,	055
		8.2 Number of providers at end of reporting year			
			v -		
9.1	Does the reporting entity have business subject to premium rate guarantees?		Yes [ ]	J No [ X	J
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months.	\$		Λ
J. <u>Z</u>	ii 300, aireat promium cumeu.	9.22 Business with rate guarantees over 36 months			

10.1	Does the reporting entity have Incentive Pool, Withh	old or Bonus Ar	rangements in its p	rovider contracts?	?		Yes [ X	] No [ ]
10.2	If yes:		10	0.21 Maximum am	ount payable bonu	ses	\$	1,891,003
	•		10	0.22 Amount actua	ally paid for year bo	nuses	\$	6,801,547
					ount payable withh			
			10	0.24 Amount actua	ally paid for year wit	thholds	\$	0
11.1	Is the reporting entity organized as:						., .	
					al Group/Staff Mode		_	] No [ X ]
					dual Practice Asso		Yes [	
				11.14 A Mixed	Model (combination	n of above)?	res [	] No [ X ]
11.2	Is the reporting entity subject to Statutory Minimum	Capital and Surr	due Doquiromonte	)			Y 2 20V	1 No [ ]
11.3	If yes, show the name of the state requiring such mi		•					New Jersey
11.4	If yes, show the amount required.		•				_	57,618,890
11.5	Is this amount included as part of a contingency res							
11.6	If the amount is calculated, show the calculation						•	
	See Notes to Financial Statement - Note 21, Other	Items, C., Other	Disclosures					
12.	List service areas in which reporting entity is license	ed to operate:						
			1					
		D D I:	Name of Service					
			ngton, Camden, Car erdon, Mercer, Mic					
			omerset, Sussex,					
13.1	Do you act as a custodian for health savings accour	nts?					Yes [	] No [ X ]
13.2	If yes, please provide the amount of custodial funds	hold as of the re	porting data				¢	0
13.2	ii yes, piease provide the amount of custodial funds	neid as of the re	porting date				Φ	
13.3	Do you act as an administrator for health savings ac	counts?					Yes [	1 No [ X ]
	,							
13.4	If yes, please provide the balance of funds administration	ered as of the re	porting date				\$	0
14.1	Are any of the captive affiliates reported on Schedul		orized reinsurers?			Yes [	] No [	] N/A [ X ]
14.2	If the answer to 14.1 is yes, please provide the follow	wing:						
	1	2	3	4	Assets	Supporting Reserv	e Credit	
	·	NAIC			5	6	7	
	Company Name	Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of	Trust	Othor	
	' '		Julisuiction	Credit	Credit	Agreements	Other	<del></del>
							•	
45	Describe the fellowing for individual andices. life income	*!:-: //	10 horizona anto		(iti			
15.	Provide the following for individual ordinary life insur- ceded):	rance" policies (t	J.S. business only	for the current ye	ar (prior to reinsura	ance assumed or		
	oodod).			15.1 [	Direct Premium Wri	itten	\$	0
					Total Incurred Clain			
				15.3 1	Number of Covered	Lives		0
			nary Life Insurance					
	Term(whether full und Whole Life (whether							
	Variable Life (with or			g, jet issue, snor	і юпп арр )			
	Universal Life (with o		, ,					
	Variable Universal Li			antee)				
16.	Is the reporting entity licensed or chartered, register	ed, qualified, eliç	gible or writing busi	ness in at least tw	o states?		Yes [ ] N	10 [ X ]
16 1	If no, does the reporting entity assume reinsurance	husiness that as	vere rieke regidies	in at least one ste	te other than the st	ate of		
16.1	domicile of the reporting entity?						Yes [ ] N	10 [ X ]

