



# ANNUAL STATEMENT

For the Year Ended December 31, 2019  
of the Condition and Affairs of the

## Dean Health Insurance, Inc.

NAIC Group Code..... 1294, 1294 (Current Period) (Prior Period) NAIC Company Code..... 60067 Employer's ID Number..... 39-1830837

Organized under the Laws of WI State of Domicile or Port of Entry WI Country of Domicile US

Licensed as Business Type Life, Accident & Health Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... July 1, 1995 Commenced Business..... January 1, 1997

Statutory Home Office 1277 Deming Way .. Madison .. WI .. 53717  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1277 Deming Way .. Madison .. WI .. 53717 608-836-1400  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1277 Deming Way .. Madison .. WI .. 53717  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1277 Deming Way .. Madison .. WI .. 53717 608-836-1400  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.deancare.com

Statutory Statement Contact Janet Marie Berger 608-830-5950  
(Name) (Area Code) (Telephone Number) (Extension)  
janet.berger@deancare.com 608-252-0896  
(E-Mail Address) (Fax Number)

### OFFICERS

| Name                   | Title                       | Name                    | Title           |
|------------------------|-----------------------------|-------------------------|-----------------|
| 1. David Wilson Fields | President                   | 2. Randy John Ruplinger | Treasurer & CFO |
| 3. Dean Allan Sutton   | Secretary & General Counsel | 4.                      |                 |

### OTHER

|                         |  |                          |  |
|-------------------------|--|--------------------------|--|
| Randy John Ruplinger    | Treasurer & CFO                        | Kevin Jon Eichhorn #     | Chief Medical Officer                          |
| Stephanie Jean Cook     | VP - Compliance, Audit & Public Policy | Michael Andrew Weber     | VP - Sales, Client & Health Promotion Services |
| David Scott Docherty    | SVP - Chief Growth Officer             | Bradley William Bartle # | Chief Actuary & VP of Applied Analytics        |
| Marcus Charles Julian   | SVP - Chief Operating Officer          | Kathy Ann Killian        | VP - Operations                                |
| Loretta Anne Lorenzen   | VP - Network Management & Contracting  | Brandon Boyd Sonne #     | VP - Market Leader                             |
| Daniel James Houchell # | VP - Product Management                | Ralph Buelling #         | VP - Information Technology                    |
| Jason Andrew Coons #    | VP - Business Transformation           |                          |  |

### DIRECTORS OR TRUSTEES

|                                |                               |                             |                             |
|--------------------------------|-------------------------------|-----------------------------|-----------------------------|
| William Milton Ehrhardt M.D. # | Mark Anthony Covalesski Ph.D. | Jennifer Lynn Maskel M.D. # | Jason Steven Isenberg M.D.  |
| Ralph Richard Kauten           | Gregory Michael Matzke M.D.   | Albert John Musa M.D.       | John Michael Phelan M.D.    |
| Wesley Norwood Sparkman        | Carter Leon Dredge            | Stephen John Sramek M.D.    | Diamond Williams Boatwright |

State of..... Wisconsin  
County of..... Dane

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

|                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| (Signature)<br>David Wilson Fields | (Signature)<br>Randy John Ruplinger  | (Signature)<br>Dean Allan Sutton                 |
| 1. (Printed Name)<br>President     | 2. (Printed Name)<br>Treasurer & CFO | 3. (Printed Name)<br>Secretary & General Counsel |
| (Title)                            | (Title)                              | (Title)  |

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2020

a. Is this an original filing? Yes [X] No [ ]

b. If no

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

**ASSETS**

|   | Current Year |                            |  | Prior Year                  |
|---|--------------|----------------------------|--|-----------------------------|
|   | 1<br>Assets  | 2<br>Nonadmitted<br>Assets | 3<br>Net Admitted<br>Assets<br>(Cols. 1 - 2) | 4<br>Net<br>Admitted Assets |
| 1. Bonds (Schedule D).....  |              |                            | 0  |                             |
| 2. Stocks (Schedule D):   |              |                            |  |                             |
| 2.1 Preferred stocks.....   |              |                            | 0  |                             |
| 2.2 Common stocks.....  | 151,919,778  |                            | 151,919,778                                  | 155,797,663                 |
| 3. Mortgage loans on real estate (Schedule B):  |              |                            |  |                             |
| 3.1 First liens.....  |              |                            | 0  |                             |
| 3.2 Other than first liens.....   |              |                            | 0  |                             |
| 4. Real estate (Schedule A):  |              |                            |  |                             |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances).....  |              |                            | 0  |                             |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances).....  |              |                            | 0  |                             |
| 4.3 Properties held for sale (less \$.....0 encumbrances).....  |              |                            | 0  |                             |
| 5. Cash (\$.....6,995,378, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)..... | 6,995,378    |                            | 6,995,378                                    | 5,798,211                   |
| 6. Contract loans (including \$.....0 premium notes).....   |              |                            | 0  |                             |
| 7. Derivatives (Schedule DB).....   |              |                            | 0  |                             |
| 8. Other invested assets (Schedule BA).....   |              |                            | 0  |                             |
| 9. Receivables for securities.....  |              |                            | 0  |                             |
| 10. Securities lending reinvested collateral assets (Schedule DL).....  |              |                            | 0  |                             |
| 11. Aggregate write-ins for invested assets.....  | 0            | 0                          | 0  | 0                           |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....  | 158,915,156  | 0                          | 158,915,156                                  | 161,595,874                 |
| 13. Title plants less \$.....0 charged off (for Title insurers only).....   |              |                            | 0  |                             |
| 14. Investment income due and accrued.....  |              |                            | 0  |                             |
| 15. Premiums and considerations:  |              |                            |  |                             |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....   |              |                            | 0  |                             |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....  |              |                            | 0  |                             |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....   |              |                            | 0  |                             |
| 16. Reinsurance:  |              |                            |  |                             |
| 16.1 Amounts recoverable from reinsurers.....   |              |                            | 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 Current federal and foreign income tax recoverable and interest thereon.....   |              |                            | 0  |                             |
| 18.2 Net deferred tax asset.....  | 127,990      |                            | 127,990                                      | 126,000                     |
| 19. Guaranty funds receivable or on deposit.....  |              |                            | 0  |                             |
| 20. Electronic data processing equipment and software.....  |              |                            | 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  |                             |
| 23. Receivables from parent, subsidiaries and affiliates.....   | 420,000      |                            | 420,000                                      | 68,499                      |
| 24. Health care (\$.....0) and other amounts receivable.....  |              |                            | 0  |                             |
| 25. Aggregate write-ins for other-than-invested assets.....   | 0            | 0                          | 0  | 0                           |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....                                   | 159,463,146  | 0                          | 159,463,146                                  | 161,790,373                 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....  |              |                            | 0  |                             |
| 28. TOTAL (Lines 26 and 27).....  | 159,463,146  | 0                          | 159,463,146                                  | 161,790,373                 |

**DETAILS OF WRITE-INS**

|  |   |   |   |   |
|--|---|---|---|---|
| 1101. ....   |   |   | 0 |   |
| 1102. ....   |   |   | 0 |   |
| 1103. ....   |   |   | 0 |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....    | 0 | 0 | 0 | 0 |
| 2501. ....   |   |   | 0 |   |
| 2502. ....   |   |   | 0 |   |
| 2503. ....   |   |   | 0 |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | 0 | 0 | 0 | 0 |

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Period |                |             | Prior Year  |
|--|----------------|----------------|-------------|-------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total  | 4<br>Total  |
| 1. Claims unpaid (less \$.....0 reinsurance ceded).....  | 604,650        |                | 604,650     |             |
| 2. Accrued medical incentive pool and bonus amounts.....   | 300,398        |                | 300,398     |             |
| 3. Unpaid claims adjustment expenses.....  | 18,140         |                | 18,140      |             |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....            |                |                | 0           |             |
| 5. Aggregate life policy reserves.....   |                |                | 0           |             |
| 6. Property/casualty unearned premium reserves.....  |                |                | 0           |             |
| 7. Aggregate health claim reserves.....  |                |                | 0           |             |
| 8. Premiums received in advance.....   |                |                | 0           |             |
| 9. General expenses due or accrued.....  | 650,100        |                | 650,100     | 600,000     |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....                    | 155,100        |                | 155,100     |             |
| 10.2 Net deferred tax liability.....   |                |                | 0           |             |
| 11. Ceded reinsurance premiums payable.....  |                |                | 0           |             |
| 12. Amounts withheld or retained for the account of others.....  |                |                | 0           |             |
| 13. Remittances and items not allocated.....   |                |                | 0           |             |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....  |                |                | 0           |             |
| 15. Amounts due to parent, subsidiaries and affiliates.....  | 61,173         |                | 61,173      | 214,683     |
| 16. Derivatives.....   |                |                | 0           |             |
| 17. Payable for securities.....  |                |                | 0           |             |
| 18. Payable for securities lending.....  |                |                | 0           |             |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)..... |                |                | 0           |             |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies.....  |                |                | 0           |             |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates.....   |                |                | 0           |             |
| 22. Liability for amounts held under uninsured plans.....  |                |                | 0           |             |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current).....  | 0              | 0              | 0           | 0           |
| 24. Total liabilities (Lines 1 to 23).....   | 1,789,561      | 0              | 1,789,561   | 814,683     |
| 25. Aggregate write-ins for special surplus funds.....   | XXX            | XXX            | 0           | 0           |
| 26. Common capital stock.....  | XXX            | XXX            | 2,000,000   | 2,000,000   |
| 27. Preferred capital stock.....   | XXX            | XXX            |             |             |
| 28. Gross paid in and contributed surplus.....   | XXX            | XXX            | 9,070,000   | 9,070,000   |
| 29. Surplus notes.....   | XXX            | XXX            |             |             |
| 30. Aggregate write-ins for other-than-special surplus funds.....  | XXX            | XXX            | 0           | 0           |
| 31. Unassigned funds (surplus).....  | XXX            | XXX            | 146,603,585 | 149,905,690 |
| 32. Less treasury stock at cost:   |                |                |             |             |
| 32.1 .....0.000 shares common (value included in Line 26 \$.....0).....  | XXX            | XXX            |             |             |
| 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....   | XXX            | XXX            |             |             |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32).....  | XXX            | XXX            | 157,673,585 | 160,975,690 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33).....  | XXX            | XXX            | 159,463,146 | 161,790,373 |