# **FIVE-YEAR HISTORICAL DATA**

1.		2021	2020	2019	2018	2017
1.	Balance Sheet (Pages 2 and 3)					
	Total admitted assets (Page 2, Line 28)	331,054,696	252,685,167	146,937,009	133,013,144	134,619,762
2.	Total liabilities (Page 3, Line 24)				80,123,801	
	Statutory minimum capital and surplus requirement				26,573,350	
	Total capital and surplus (Page 3, Line 33)				52,889,343	
	Income Statement (Page 4)					
	Total revenues (Line 8)	860 902 362	636 513 457	459 347 324	374 461 307	233 756 302
6.	Total medical and hospital expenses (Line 18)					
7.	Claims adjustment expenses (Line 20)					
	Total administrative expenses (Line 21)				30,618,399	
	Net underwriting gain (loss) (Line 24)					22,077,631
	Net investment gain (loss) (Line 27)					1,971,768
	Total other income (Lines 28 plus 29)					(531, 155)
	Net income or (loss) (Line 32)				17,263,819	
	Cash Flow (Page 6)	20,000,001	2,002,002	12,221,000	,200,010	10,210,000
	Net cash from operations (Line 11)	57 328 733	62 606 067	21 385 316	2 052 303	27 415 420
	Risk-Based Capital Analysis	57,020,700	02,000,007	21,000,010	2,002,000	27,710,720
	Total adjusted capital	123 897 870	103 811 849	64 755 115	52 880 343	36 287 613
	Authorized control level risk-based capital					
	Enrollment (Exhibit 1)	20,003,440	22,410,434	10,031,334	10,200,073	7,000,411
	Total members at end of period (Column 5, Line 7)	124 326	107 062	65.834	58 386	45 655
	Total members months (Column 6, Line 7)			767,050		482,008
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0		1,077,000	707,030		402,000
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	83.6	85.4	86.4	82.2	78.2
	Cost containment expenses	3.4	3.3	3.8	3.6	3.4
21.	Other claims adjustment expenses	1.7	1.7	1.3	1.0	1.7
22.	Total underwriting deductions (Line 23)	97.7	99.7	97.9	94.9	90.6
23.	Total underwriting gain (loss) (Line 24)	2.3	0.3	2.1	5.1	9.4
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	84,582,634	69,790,352	44,277,179	29,464,440	23,906,860
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	88,578,085	56,134,754	45,137,989	35,383,872	30,162,313
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30.	Affiliated mortgage loans on real estate					0
	All other affiliated					0
	Total of above Lines 26 to 31					
	Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

29

# SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

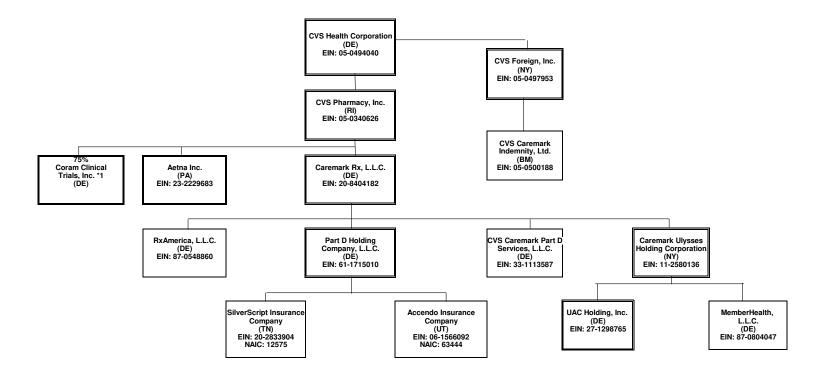
Allocated by States and Territories  1 Direct Business Only												
			1	2	3	4	5 5	rect Business O	only 7	8	9	10
					J	*	J	Federal	<b>'</b>	O	9	10
								Employees	Life and			
								Health	Annuity			
			Active	Accident and				Benefits	Premiums &	Property/	Total	
	01-11-		Status	Health	Medicare	Medicaid	CHIP Title	Program	Other	Casualty	Columns 2	Deposit-Type
	States, etc.		(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
1.		AL	N	0	0	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0	0	0
5.		CA	N	0	0	0	0	0	0	0	0	0
6.		CO	N	0	0	0	0	0	0	0	0	0
7.		CT	N	0	0	0	0	0	0	0	۰	
											0	0
8.		DE	N	0	0	0	0	0	0	0	0	0
9.	District of Columbia . I	DC	N	0	0	0	0	0	0	0	0	0
10.	Florida I	FL	N	0	0	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0	0	0
12.	Hawaii	HI .	N	0	0	0	0	0	0	0	0	0
13.	· ·	ID	N	0	0	0	0	0	0	0	n	0
14.		IL	N N	0	0	0	0	0	0	0	0	0
15.		IN	N	0	0	0	0	0	0	0	0	0
16.		IA	N	0	0	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0	0	0
18.	Kentucky I	KY	N	0	0	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0	0	0
20.		ME	N	0	0	0	0	0	0	0	0	n
21.		MD	N	0	0	0	0	0	0	0	0	n
22.	,	MA	N	0	0	0	0	0	0	0	0	0
											l	0
23.	•	MI	N	0	0	0	0	0	0	0	}0	0
24.		MN	N	0	0	0	0	0	0	0	0	0
25.	Mississippi I	MS	N	0	0	0	0	0	0	0	0	0
26.	Missouri	MO	N	0	0	0	0	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0	0	0	l	0
28.	· ·	NE .	N	0	0	0	0	0	0	0	n	0
29.		NV	N	0	0	0	0	0	0	00	0	n
			N N	0		0	0	0	0	0	0	0
30.	•	NH	JV		0							0
31.	-	NJ	L	0	29,298,541	836,514,123	0	0	0	0	865,812,664	0
32.		NM	N	0	0	0	0	0	0	0	0	0
33.	New York I	NY	N	0	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0	0	0
35.		ND	N	0	0	0	0	0	0	0	0	n
36.		OH	N N	0	0	0	0	0	0	0	0	0
37.		-	N	0	0	0	0	0	0	0	0	0
												0
38.	•	OR	N	0	0	0	0	0	0	0	0	ļ0
39.		PA	N	0	0	0	0	0	0	0	0	0
40.		RI	N	0	0	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0	0	0
42.			N	0	0	0	0	0	0	0	0	0
43.		TN	N	0	0	0	0	0	0	0	0	n
44.		TX	N	0	0	0	0	0	0	0	0	n
45.		UT	N	0	0	0	0	0	0	0	0	0
46.		VT	N	0	0	0	0	0	0	0	0	ļ0
47.	Virginia	VA	N	0	0	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0	0	0
49.	West Virginia		N	0	0	0	0	0	0	0	0	0
50.	Wisconsin		N	0	0	0	0	0	0	0	0	0
51.	Wyoming		N.	0	0	0	0	0	0	0	0	n
52.	American Samoa		N	0	0	0	0	0	0	0	0	0
	-											
53.		GU	N	0	0	0	0	0	0	0	0	0
54.	Puerto Rico		N	0	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands Y	VI	N	0	0	0	0	0	0	0	0	0
56.	Northern Mariana											
	Islands I	MP	N	0	0	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0	0	0
58.	Aggregate Other											
	Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	0	29,298,541	836,514,123	0	0	0	0	865,812,664	0
60.	Reporting Entity	Γ										
	Contributions for Emp	plovee										
	Benefit Plans		XXX	0	0	0	0	0	0	0	0	0
61.	Totals (Direct Busines		XXX	0	29,298,541	836,514,123	0	0	0	0	865,812,664	0
	DETAILS OF WRITE-		,,,,,		,,	, 0 , 120	,	l	<u> </u>	<u></u>	111,0.2,004	
58001.	DETAILS OF WRITE-		XXX									
58001.												
58002. 58003.		1.0	XXX								t	
			XXX	<u> </u>	ļ			<del> </del>	<del> </del>		<del> </del>	<u> </u>
58998.	Summary of remaining											
	write-ins for Line 58 fro		WW	0	0	0	0	0	0	0	0	0
58000	overflow page		XXX	U	U	U	U	l	ļ	0	l	ļ
J0999.	Totals (Lines 58001 th 58003 plus 58998)(Lin											
	above)	16 30	XXX	0	0	0	0	0	0	0	0	0
	e Status Counts:		^^^	U	U	U	U		U	U		

<sup>(</sup>a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG....
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
N - None of the above - Not allowed to write business in the state..... 0

<sup>(</sup>b) Explanation of basis of allocation by states, premiums by state, etc. All premiums are written within the State of New Jersey.