**DETAILS OF WRITE-INS**

|  |     |     |   |   |
|--|-----|-----|---|---|
| 2301. ....   |     |     | 0 |   |
| 2302. ....   |     |     | 0 |   |
| 2303. ....   |     |     | 0 |   |
| 2398. Summary of remaining write-ins for Line 23 from overflow page..... | 0   | 0   | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....    | 0   | 0   | 0 | 0 |
| 2501. ....   | XXX | XXX |   |   |
| 2502. ....   | XXX | XXX |   |   |
| 2503. ....   | XXX | XXX |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | XXX | XXX | 0 | 0 |
| 3001. ....   | XXX | XXX |   |   |
| 3002. ....   | XXX | XXX |   |   |
| 3003. ....   | XXX | XXX |   |   |
| 3098. Summary of remaining write-ins for Line 30 from overflow page..... | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....    | XXX | XXX | 0 | 0 |

## STATEMENT OF REVENUE AND EXPENSES

|  | Current Year   |            | Prior Year |
|--|----------------|------------|------------|
|  | 1<br>Uncovered | 2<br>Total | 3<br>Total |
| 1. Member months.....  | XXX            | 53,289     |            |
| 2. Net premium income (including \$.....0 non-health premium income).....  | XXX            | 1,433,497  |            |
| 3. Change in unearned premium reserves and reserve for rate credits.....   | XXX            |            |            |
| 4. Fee-for-service (net of \$.....0 medical expenses).....   | XXX            |            |            |
| 5. Risk revenue.....   | XXX            |            |            |
| 6. Aggregate write-ins for other health care related revenues.....   | XXX            | .0         | .0         |
| 7. Aggregate write-ins for other non-health revenues.....  | XXX            | .0         | .0         |
| 8. Total revenues (Lines 2 to 7).....  | XXX            | 1,433,497  | .0         |
| <b>Hospital and Medical:</b>   |                |            |            |
| 9. Hospital/medical benefits.....  |                |            |            |
| 10. Other professional services.....   |                |            |            |
| 11. Outside referrals.....   |                |            |            |
| 12. Emergency room and out-of-area.....  |                |            |            |
| 13. Prescription drugs.....  |                |            |            |
| 14. Aggregate write-ins for other hospital and medical.....  | .0             | 1,052,046  | .0         |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                | 300,398    |            |
| 16. Subtotal (Lines 9 to 15).....  | .0             | 1,352,444  | .0         |
| <b>Less:</b>   |                |            |            |
| 17. Net reinsurance recoveries.....  |                |            |            |
| 18. Total hospital and medical (Lines 16 minus 17).....  | .0             | 1,352,444  | .0         |
| 19. Non-health claims (net).....   |                |            |            |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses.....  |                | 18,140     |            |
| 21. General administrative expenses.....   |                | (557,008)  | (710,083)  |
| 22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....      |                |            |            |
| 23. Total underwriting deductions (Lines 18 through 22).....   | .0             | 813,576    | (710,083)  |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....  | XXX            | 619,921    | 710,083    |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....  |                | 24,108,969 | 42,003     |
| 26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....   |                |            |            |
| 27. Net investment gains or (losses) (Lines 25 plus 26).....   | .0             | 24,108,969 | 42,003     |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]..... |                |            |            |
| 29. Aggregate write-ins for other income or expenses.....  | .0             | .0         | .0         |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....   | XXX            | 24,728,890 | 752,086    |
| 31. Federal and foreign income taxes incurred.....   | XXX            | 155,100    | 158,000    |
| 32. Net income (loss) (Lines 30 minus 31).....   | XXX            | 24,573,790 | 594,086    |

### DETAILS OF WRITE-INS

|  |     |           |    |
|--|-----|-----------|----|
| 0601. ....   | XXX |           |    |
| 0602. ....   | XXX |           |    |
| 0603. ....   | XXX |           |    |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....  | XXX | .0        | .0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....     | XXX | .0        | .0 |
| 0701. ....   | XXX |           |    |
| 0702. ....   | XXX |           |    |
| 0703. ....   | XXX |           |    |
| 0798. Summary of remaining write-ins for Line 7 from overflow page.....  | XXX | .0        | .0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....     | XXX | .0        | .0 |
| 1401. Stop Loss Claims.....  |     | 1,052,046 |    |
| 1402. ....   |     |           |    |
| 1403. ....   |     |           |    |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | .0  | .0        | .0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....    | .0  | 1,052,046 | .0 |
| 2901. ....   |     |           |    |
| 2902. ....   |     |           |    |
| 2903. ....   |     |           |    |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | .0  | .0        | .0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....    | .0  | .0        | .0 |

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

| <b>CAPITAL AND SURPLUS ACCOUNT</b>  | <b>1<br/>Current Year</b> | <b>2<br/>Prior Year</b> |
|---|---------------------------|-------------------------|
| 33. Capital and surplus prior reporting period.....   | 160,975,690               | 133,805,855             |
| 34. Net income or (loss) from Line 32.....  | 24,573,790                | 594,086                 |
| 35. Change in valuation basis of aggregate policy and claim reserves.....                       |                           |                         |
| 36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0..... | (3,877,885)               | 26,575,749              |
| 37. Change in net unrealized foreign exchange capital gain or (loss).....                       |                           |                         |
| 38. Change in net deferred income tax.....  | 1,990                     |                         |
| 39. Change in nonadmitted assets.....   |                           |                         |
| 40. Change in unauthorized and certified reinsurance.....                                       |                           |                         |
| 41. Change in treasury stock.....   |                           |                         |
| 42. Change in surplus notes.....  |                           |                         |
| 43. Cumulative effect of changes in accounting principles.....                                  |                           |                         |
| 44. Capital changes:  |                           |                         |
| 44.1 Paid in.....   |                           |                         |
| 44.2 Transferred from surplus (Stock Dividend).....   |                           |                         |
| 44.3 Transferred to surplus.....  |                           |                         |
| 45. Surplus adjustments:  |                           |                         |
| 45.1 Paid in.....   |                           |                         |
| 45.2 Transferred to capital (Stock Dividend).....   |                           |                         |
| 45.3 Transferred from capital.....  |                           |                         |
| 46. Dividends to stockholders.....  | (24,000,000)              |                         |
| 47. Aggregate write-ins for gains or (losses) in surplus.....                                   | 0                         | 0                       |
| 48. Net change in capital and surplus (Lines 34 to 47).....                                     | (3,302,105)               | 27,169,835              |
| 49. Capital and surplus end of reporting period (Line 33 plus 48).....                          | 157,673,585               | 160,975,690             |

**DETAILS OF WRITE-INS**

|  |   |   |
|--|---|---|
| 4701. ....   |   |   |
| 4702. ....   |   |   |
| 4703. ....   |   |   |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....    | 0 | 0 |

**CASH FLOW**

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| <b>CASH FROM OPERATIONS</b>  |                   |                 |
| 1. Premiums collected net of reinsurance.....  | 1,433,497         |                 |
| 2. Net investment income.....  | 24,108,969        | 42,003          |
| 3. Miscellaneous income.....   |                   |                 |
| 4. Total (Lines 1 through 3).....  | 25,542,466        | 42,003          |
| 5. Benefit and loss related payments.....  | 447,396           |                 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                    |                   |                 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....                                      | (607,108)         | (774,583)       |
| 8. Dividends paid to policyholders.....  |                   |                 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....        |                   |                 |
| 10. Total (Lines 5 through 9).....   | (159,712)         | (774,583)       |
| 11. Net cash from operations (Line 4 minus Line 10).....   | 25,702,178        | 816,586         |
| <b>CASH FROM INVESTMENTS</b>   |                   |                 |
| 12. Proceeds from investments sold, matured or repaid:   |                   |                 |
| 12.1 Bonds.....  |                   |                 |
| 12.2 Stocks.....   |                   |                 |
| 12.3 Mortgage loans.....   |                   |                 |
| 12.4 Real estate.....  |                   |                 |
| 12.5 Other invested assets.....  |                   |                 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                           |                   |                 |
| 12.7 Miscellaneous proceeds.....   |                   |                 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....   | 0                 | 0               |
| 13. Cost of investments acquired (long-term only):   |                   |                 |
| 13.1 Bonds.....  |                   |                 |
| 13.2 Stocks.....   |                   |                 |
| 13.3 Mortgage loans.....   |                   |                 |
| 13.4 Real estate.....  |                   |                 |
| 13.5 Other invested assets.....  |                   |                 |
| 13.6 Miscellaneous applications.....   |                   |                 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....  | 0                 | 0               |
| 14. Net increase (decrease) in contract loans and premium notes.....   |                   |                 |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....                                  | 0                 | 0               |
| <b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>   |                   |                 |
| 16. Cash provided (applied):   |                   |                 |
| 16.1 Surplus notes, capital notes.....   |                   |                 |
| 16.2 Capital and paid in surplus, less treasury stock.....   |                   |                 |
| 16.3 Borrowed funds.....   |                   |                 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....                               |                   |                 |
| 16.5 Dividends to stockholders.....  | 24,000,000        |                 |
| 16.6 Other cash provided (applied).....  | (505,011)         | (259,312)       |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | (24,505,011)      | (259,312)       |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>                                     |                   |                 |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....       | 1,197,167         | 557,274         |
| 19. Cash, cash equivalents and short-term investments:   |                   |                 |
| 19.1 Beginning of year.....  | 5,798,211         | 5,240,937       |
| 19.2 End of year (Line 18 plus Line 19.1).....   | 6,995,378         | 5,798,211       |