R - Registered - Non-domiciled RRGs......0
Q - Qualified - Qualified or accredited reinsurer......0

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



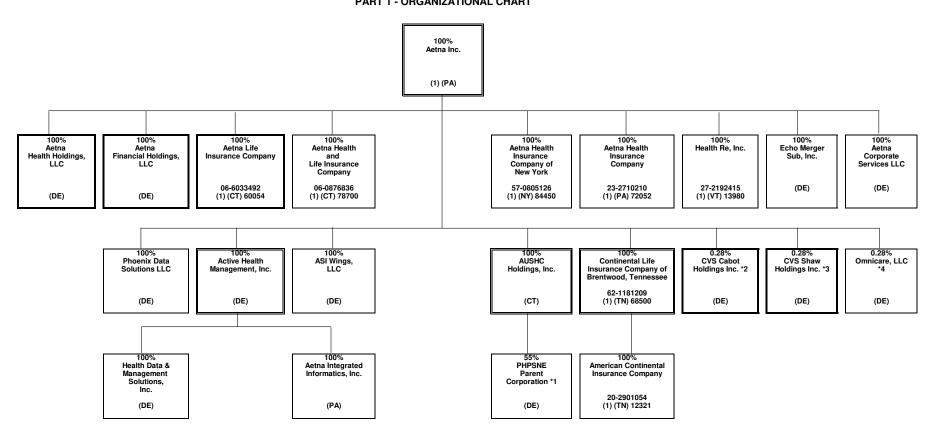
This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities. (1) Insurers/HIMO's

Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

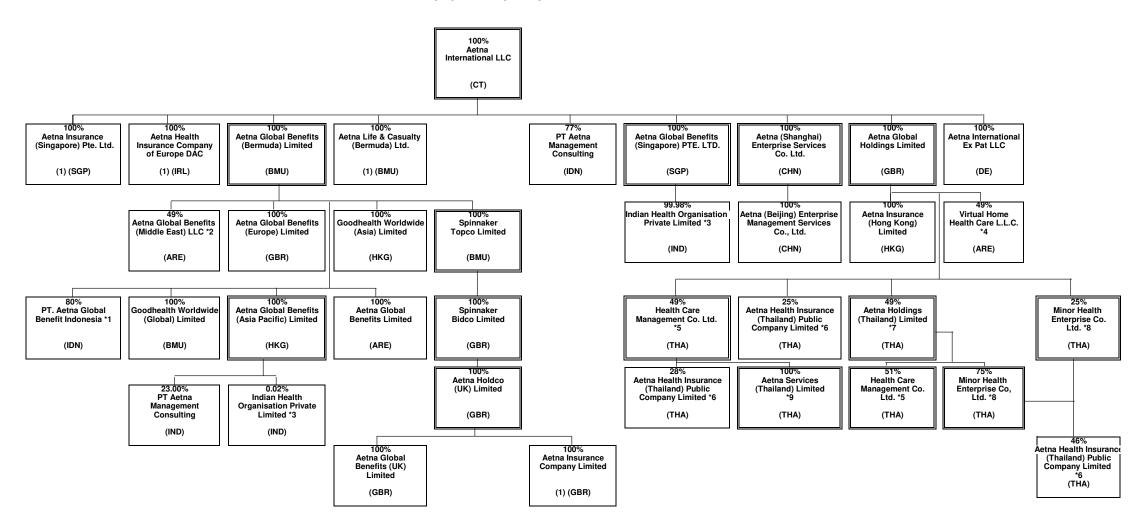
<sup>\*1</sup> Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company



<sup>\*1</sup> PHPSNE Parent Corporation is also 45% owned by third parties.
\*2 CVS Cabot Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
\*3 CVS Shaw Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
\*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdngs Inc., each with 49.86% ownership.