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

|               |  |  |
|---------------|--|--|
| 20.0001 ..... |  |  |
|---------------|--|--|

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

|   | 1         | 2  | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9               | 10                  |
|---|-----------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
|   | Total     | Comprehensive<br>(Hospital<br>and Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plans | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Net premium income.....  | 1,433,497 |  |                        |                |                |  |                            |                          | 1,433,497       |                     |
| 2. Change in unearned premium reserves and reserve for rate credit.....       | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 3. Fee-for-service (net of \$.00 medical expenses).....                       | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 4. Risk revenue.....  | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 5. Aggregate write-ins for other health care related revenues.....            | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 6. Aggregate write-ins for other non-health care related revenues.....        | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 7. Total revenues (Lines 1 to 6).....   | 1,433,497 |  |                        |                |                |  |                            |                          | 1,433,497       |                     |
| 8. Hospital/medical benefits.....   | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 9. Other professional services.....   | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 10. Outside referrals.....  | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 11. Emergency room and out-of-area.....                                       | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 12. Prescription drugs.....   | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 13. Aggregate write-ins for other hospital and medical.....                   | 1,052,046 |  |                        |                |                |  |                            |                          | 1,052,046       |                     |
| 14. Incentive pool, withhold adjustments and bonus amounts.....               | 300,398   |  |                        |                |                |  |                            |                          | 300,398         |                     |
| 15. Subtotal (Lines 8 to 14).....   | 1,352,444 |  |                        |                |                |  |                            |                          | 1,352,444       |                     |
| 16. Net reinsurance recoveries.....   | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 17. Total hospital and medical (Lines 15 minus 16).....                       | 1,352,444 |  |                        |                |                |  |                            |                          | 1,352,444       |                     |
| 18. Non-health claims (net).....  | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 19. Claims adjustment expenses including \$.00 cost containment expenses..... | 18,140    |  |                        |                |                |  |                            |                          | 18,140          |                     |
| 20. General administrative expenses.....                                      | (557,008) |  |                        |                |                |  |                            |                          | 136,378         | (693,386)           |
| 21. Increase in reserves for accident and health contracts.....               | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 22. Increase in reserve for life contracts.....                               | .0        |  |                        |                |                |  |                            |                          |                 |                     |
| 23. Total underwriting deductions (Lines 17 to 22).....                       | 613,576   |  |                        |                |                |  |                            |                          | 1,562,962       | (693,386)           |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23).....               | 619,921   |  |                        |                |                |  |                            |                          | (73,465)        | 693,386             |

**DETAILS OF WRITE-INS**

|  |           |  |  |  |  |  |  |  |           |  |
|--|-----------|--|--|--|--|--|--|--|-----------|--|
| 0501. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0502. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0503. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0598. Summary of remaining write-ins for Line 5 from overflow page.....  | .0        |  |  |  |  |  |  |  |           |  |
| 0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....      | .0        |  |  |  |  |  |  |  |           |  |
| 0601. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0602. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0603. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....  | .0        |  |  |  |  |  |  |  |           |  |
| 0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above).....      | .0        |  |  |  |  |  |  |  |           |  |
| 1301. Stop Loss Claims.....  | 1,052,046 |  |  |  |  |  |  |  | 1,052,046 |  |
| 1302. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 1303. ....   | .0        |  |  |  |  |  |  |  |           |  |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | .0        |  |  |  |  |  |  |  |           |  |
| 1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above).....     | 1,052,046 |  |  |  |  |  |  |  | 1,052,046 |  |

Statement as of December 31, 2019 of the **Dean Health Insurance, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

| Line of Business                               | 1<br>Direct<br>Business | 2<br>Reinsurance<br>Assumed | 3<br>Reinsurance<br>Ceded | 4<br>Net Premium<br>Income<br>(Cols. 1 + 2 - 3) |
|--|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical).....   |                         |                             |                           | .....0  |
| 2. Medicare Supplement.....                    |                         |                             |                           | .....0  |
| 3. Dental only.....                            |                         |                             |                           | .....0  |
| 4. Vision only.....                            |                         |                             |                           | .....0  |
| 5. Federal Employees Health Benefits Plan..... |                         |                             |                           | .....0  |
| 6. Title XVIII - Medicare.....                 |                         |                             |                           | .....0  |
| 7. Title XIX - Medicaid.....                   |                         |                             |                           | .....0  |
| 8. Other health.....                           | 1,831,098               |                             | 397,601                   | 1,433,497                                       |
| 9. Health subtotal (Lines 1 through 8).....    | 1,831,098               | 0                           | 397,601                   | 1,433,497                                       |
| 10. Life.....                                  |                         |                             |                           | .....0  |
| 11. Property/casualty.....                     |                         |                             |                           | .....0  |
| 12. Totals (Lines 9 to 11).....                | 1,831,098               | 0                           | 397,601                   | 1,433,497                                       |



Statement as of December 31, 2019 of the **Dean Health Insurance, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2 - CLAIMS INCURRED DURING THE YEAR**

|   | 1         | 2  | 3                      | 4              | 5              | 6   | 7                          | 8                        | 9               | 10                  |
|---|-----------|--|------------------------|----------------|----------------|---|----------------------------|--------------------------|-----------------|---------------------|
|   | Total     | Comprehensive<br>(Hospital<br>and Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Payments during the year:  |           |  |                        |                |                |   |                            |                          |                 |                     |
| 1.1 Direct.....   | 447,396   |  |                        |                |                |   |                            |                          | 447,396         |                     |
| 1.2 Reinsurance assumed.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 1.3 Reinsurance ceded.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 1.4 Net.....  | 447,396   | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 447,396         | 0                   |
| 2. Paid medical incentive pools and bonuses.....                      | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 3. Claim liability December 31, current year from Part 2A:            |           |  |                        |                |                |   |                            |                          |                 |                     |
| 3.1 Direct.....   | 604,650   |  |                        |                |                |   |                            |                          | 604,650         |                     |
| 3.2 Reinsurance assumed.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 3.3 Reinsurance ceded.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 3.4 Net.....  | 604,650   | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 604,650         | 0                   |
| 4. Claim reserve December 31, current year from Part 2D:              |           |  |                        |                |                |   |                            |                          |                 |                     |
| 4.1 Direct.....   | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 4.2 Reinsurance assumed.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 4.3 Reinsurance ceded.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 4.4 Net.....  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0               | 0                   |
| 5. Accrued medical incentive pools and bonuses, current year.....     | 300,398   |  |                        |                |                |   |                            |                          | 300,398         |                     |
| 6. Net healthcare receivables (a).....                                | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 7. Amounts recoverable from reinsurers December 31, current year..... | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 8. Claim liability December 31, prior year from Part 2A:              |           |  |                        |                |                |   |                            |                          |                 |                     |
| 8.1 Direct.....   | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 8.2 Reinsurance assumed.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 8.3 Reinsurance ceded.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 8.4 Net.....  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0               | 0                   |
| 9. Claim reserve December 31, prior year from Part 2D:                |           |  |                        |                |                |   |                            |                          |                 |                     |
| 9.1 Direct.....   | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 9.2 Reinsurance assumed.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 9.3 Reinsurance ceded.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 9.4 Net.....  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0               | 0                   |
| 10. Accrued medical incentive pools and bonuses, prior year.....      | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 11. Amounts recoverable from reinsurers December 31, prior year.....  | 0         |  |                        |                |                |   |                            |                          |                 |                     |
| 12. Incurred benefits:  |           |  |                        |                |                |   |                            |                          |                 |                     |
| 12.1 Direct.....  | 1,052,046 | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 1,052,046       | 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.....   | 1,052,046 | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 1,052,046       | 0                   |
| 13. Incurred medical incentive pools and bonuses.....                 | 300,398   | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 300,398         | 0                   |

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

|  | 1       | 2  | 3                      | 4              | 5              | 6   | 7                          | 8                        | 9               | 10                  |
|--|---------|--|------------------------|----------------|----------------|---|----------------------------|--------------------------|-----------------|---------------------|
|  | Total   | Comprehensive<br>(Medical<br>and Hospital) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| <b>1. Reported in process of adjustment:</b>                 |         |  |                        |                |                |   |                            |                          |                 |                     |
| 1.1 Direct.....  | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 1.2 Reinsurance assumed.....                                 | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 1.3 Reinsurance ceded.....                                   | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 1.4 Net.....   | 0       | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0               | 0                   |
| <b>2. Incurred but unreported:</b>                           |         |  |                        |                |                |   |                            |                          |                 |                     |
| 2.1 Direct.....  | 604,650 |  |                        |                |                |   |                            |                          | 604,650         |                     |
| 2.2 Reinsurance assumed.....                                 | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 2.3 Reinsurance ceded.....                                   | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 2.4 Net.....   | 604,650 | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 604,650         | 0                   |
| <b>3. Amounts withheld from paid claims and capitations:</b> |         |  |                        |                |                |   |                            |                          |                 |                     |
| 3.1 Direct.....  | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 3.2 Reinsurance assumed.....                                 | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 3.3 Reinsurance ceded.....                                   | 0       |  |                        |                |                |   |                            |                          |                 |                     |
| 3.4 Net.....   | 0       | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0               | 0                   |
| <b>4. Totals:</b>  |         |  |                        |                |                |   |                            |                          |                 |                     |
| 4.1 Direct.....  | 604,650 | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 604,650         | 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.....   | 604,650 | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 604,650         | 0                   |

Statement as of December 31, 2019 of the **Dean Health Insurance, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

| Line of Business                                   | Claims Paid During the Year                                |   |   |   | Claim Reserve and Claim Liability December 31 of Current Year |   | 5<br>Claims Incurred in Prior Years (Columns 1 + 3) | 6<br>Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|--|---|---|---|---|---|---|--|
|  | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>On Claims Incurred During the Year |   |   |   |  |
| 1. Comprehensive (hospital and medical).....       |  |   |   |   |   | 0 |   |  |
| 2. Medicare Supplement.....                        |  |   |   |   |   | 0 |   |  |
| 3. Dental only.....                                |  |   |   |   |   | 0 |   |  |
| 4. Vision only.....                                |  |   |   |   |   | 0 |   |  |
| 5. Federal Employees Health Benefits Plan.....     |  |   |   |   |   | 0 |   |  |
| 6. Title XVIII - Medicare.....                     |  |   |   |   |   | 0 |   |  |
| 7. Title XIX - Medicaid.....                       |  |   |   |   |   | 0 |   |  |
| 8. Other health.....                               |  | 447,396                                 |   |   | 604,650   | 0 |   |  |
| 9. Health subtotal (Lines 1 to 8).....             | 0  | 447,396                                 | 0   | 604,650                                 | 604,650   | 0 | 0   |  |
| 10. Healthcare receivables (a).....                |  |   |   |   |   | 0 |   |  |
| 11. Other non-health.....                          |  |   |   |   |   | 0 |   |  |
| 12. Medical incentive pools and bonus amounts..... |  |   |   |   | 300,398   | 0 |   |  |
| 13. Totals (Lines 9 - 10 + 11 + 12).....           | 0  | 447,396                                 | 0   | 905,048                                 | 905,048   | 0 | 0   |  |

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL**

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015                   | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      |                             |           |           |           |           |
| 2. 2015.....                       | XXX                         |           |           |           |           |
| 3. 2016.....                       | XXX                         |           |           |           |           |
| 4. 2017.....                       | XXX                         | XXX       |           |           |           |
| 5. 2018.....                       | XXX                         | XXX       | XXX       |           |           |
| 6. 2019.....                       | XXX                         | XXX       | XXX       | XXX       | 447       |

**SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL**

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|--|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015  | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      |  |           |           |           |           |
| 2. 2015.....                       | XXX  |           |           |           |           |
| 3. 2016.....                       | XXX  |           |           |           |           |
| 4. 2017.....                       | XXX  | XXX       |           |           |           |
| 5. 2018.....                       | XXX  | XXX       | XXX       |           |           |
| 6. 2019.....                       | XXX  | XXX       | XXX       | XXX       | 1,352     |

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL**

| Years in Which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claim Payments | 3<br>Claim Adjustment Expense Payments | 4<br>Percent (Col. 3/2) | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>Percent (Col. 5/1) | 7<br>Claims Unpaid | 8<br>Unpaid Claim Adjustment Expense | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>Percent (Col. 9/1) |
|--|----------------------|---------------------|--|-------------------------|---|-------------------------|--------------------|--------------------------------------|---|--------------------------|
| 1. 2015.....   |                      |                     |  | 0.0                     | 0   | 0.0                     |                    |                                      | 0   | 0.0                      |
| 2. 2016.....   |                      |                     |  | 0.0                     | 0   | 0.0                     |                    |                                      | 0   | 0.0                      |
| 3. 2017.....   |                      |                     |  | 0.0                     | 0   | 0.0                     |                    |                                      | 0   | 0.0                      |
| 4. 2018.....   |                      |                     |  | 0.0                     | 0   | 0.0                     |                    |                                      | 0   | 0.0                      |
| 5. 2019.....   | 1,433                | 447                 | 18                                     | 4.0                     | 465   | 32.4                    | 905                | 18                                   | 1,388   | 96.9                     |

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims  
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims  
NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID**

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015                   | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      | <b>NONE</b>                 |           |           |           |           |
| 2. 2015.....                       |                             |           |           |           |           |
| 3. 2016.....                       | ..XXX                       |           |           |           |           |
| 4. 2017.....                       | ..XXX                       | ..XXX     |           |           |           |
| 5. 2018.....                       | ..XXX                       | ..XXX     | ..XXX     |           |           |
| 6. 2019.....                       | ..XXX                       | ..XXX     | ..XXX     | ..XXX     |           |

**SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID**

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|--|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015  | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      | <b>NONE</b>  |           |           |           |           |
| 2. 2015.....                       |  |           |           |           |           |
| 3. 2016.....                       | ..XXX  |           |           |           |           |
| 4. 2017.....                       | ..XXX  | ..XXX     |           |           |           |
| 5. 2018.....                       | ..XXX  | ..XXX     | ..XXX     |           |           |
| 6. 2019.....                       | ..XXX  | ..XXX     | ..XXX     | ..XXX     |           |

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID**

| Years in Which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claim Payments | 3<br>Claim Adjustment Expense Payments | 4<br>Percent (Col. 3/2) | 5<br>Claim and Claim Adjustment Expense Payments | 6<br>Percent (Col. 5/1) | 7<br>Claims Unpaid | 8<br>Unpaid Claim Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8) | 10<br>Percent (Col. 9/1) |
|--|----------------------|---------------------|--|-------------------------|--|-------------------------|--------------------|---------------------------------------|---|--------------------------|
| 1. 2015.....   |                      | 0                   | 0                                      | <b>NONE</b>             |  | 0.0                     |                    |                                       | 0   | 0.0                      |
| 2. 2016.....   |                      | 0                   | 0                                      | 0.0                     | 0.0  | 0.0                     |                    |                                       | 0   | 0.0                      |
| 3. 2017.....   |                      | 0                   | 0                                      | 0.0                     | 0.0  | 0.0                     |                    |                                       | 0   | 0.0                      |
| 4. 2018.....   |                      | 0                   | 0                                      | 0.0                     | 0.0  | 0.0                     |                    |                                       | 0   | 0.0                      |
| 5. 2019.....   |                      | 0                   | 0                                      | 0.0                     | 0.0  | 0.0                     |                    |                                       | 0   | 0.0                      |

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - OTHER**

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015                   | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      |                             |           |           |           |           |
| 2. 2015.....                       |                             |           |           |           |           |
| 3. 2016.....                       | ..XXX                       |           |           |           |           |
| 4. 2017.....                       | ..XXX                       | ..XXX     |           |           |           |
| 5. 2018.....                       | ..XXX                       | ..XXX     | ..XXX     |           |           |
| 6. 2019.....                       | ..XXX                       | ..XXX     | ..XXX     | ..XXX     | ..447     |

**SECTION B - INCURRED HEALTH CLAIMS - OTHER**

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|--|-----------|-----------|-----------|-----------|
|                                    | 1<br>2015  | 2<br>2016 | 3<br>2017 | 4<br>2018 | 5<br>2019 |
| 1. Prior.....                      |  |           |           |           |           |
| 2. 2015.....                       |  |           |           |           |           |
| 3. 2016.....                       | ..XXX  |           |           |           |           |
| 4. 2017.....                       | ..XXX  | ..XXX     |           |           |           |
| 5. 2018.....                       | ..XXX  | ..XXX     | ..XXX     |           |           |
| 6. 2019.....                       | ..XXX  | ..XXX     | ..XXX     | ..XXX     | ..1,352   |