#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART



<sup>\*1</sup> PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

<sup>\*2</sup> Aetna Global Benefits (Middle East) LLC is also 51% is owned by Éuro Gulf LLC, Aetna's Nominee.

<sup>\*3</sup> Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

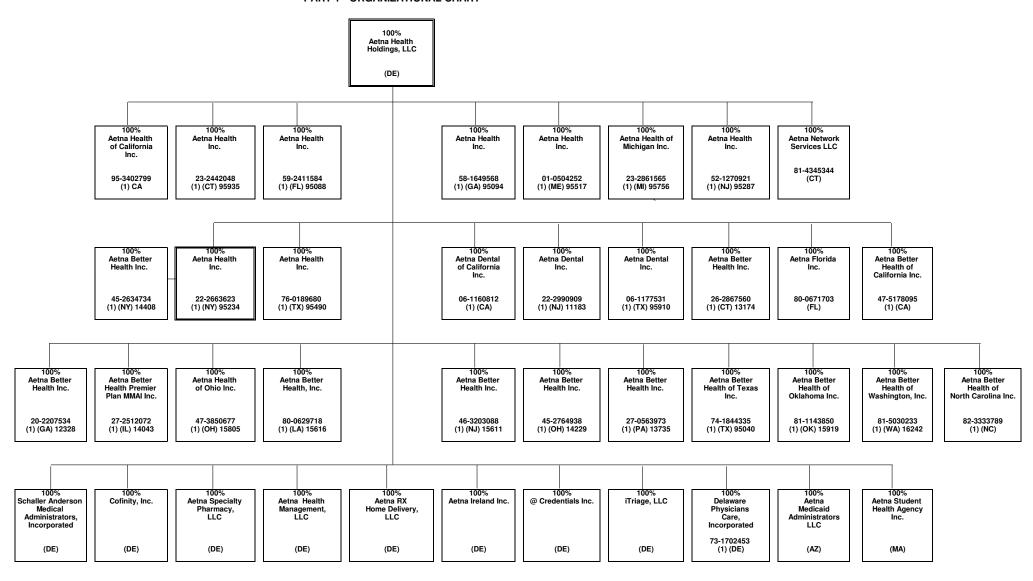
<sup>\*4</sup> Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

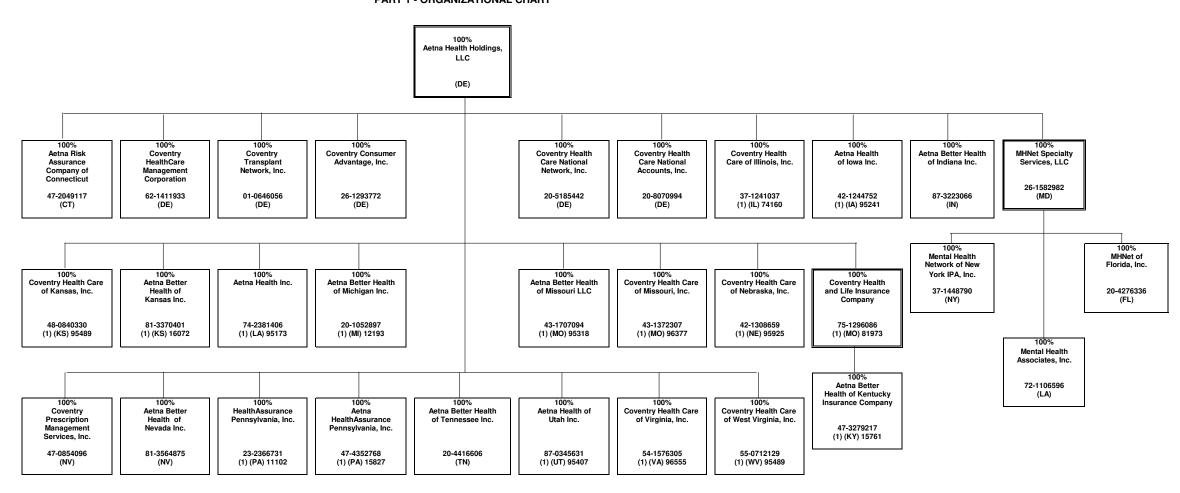
<sup>\*5</sup> Health Care Management Co. Ltd. Is also of wheel by Ceb Colline Call Blokel's ELC, Actua S Norminee
\*5 Health Care Management Co. Ltd. Is also owned by Actua Global Benefits (Bermuda) Limited (1 share),
\*6 Actua Health Insurance (Thailand) Public Company Limited is also owned by Actua Global Benefits (Bermuda) Limited (1 share), Actua Health Holdings (Thailand) Limited (1 share),
Actua Services (Thailand) Limited (1 share), Ms. Saifon Khongjitngam (1 share), and Mr. Buncha Tanphragorn (1 share)