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER**

| Years in Which Premiums were Earned and Claims were Incurred | 1               | 2              | 3                                 | 4                  | 5  | 6                  | 7             | 8                                | 9  | 10                 |
|--|-----------------|----------------|-----------------------------------|--------------------|--|--------------------|---------------|----------------------------------|--|--------------------|
|  | Premiums Earned | Claim Payments | Claim Adjustment Expense Payments | Percent (Col. 3/2) | Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | Percent (Col. 5/1) | Claims Unpaid | Unpaid Claim Adjustment Expenses | Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8) | Percent (Col. 9/1) |
| 1. 2015.....   |                 | ..0            | ..0                               | ..0.0              | ..0  | ..0.0              |               |                                  | ..0  | ..0.0              |
| 2. 2016.....   |                 | ..0            | ..0                               | ..0.0              | ..0  | ..0.0              |               |                                  | ..0  | ..0.0              |
| 3. 2017.....   |                 | ..0            | ..0                               | ..0.0              | ..0  | ..0.0              |               |                                  | ..0  | ..0.0              |
| 4. 2018.....   |                 | ..0            | ..0                               | ..0.0              | ..0  | ..0.0              |               |                                  | ..0  | ..0.0              |
| 5. 2019.....   | ..1,433         | ..447          | ..18                              | ..4.0              | ..465  | ..32.4             | ..905         | ..18                             | ..1,388  | ..96.9             |

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

|   | 1     | 2  | 3                      | 4              | 5              | 6   | 7                          | 8                        | 9     |
|---|-------|--|------------------------|----------------|----------------|---|----------------------------|--------------------------|-------|
|   | Total | Comprehensive<br>(Hospital<br>and Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other |
| 1. Unearned premium reserves.....   | 0     |  |                        |                |                |   |                            |                          |       |
| 2. Additional policy reserves (a).....  | 0     |  |                        |                |                |   |                            |                          |       |
| 3. Reserve for future contingent benefits.....  | 0     |  |                        |                |                |   |                            |                          |       |
| 4. Reserve for rate credits or experience rating refunds<br>(including \$.....0 for investment income)..... | 0     |  |                        |                |                |   |                            |                          |       |
| 5. Aggregate write-ins for other policy reserves.....   | 0     |  |                        |                |                |   |                            |                          |       |
| 6. Totals (gross).....  | 0     | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0     |
| 7. Reinsurance ceded.....   | 0     |  |                        |                |                |   |                            |                          |       |
| 8. Totals (net) (Page 3, Line 4).....   | 0     | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0     |
| 9. Present value of amounts not yet due on claims.....  | 0     |  |                        |                |                |   |                            |                          |       |
| 10. Reserve for future contingent benefits.....   | 0     |  |                        |                |                |   |                            |                          |       |
| 11. Aggregate write-ins for other claim reserves.....   | 0     |  |                        |                |                |   |                            |                          |       |
| 12. Totals (gross).....   | 0     | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0     |
| 13. Reinsurance ceded.....  | 0     |  |                        |                |                |   |                            |                          |       |
| 14. Totals (net) (Page 3, Line 7).....  | 0     | 0  | 0                      | 0              | 0              | 0   | 0                          | 0                        | 0     |

**NONE**

**DETAILS OF WRITE-INS**

|  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| 0501. ....   | 0 |  |  |  |  |  |  |  |  |
| 0502. ....   | 0 |  |  |  |  |  |  |  |  |
| 0503. ....   | 0 |  |  |  |  |  |  |  |  |
| 0598. Summary of remaining write-ins for Line 5 from overflow page.....  | 0 |  |  |  |  |  |  |  |  |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....     | 0 |  |  |  |  |  |  |  |  |
| 1101. ....   | 0 |  |  |  |  |  |  |  |  |
| 1102. ....   | 0 |  |  |  |  |  |  |  |  |
| 1103. ....   | 0 |  |  |  |  |  |  |  |  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 |  |  |  |  |  |  |  |  |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....    | 0 |  |  |  |  |  |  |  |  |

(e) Includes \$.....0 premium deficiency reserve.



**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

|   | Claim Adjustment Expenses            |  | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total        |
|---|--------------------------------------|--|--|-----------------------------|-------------------|
|   | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses |  |                             |                   |
| 1. Rent (\$.....0 for occupancy of own building).....                     |                                      |  |  |                             | .....0            |
| 2. Salaries, wages and other benefits.....                                |                                      |  |  |                             | .....0            |
| 3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....           |                                      |  |  |                             | .....0            |
| 4. Legal fees and expenses.....   |                                      |  | .....5,000                                 |                             | .....5,000        |
| 5. Certifications and accreditation fees.....                             |                                      |  |  |                             | .....0            |
| 6. Auditing, actuarial and other consulting services.....                 |                                      |  |  |                             | .....0            |
| 7. Traveling expenses.....  |                                      |  |  |                             | .....0            |
| 8. Marketing and advertising.....   |                                      |  |  |                             | .....0            |
| 9. Postage, express and telephone.....                                    |                                      |  |  |                             | .....0            |
| 10. Printing and office supplies.....                                     |                                      |  |  |                             | .....0            |
| 11. Occupancy, depreciation and amortization.....                         |                                      |  |  |                             | .....0            |
| 12. Equipment.....  |                                      |  |  |                             | .....0            |
| 13. Cost or depreciation of EDP equipment and software.....               |                                      |  |  |                             | .....0            |
| 14. Outsourced services including EDP, claims, and other services.....    |                                      |  | .....137,315                               |                             | .....137,315      |
| 15. Boards, bureaus and association fees.....                             |                                      |  |  |                             | .....0            |
| 16. Insurance, except on real estate.....                                 |                                      |  |  |                             | .....0            |
| 17. Collection and bank service charges.....                              |                                      |  |  | .....1,530                  | .....1,530        |
| 18. Group service and administration fees.....                            |                                      |  |  |                             | .....0            |
| 19. Reimbursements by uninsured plans.....                                |                                      |  |  |                             | .....0            |
| 20. Reimbursements from fiscal intermediaries.....                        |                                      |  |  |                             | .....0            |
| 21. Real estate expenses.....   |                                      |  |  |                             | .....0            |
| 22. Real estate taxes.....  |                                      |  |  |                             | .....0            |
| 23. Taxes, licenses and fees:   |                                      |  |  |                             |                   |
| 23.1 State and local insurance taxes.....                                 |                                      |  | .....50,100                                |                             | .....50,100       |
| 23.2 State premium taxes.....   |                                      |  |  |                             | .....0            |
| 23.3 Regulatory authority licenses and fees.....                          |                                      |  | .....77                                    |                             | .....77           |
| 23.4 Payroll taxes.....   |                                      |  |  |                             | .....0            |
| 23.5 Other (excluding federal income and real estate taxes).....          |                                      |  |  |                             | .....0            |
| 24. Investment expenses not included elsewhere.....                       |                                      |  |  |                             | .....0            |
| 25. Aggregate write-ins for expenses.....                                 | .....0                               | .....18,140                                | .....(749,500)                             | .....0                      | .....(731,360)    |
| 26. Total expenses incurred (Lines 1 to 25).....                          | .....0                               | .....18,140                                | .....(557,008)                             | .....1,530                  | (a).....(537,338) |
| 27. Less expenses unpaid December 31, current year.....                   |                                      |  | .....650,100                               |                             | .....650,100      |
| 28. Add expenses unpaid December 31, prior year.....                      |                                      |  | .....600,000                               |                             | .....600,000      |
| 29. Amounts receivable relating to uninsured plans, prior year.....       |                                      |  |  |                             | .....0            |
| 30. Amounts receivable relating to uninsured plans, current year.....     |                                      |  |  |                             | .....0            |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)..... | .....0                               | .....18,140                                | .....(607,108)                             | .....1,530                  | .....(587,438)    |

**DETAILS OF WRITE-INS**

|  |        |             |                |        |                |
|--|--------|-------------|----------------|--------|----------------|
| 2501. Other Expenses.....  |        | .....18,140 | .....322       |        | .....18,462    |
| 2502. Navitus Administrative Fee.....                                    |        |             | .....(749,822) |        | .....(749,822) |
| 2503. ....   |        |             |                |        | .....0         |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .....0 | .....0      | .....0         | .....0 | .....0         |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | .....0 | .....18,140 | .....(749,500) | .....0 | .....(731,360) |

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

|  | 1<br>Collected<br>During Year | 2<br>Eamed<br>During Year |
|--|-------------------------------|---------------------------|
| 1. U.S. government bonds.....  | (a).....                      | .....                     |
| 1.1 Bonds exempt from U.S. tax.....  | (a).....                      | .....                     |
| 1.2 Other bonds (unaffiliated).....  | (a).....                      | .....                     |
| 1.3 Bonds of affiliates.....   | (a).....                      | .....                     |
| 2.1 Preferred stocks (unaffiliated).....                                     | (b).....                      | .....                     |
| 2.11 Preferred stocks of affiliates.....                                     | (b).....                      | .....                     |
| 2.2 Common stocks (unaffiliated).....  | .....                         | .....                     |
| 2.21 Common stocks of affiliates.....  | 24,000,000                    | 24,000,000                |
| 3. Mortgage loans.....   | (c).....                      | .....                     |
| 4. Real estate.....  | (d).....                      | .....                     |
| 5. Contract loans.....   | .....                         | .....                     |
| 6. Cash, cash equivalents and short-term investments.....                    | (e) align="right">110,499     | 110,499                   |
| 7. Derivative instruments.....   | (f).....                      | .....                     |
| 8. Other invested assets.....  | .....                         | .....                     |
| 9. Aggregate write-ins for investment income.....                            | 0                             | 0                         |
| 10. Total gross investment income.....                                       | 24,110,499                    | 24,110,499                |
| 11. Investment expenses.....   | .....                         | (g) align="right">1,530   |
| 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) align="right">0       |
| 15. Aggregate write-ins for deductions from investment income.....           | .....                         | 0                         |
| 16. Total deductions (Lines 11 through 15).....                              | .....                         | 1,530                     |
| 17. Net investment income (Line 10 minus Line 16).....                       | .....                         | 24,108,969                |

**DETAILS OF WRITE-INS**

|  |       |       |
|--|-------|-------|
| 0901. ....   | ..... | ..... |
| 0902. ....   | ..... | ..... |
| 0903. ....   | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page.....  | 0     | 0     |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....     | 0     | 0     |
| 1501. ....   | ..... | ..... |
| 1502. ....   | ..... | ..... |
| 1503. ....   | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... | ..... | 0     |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....    | ..... | 0     |

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 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 buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 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.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (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<br>Realized<br>Gain (Loss)<br>on Sales<br>or Maturity | 2<br>Other<br>Realized<br>Adjustments | 3<br>Total Realized<br>Capital Gain (Loss)<br>(Columns 1 + 2) | 4<br>Change in<br>Unrealized<br>Capital Gain (Loss) | 5<br>Change in<br>Unrealized<br>Foreign Exchange<br>Capital Gain (Loss) |
|---|---|---------------------------------------|---|---|---|
| 1. U.S. government bonds.....                             | .....   | .....                                 | 0   | .....   | .....   |
| 1.1 Bonds exempt from U.S. tax.....                       | .....   | .....                                 | 0   | .....   | .....   |
| 1.2 Other bonds (unaffiliated).....                       | .....   | .....                                 | 0   | .....   | .....   |
| 1.3 Bonds of affiliates.....                              | .....   | .....                                 | 0   | .....   | .....   |
| 2.1 Preferred stocks (unaffiliated).....                  | .....   | .....                                 | 0   | .....   | .....   |
| 2.11 Preferred stocks of affiliates.....                  | .....   | .....                                 | 0   | .....   | .....   |
| 2.2 Common stocks (unaffiliated).....                     | .....   | .....                                 | 0   | .....   | .....   |
| 2.21 Common stocks of affiliates.....                     | .....   | .....                                 | 0   | (3,877,885)   | .....   |
| 3. Mortgage loans.....                                    | .....   | .....                                 | 0   | .....   | .....   |
| 4. Real estate.....                                       | .....   | .....                                 | 0   | .....   | .....   |
| 5. Contract loans.....                                    | .....   | .....                                 | 0   | .....   | .....   |
| 6. Cash, cash equivalents and short-term investments..... | .....   | .....                                 | 0   | .....   | .....   |
| 7. Derivative instruments.....                            | .....   | .....                                 | 0   | .....   | .....   |
| 8. Other invested assets.....                             | .....   | .....                                 | 0   | .....   | .....   |
| 9. Aggregate write-ins for capital gains (losses).....    | 0   | 0                                     | 0   | 0   | 0   |
| 10. Total capital gains (losses).....                     | 0   | 0                                     | 0   | (3,877,885)   | 0   |

**DETAILS OF WRITE-INS**

|   |       |       |   |       |       |
|---|-------|-------|---|-------|-------|
| 0901. ....  | ..... | ..... | 0 | ..... | ..... |
| 0902. ....  | ..... | ..... | 0 | ..... | ..... |
| 0903. ....  | ..... | ..... | 0 | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page... | 0     | 0     | 0 | 0     | 0     |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....  | 0     | 0     | 0 | 0     | 0     |

**EXHIBIT OF NONADMITTED ASSETS**

|   | 1<br>Current Year<br>Total<br>Nonadmitted Assets | 2<br>Prior Year<br>Total<br>Nonadmitted Assets | 3<br>Change in Total<br>Nonadmitted Assets<br>(Col. 2 - Col. 1) |
|---|--|--|---|
| 1. Bonds (Schedule D).....  |  |  | .0  |
| 2. Stocks (Schedule D):   |  |  |   |
| 2.1 Preferred stocks.....   |  |  | .0  |
| 2.2 Common stocks.....  |  |  | .0  |
| 3. Mortgage loans on real estate (Schedule B):  |  |  |   |
| 3.1 First liens.....  |  |  | .0  |
| 3.2 Other than first liens.....   |  |  | .0  |
| 4. Real estate (Schedule A):  |  |  |   |
| 4.1 Properties occupied by the company.....   |  |  | .0  |
| 4.2 Properties held for the production of income.....   |  |  | .0  |
| 4.3 Properties held for sale.....   |  |  | .0  |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2)<br>and short-term investments (Schedule DA).....          |  |  | .0  |
| 6. Contract loans.....  |  |  | .0  |
| 7. Derivatives (Schedule DB).....   |  |  | .0  |
| 8. Other invested assets (Schedule BA).....   |  |  | .0  |
| 9. Receivables for securities.....  |  |  | .0  |
| 10. Securities lending reinvested collateral assets (Schedule DL).....  |  |  | .0  |
| 11. Aggregate write-ins for invested assets.....  | .0   | .0   | .0  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....  | .0   | .0   | .0  |
| 13. Title plants (for Title insurers only).....   |  |  | .0  |
| 14. Investment income due and accrued.....  |  |  | .0  |
| 15. Premiums and considerations:  |  |  |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....   |  |  | .0  |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due.....                       |  |  | .0  |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination.....   |  |  | .0  |
| 16. Reinsurance:  |  |  |   |
| 16.1 Amounts recoverable from reinsurers.....   |  |  | .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 Current federal and foreign income tax recoverable and interest thereon.....   |  |  | .0  |
| 18.2 Net deferred tax asset.....  |  |  | .0  |
| 19. Guaranty funds receivable or on deposit.....  |  |  | .0  |
| 20. Electronic data processing equipment and software.....  |  |  | .0  |
| 21. Furniture and equipment, including health care delivery assets.....   |  |  | .0  |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates.....   |  |  | .0  |
| 23. Receivables from parent, subsidiaries and affiliates.....   |  |  | .0  |
| 24. Health care and other amounts receivable.....   |  |  | .0  |
| 25. Aggregate write-ins for other-than-invested assets.....   | .0   | .0   | .0  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts (Lines 12 through 25)..... | .0   | .0   | .0  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....  |  |  | .0  |
| 28. TOTALS (Lines 26 and 27).....   | .0   | .0   | .0  |

NONE

**DETAILS OF WRITE-INS**

|  |    |    |    |
|--|----|----|----|
| 1101. ....   |    |    | .0 |
| 1102. ....   |    |    | .0 |
| 1103. ....   |    |    | .0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | .0 | .0 | .0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....    | .0 | .0 | .0 |
| 2501. ....   |    |    | .0 |
| 2502. ....   |    |    | .0 |
| 2503. ....   |    |    | .0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .0 | .0 | .0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | .0 | .0 | .0 |

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

| Source of Enrollment                                    | Total Members at End of |                       |                        |                       |                      |                                       |
|---|-------------------------|-----------------------|------------------------|-----------------------|----------------------|---------------------------------------|
|   | 1<br>Prior<br>Year      | 2<br>First<br>Quarter | 3<br>Second<br>Quarter | 4<br>Third<br>Quarter | 5<br>Current<br>Year | 6<br>Current Year<br>Member<br>Months |
| 1. Health maintenance organizations.....                |                         |                       |                        |                       |                      |                                       |
| 2. Provider service organizations.....                  |                         |                       |                        |                       |                      |                                       |
| 3. Preferred provider organizations.....                |                         |                       |                        |                       |                      |                                       |
| 4. Point of service.....                                |                         |                       |                        |                       |                      |                                       |
| 5. Indemnity only.....                                  |                         |                       |                        |                       |                      |                                       |
| 6. Aggregate write-ins for other lines of business..... | 0                       | 4,475                 | 4,422                  | 4,436                 | 4,486                | 53,289                                |
| 7. Total.....   | 0                       | 4,475                 | 4,422                  | 4,436                 | 4,486                | 53,289                                |

**DETAILS OF WRITE-INS**

|   |   |       |       |       |       |        |
|---|---|-------|-------|-------|-------|--------|
| 0601. Stop Loss Business.....   |   | 4,475 | 4,422 | 4,436 | 4,486 | 53,289 |
| 0602. ....  |   |       |       |       |       |        |
| 0603. ....  |   |       |       |       |       |        |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | 0 | 0     | 0     | 0     | 0     | 0      |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....    | 0 | 4,475 | 4,422 | 4,436 | 4,486 | 53,289 |

**NOTES TO FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Dean Health Insurance, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin (OCI).