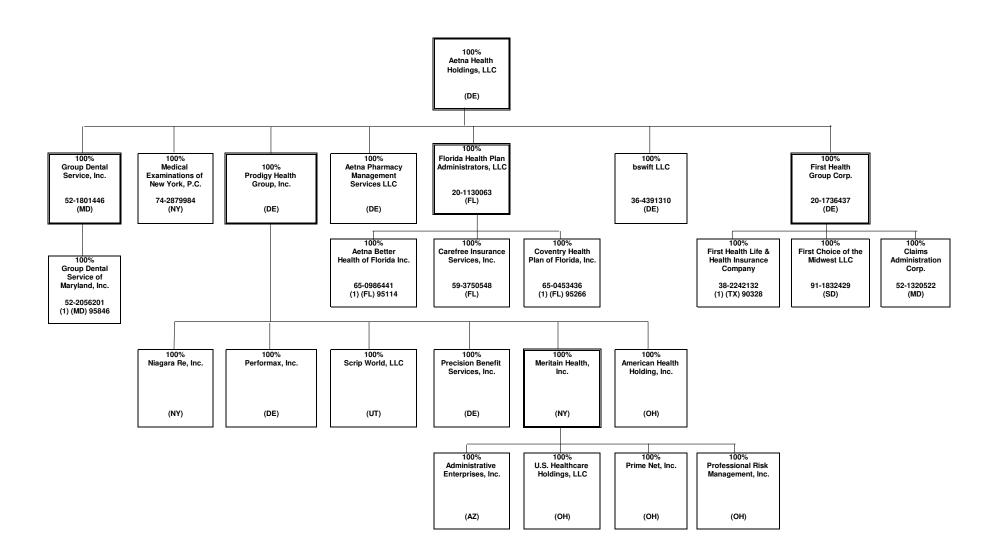
<sup>\*7</sup> Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.

<sup>\*8</sup> Minor Health Enterprise Co, Ltd is is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited

<sup>\*9</sup> Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

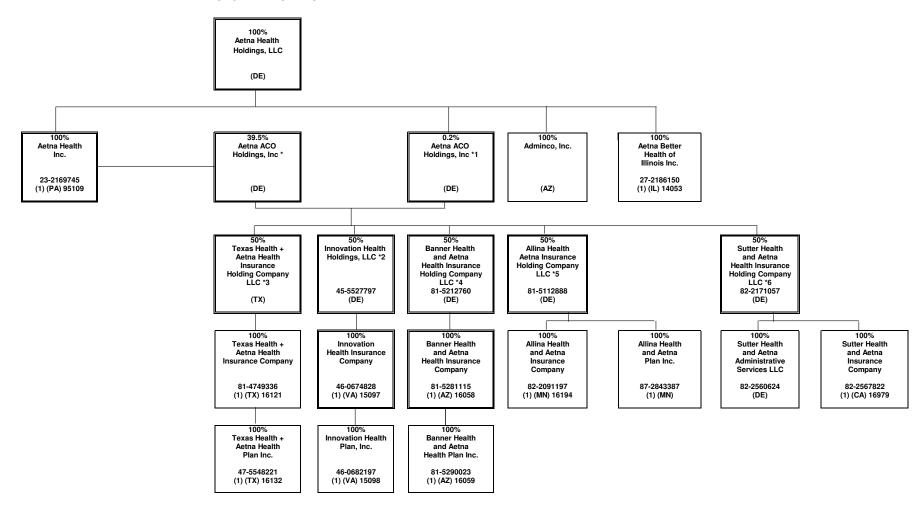






#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART

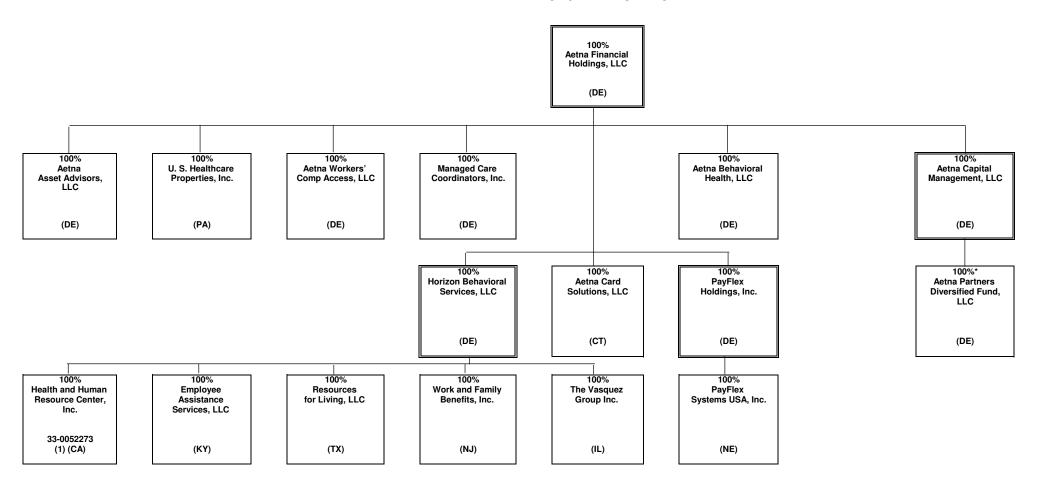


<sup>\*1</sup> Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

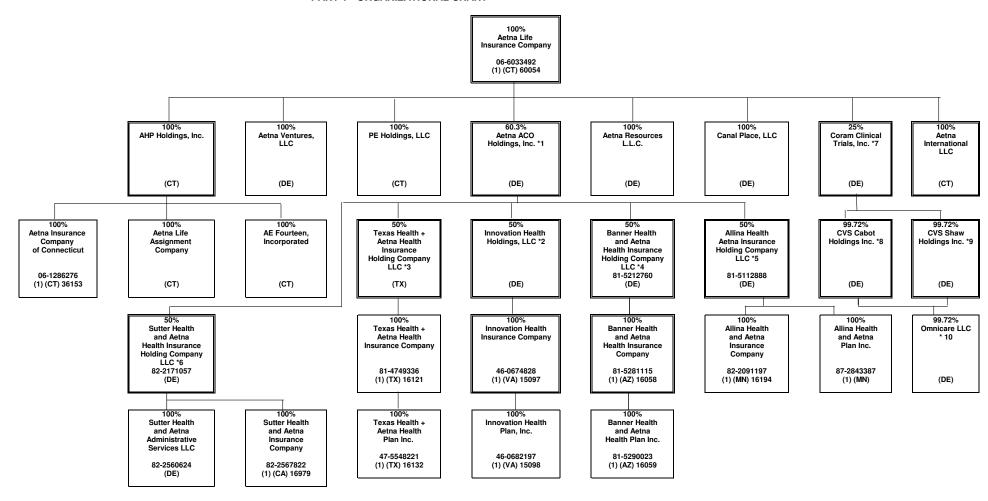
<sup>\*2</sup> Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

<sup>\*3</sup> Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
\*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

<sup>\*5</sup> Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
\*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.



<sup>\*</sup> Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.



<sup>\*1</sup> Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

<sup>\*2</sup> Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

<sup>\*3</sup> Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources. \*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

<sup>\*5</sup> Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

<sup>\*6</sup> Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
\*7 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

<sup>\*8</sup> CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

<sup>\*9</sup> CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

<sup>\*10</sup> Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

# NONE