The OCI recognizes only statutory accounting practices prescribed or permitted by the State of Wisconsin for determining and reporting the financial condition and results of operations of an insurance company, for determining solvency under the Wisconsin Insurance Law. The National Association of Insurance Commissioners' Accounting Practices and Procedures manual (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the State of Wisconsin. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company's net income between NAIC SAP and practices prescribed by the State of Wisconsin is shown below:

|   | SSAP # | F/S Page | F/S Line # | December 31, 2019 | December 31, 2018 |
|---|--------|----------|------------|-------------------|-------------------|
| <b>NET INCOME</b>   |        |          |            |                   |                   |
| (1) The Company state basis (Page 4, Line 32, Columns 2 & 4)                        | XXX    | XXX      | XXX        | \$ 24,573,790     | \$ 594,086        |
| (2) State prescribed practices that is an increase/(decrease) from NAIC SAP<br>None |        |          |            | -                 | -                 |
| (3) State permitted practices that is an increase/(decrease) from NAIC SAP<br>None  |        |          |            | -                 | -                 |
| (4) NAIC SAP  | XXX    | XXX      | XXX        | \$ 24,573,790     | \$ 594,086        |
| <b>SURPLUS</b>  |        |          |            |                   |                   |
| (5) The Company state basis (Page 3, Line 33, Columns 3 & 4)                        | XXX    | XXX      | XXX        | \$ 157,673,585    | \$ 160,975,690    |
| (6) State prescribed practices that is an increase/(decrease) from NAIC SAP<br>None |        |          |            | -                 | -                 |
| (7) State permitted practices that is an increase/(decrease) from NAIC SAP<br>None  |        |          |            | -                 | -                 |
| (8) NAIC SAP  | XXX    | XXX      | XXX        | \$ 157,673,585    | \$ 160,975,690    |

B. Use of Estimates

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

C. Accounting Policy

Health premiums are recognized as revenue over the coverage period. A liability for premiums received in advance is established for premiums received for future coverage periods.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred.

Net investment income earned consists primarily of interest less investment related expenses. Interest is recognized on an accrual basis.

In addition, the Company uses the following accounting policies:

1. Short-term investments are not applicable.
2. Investment grade bonds are not applicable.
3. Common stock, other than investment in stock of subsidiaries and affiliates are not applicable.
4. Preferred stock investments are not applicable.
5. Mortgage loan on real estate are not applicable.
6. Loan-backed securities and structured securities are not applicable.
7. Investment in Subsidiary which includes Dean Health Plan, Inc. is carried on a statutory equity value.
8. Investment in joint ventures and partnerships are not applicable.
9. Derivatives are not applicable
10. Premium deficiency reserves are not applicable

## NOTES TO FINANCIAL STATEMENTS

11. Unpaid claims and claim adjustment expenses include an amount determined from individual case estimates and loss reports for losses incurred but not reported. Although management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the appropriate period.
  12. Prepaid expenses are not applicable
  13. Pharmaceutical rebates are not applicable
  - D. After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement
2. Accounting Changes and Corrections of Errors  
Not Applicable
  3. Business Combinations and Goodwill  
Not Applicable
  4. Discontinued Operations  
Not Applicable
  5. Investments
    - A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable
    - B. Troubled Debt Restructuring for Creditors  
Not Applicable
    - C. Reverse Mortgages  
Not Applicable
    - D. Loan-Backed Securities  
Not Applicable
    - E. Dollar Repurchase agreements and/or securities lending transaction  
Not Applicable
    - F. Repurchase agreements transactions accounted for as secured borrowing  
Not Applicable
    - G. Reverse repurchase agreements transactions accounted for as a secured borrowing  
Not Applicable
    - H. Repurchase agreements transactions accounted for as a sale  
Not Applicable
    - I. Reverse repurchase agreements transactions accounted for as a sale  
Not Applicable
    - J. Real Estate  
Not Applicable
    - K. Low income housing tax credits  
Not Applicable
    - L. Restricted Assets  
Not Applicable
    - M. Working Capital Finance Investments  
Not Applicable
    - N. Offsetting and Netting of Assets and Liabilities  
Not Applicable

**NOTES TO FINANCIAL STATEMENTS**

- O. 5GI Securities  
Not Applicable
- P. Short Sales  
Not Applicable
- Q. Prepayment Penalty and Acceleration Fees  
Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies
- A. Detail for Those Greater than 10% of Admitted Assets  
Not Applicable
- B. Write-downs for Impairments  
Not Applicable
7. Investment Income
- A. Accrued Investment Income  
The Company does not admit investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Nonadmitted  
Not Applicable
8. Derivative Instruments  
Not Applicable
9. Income Taxes
- A. The components of the net deferred tax asset / (liability) at December 31 are as follows:
1. Current Income Tax

| Description   | 12/31/2019    |              |            | 12/31/2018    |              |            | Change        |              |            |
|---|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|
|   | 1<br>Ordinary | 2<br>Capital | 3<br>Total | 1<br>Ordinary | 2<br>Capital | 3<br>Total | 7<br>Ordinary | 8<br>Capital | 9<br>Total |
| a. Gross Deferred Tax Assets                        | 127,990       | -            | 127,990    | 126,000       | -            | 126,000    | 1,990         | -            | 1,990      |
| b. Statutory Valuation Allowance Adjustments        | -             | -            | -          | -             | -            | -          | -             | -            | -          |
| c. Adjusted Gross Deferred Tax Assets (1a-1b)       | 127,990       | -            | 127,990    | 126,000       | -            | 126,000    | 1,990         | -            | 1,990      |
| d. Deferred Tax Assets Non-admitted                 | -             | -            | -          | -             | -            | -          | -             | -            | -          |
| e. Subtotal Net Admitted Deferred Tax Asset (1c-1d) | 127,990       | -            | 127,990    | 126,000       | -            | 126,000    | 1,990         | -            | 1,990      |
| f. Deferred Tax Liabilities                         | -             | -            | -          | -             | -            | -          | -             | -            | -          |
| Net Admitted Deferred Tax Asset/(Net Deferred       |               |              |            |               |              |            |               |              |            |
| g. Tax Liability) (1e-1f)                           | 127,990       | -            | 127,990    | 126,000       | -            | 126,000    | 1,990         | -            | 1,990      |

**NOTES TO FINANCIAL STATEMENTS**

## 2. Deferred Income Tax

| Description  | 12/31/2019 |         |              | 12/31/2018 |         |              | Change     |            |              |
|--|------------|---------|--------------|------------|---------|--------------|------------|------------|--------------|
|  | 1          | 2       | 3            | 1          | 2       | 3            | 7          | 8          | 9            |
|  | Ordinary   | Capital | (Col. 1 + 2) | Ordinary   | Capital | (Col. 1 + 2) | (Col. 1-4) | (Col. 2-5) | (Col. 7 + 8) |
| <b>Admission Calculation Components SSAP No. 101</b>   |            |         |              |            |         |              |            |            |              |
| Federal Income Taxes Paid in Prior Years   |            |         |              |            |         |              |            |            |              |
| a. Recoverable Through Loss Carrybacks   | 127,990    | -       | 127,990      | 126,000    | -       | 126,000      | 1,990      | -          | 1,990        |
| Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below) | -          | -       | -            | -          | -       | -            | -          | -          | -            |
| b1. Realized Following the Balance Sheet Date  | -          | -       | -            | -          | -       | -            | -          | -          | -            |
| Adjusted Gross Deferred Tax Assets Allowed per b2. Limitation Threshold  | XX         | XX      | 23,631,839   | XX         | XX      | 24,127,454   | XX         | XX         | (495,615)    |
| Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities   | -          | -       | -            | -          | -       | -            | -          | -          | -            |
| d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b - 2c)  | 127,990    | -       | 127,990      | 126,000    | -       | 126,000      | 1,990      | -          | 1,990        |

## 3. Threshold Limitation Amount and Ratio

| Description   | 2019        | 2018        |
|---|-------------|-------------|
| a. Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount                               | 530.93%     | 594.60%     |
| b. Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above | 157,545,595 | 160,849,690 |

## 4. Tax planning strategies did not have any impact on the Company's adjusted gross DTA's this reporting period.

A. The Company recognized the entire amount of deferred tax liabilities as of December 31, 2019 and December 31, 2018.

B. Current Income Taxes Incurred consist of the following components:



**NOTES TO FINANCIAL STATEMENTS**

|  | <u>12/31/2019</u> | <u>12/31/2018</u> | <u>Change</u>     |
|--|-------------------|-------------------|-------------------|
| (1) Current Income Tax                                       |                   |                   |                   |
| (a) Federal  | \$ 155,100        | \$ 158,000        | \$ (2,900)        |
| (b) Foreign  | -                 | -                 | -                 |
| (c) Subtotal   | <u>\$ 155,100</u> | <u>\$ 158,000</u> | <u>\$ (2,900)</u> |
| (d) Federal income tax on net capital gains                  | -                 | -                 | -                 |
| (e) Utilization of capital loss carry-forwards               | -                 | -                 | -                 |
| (f) Other  | -                 | -                 | -                 |
| (g) Federal and foreign income taxes incurred                | <u>\$ 155,100</u> | <u>\$ 158,000</u> | <u>\$ (2,900)</u> |
| <br>   |                   |                   |                   |
| (2) Deferred Tax Assets                                      |                   |                   |                   |
| (a) Ordinary:  |                   |                   |                   |
| (3) Other (including items <5% of total ordinary tax assets) |                   |                   |                   |
| Other Accrued Liabilities                                    | \$ 126,000        | \$ 126,000        | \$ -              |
| Net Unpaid Losses  | 1,990             | -                 | 1,990             |
| (99) Subtotal  | <u>127,990</u>    | <u>126,000</u>    | <u>-</u>          |
| (d) Admitted ordinary deferred tax assets                    | 127,990           | 126,000           | -                 |
| (h) Admitted capital deferred tax assets                     | -                 | -                 | -                 |
| (i) Admitted deferred tax assets (2d+2h)                     | 127,990           | 126,000           | -                 |
| <br>   |                   |                   |                   |
| (3) Deferred Tax Liabilities:                                |                   |                   |                   |
| (a) Ordinary:  | -                 | -                 | -                 |
| (99) Subtotal  | <u>-</u>          | <u>-</u>          | <u>-</u>          |
| (b) Capital:   | -                 | -                 | -                 |
| <br>   |                   |                   |                   |
| (4) Net deferred tax assets/liabilities (2i-3c)              | <u>\$ 127,990</u> | <u>\$ 126,000</u> | <u>\$ -</u>       |
| <br>   |                   |                   |                   |
| (5) Reconciliation to Surplus                                |                   |                   |                   |
| Total Deferred Tax Assets                                    | 127,990           | 126,000           | 1,990             |
| Total Deferred Tax Liabilities                               | -                 | -                 | -                 |
| Net deferred tax asset/(liability)                           | <u>127,990</u>    | <u>126,000</u>    | <u>1,990</u>      |
| Tax Effect of unrealized Gains/(Losses)                      |                   |                   | -                 |
| Change in Net Deferred Income Tax                            |                   |                   | <u>\$ 1,990</u>   |

The significant book to tax adjustments for December 31, 2019 are as follows:

|  | Tax            | Effective Tax Rate |
|--|----------------|--------------------|
| Provision computed at statutory rate         | 5,193,057      | 21.00%             |
| <br>   |                |                    |
| Permanent Differences                        |                |                    |
| Dividend Distribution                        | (5,040,000)    | -20.38%            |
| Other  | 53             | 0.00%              |
|  | <u>153,110</u> | <u>0.62%</u>       |
| <br>   |                |                    |
| Current Federal income tax expense (benefit) | 155,100        | 0.63%              |
| Change in Gross Deferred taxes               | (1,990)        | -0.01%             |
|  | <u>153,110</u> | <u>0.62%</u>       |

C. Operating Loss and Tax Credit Carryover and Protective Tax Deposits

(1) As of December 31, 2019, the Company had no operating loss carry forward or federal tax credits.

**NOTES TO FINANCIAL STATEMENTS**

(2) The following are federal income tax incurred in the current year and prior years that will be available for recoupment in the event of future net losses;

| <u>Year</u> | <u>Amounts</u> |
|-------------|----------------|
| 2019        | \$155,100      |
| 2018        | \$158,000      |

(2) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code as of December 31, 2019 was \$0.

**D. Consolidated Federal Income Tax Return**

1. The Company's federal income tax return is consolidated with the following entities:

|   |                              |
|---|------------------------------|
| Diversified Health Services Corporation         | Dean Health Systems, Inc     |
| Health First Physician Management Services, Inc | Dean Retail Services Inc     |
| SSM Properties, Inc.                            | Navitus Holdings, LLC        |
| SSM Health Pharmacy, LLC                        | Dean Health Insurance, Inc   |
| SSM Medical Group                               | Dean Health Plan, Inc.       |
| SSMHCS Liability Trust II                       | SSM Health Insurance Company |

2. A written tax agreement is approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled at the end of each year.

**E. Federal or Foreign Federal Income Tax Loss Contingencies**

The Company has no tax contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**F. Alternative Minimum Tax Credit**

Not Applicable

**10. Information Concerning Parent, Subsidiaries and Affiliates**

A, B,

The Company is owned 100% by Dean Health Systems, Inc. All outstanding shares of Dean Health Systems, Inc., are 100% owned by FPP, Inc., who is owned 100% by SSM Health Care Corporation. The Company owns 100% of Dean Health Plan, Inc.

**C. Change in Terms of Intercompany Arrangements**

Not Applicable

**D. Amounts Due to or from Related Parties**

As of December 31, 2019, Dean Health Insurance Inc. is owed \$420,000 from Dean Health System, Inc. and owes \$61,048 to Dean Health Plan, Inc. and \$125 to Navitus Health Solutions.

**E. Guarantees or Contingencies for Related Parties**

Not Applicable

**F. Management, Service Contracts, Cost Sharing Arrangements**

Effective January 1, 2015, the Company entered into contracts with CMS to offer an 800 Series Employer Group Waiver Plan (EGWP) with Navitus Health Solutions, LLC to administer such plan on behalf of the Company. As a result, the Company maintains a compliance program as necessary for CMS compliance and has ultimate responsibility for adhering to and otherwise complying fully with all terms and conditions of its contract with CMS. Administrative fees received from Navitus Health Solutions are deducted from general and administrative expenses in accordance with SSAP No. 47 Uninsured Plans.

**G. Nature of Relationships that Could Affect Operations**

Not Applicable

**H. Amount Deducted for Investment in Upstream Parent**

Not Applicable

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

Dean Health Insurance, Inc. owns 100% of the common stock of Dean Health Plan, Inc., its subsidiary, which is carried on a statutory equity basis. As of December 31, 2019, the investment in Dean Health Plan, Inc. was \$151,919,778.

**NOTES TO FINANCIAL STATEMENTS**

As of December 31, 2019, the financial condition of Dean Health Plan, Inc. was as follows:

|             | Balance     |
|-------------|-------------|
| Assets      | 262,610,437 |
| Liabilities | 110,690,659 |
| Equity      | 151,919,778 |

- J. Write-down for Impairments of SCA Entities  
Not Applicable
- K. Detail of the Investment in a Foreign Subsidiary  
Not Applicable
- L. Detail of the Investment in a Downstream Noninsurance Holding Company  
Not Applicable
- M. Non-Insurance subsidiary, controller and affiliated entity valuations  
Not Applicable
- N. Non Insurance SCA investments  
Not Applicable
- O. SCA Loss Tracking  
Not Applicable
- 11. Debt  
Not Applicable
- 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
  - A. Defined Benefit Plans  
Not Applicable
  - B. Description of Investment Policies  
Not Applicable
  - C. Fair value of Plan Assets  
Not Applicable
  - D. Rate of Return Assumptions  
Not Applicable
  - E. Defined Contribution Plans  
Not Applicable
  - F. Multiemployer Plans  
Not Applicable
  - G. Consolidated/Holdings Company Plans  
Not Applicable
  - H. Postemployment Benefit and Compensated Absences  
Not Applicable
  - I. Impact of Medicare Modernization Act on Postretirement Benefits  
Not Applicable

## NOTES TO FINANCIAL STATEMENTS

### 13. Capital and Surplus, Dividend Restrictions, Shareholders' Dividends and Quasi-Reorganizations

#### 1. Outstanding Shares

The Company has 100,000 shares of Common Stock authorized, issued and outstanding. All outstanding shares of the Company are owned by Dean Health Systems, Inc., a wholly owned subsidiary of FPP, Inc., a wholly-owned subsidiary of SSM Health Care Corporation.

#### 2. Dividend Rate of Preferred Stock

Not Applicable

#### 3. Dividend Restrictions

Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Wisconsin.

#### 4. Ordinary or Extraordinary Dividends Paid

Per the non-disapproval letter dated September 4, 2019, an extraordinary dividend in the amount of \$24,000,000 was declared by the Company on September 10, 2019 and was paid to Dean Health Service Company, LLC. An extraordinary dividend in the amount of \$24,000,000 was declared by Dean Health Plan, Inc. on September 10, 2019 and was paid to Dean Health Insurance, Inc.

#### 5. Profits that May be Paid as Ordinary Dividends

Within the limitations of (C) above, there are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.

#### 6. Restrictions Placed on Surplus

There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

#### 7. Mutual Surplus Advances

Not Applicable

#### 8. Company Stock Held for Special Purposes

Not Applicable

#### 9. Changes in Special Surplus Funds

Not Applicable

#### 10. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses are \$118,199,392.

#### 11. Surplus Notes

Not Applicable

#### 12. Quasi-Reorganizations

Not Applicable

#### 13. Effective Date of Quasi-Reorganizations

Not Applicable

### 14. Contingencies

#### A. Contingent Commitments

Not Applicable

#### B. Guaranty Funds and Other Assessments

Not Applicable

#### C. Gain Contingencies

Not Applicable

#### D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

- E. Joint and Several Liabilities
  - Not Applicable
- F. Other Contingencies
  - Not Applicable
- 15. Leases
  - A. Lessee Leasing Arrangements
    - Not Applicable
  - B. Lessor Leasing Arrangements
    - Not Applicable
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk
  - Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfers of Receivables Reported as Sales
    - Not Applicable
  - B. Transfer and Servicing of Financial Assets
    - Not Applicable
  - C. Wash Sales
    - Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. Administrative Services Only (ASO) Plans
    - Not Applicable
  - B. Administrative Services Contract (ASC) Plans
    - Not Applicable
  - C. Medicare or Other Similarly Structure Cost Based Reimbursement Contract
    - Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
  - Not Applicable
- 20. Fair Value Measurements
  - A. Inputs used for Assets and Liabilities Measured and Reported at Fair Value
    - (1) Items Measured at Fair Value by Levels 1, 2 and 3
      - Not Applicable
    - (2) Roll Forward of Level 3 items
      - Not Applicable
    - (3) Policy for Transfers Into and Out of Level 3
      - Not Applicable
    - (4) Inputs and Techniques used for Level 2 and Level 3 Fair Value
      - Not Applicable
    - (5) Derivative Assets and Liabilities
      - Not Applicable

## NOTES TO FINANCIAL STATEMENTS

- B. Fair Value for all Financial Instruments  
Not applicable
  - C. Not Practicable to Estimate Fair Value  
Not Applicable
  - D. NAV Practical Expedient Investments  
Not Applicable
21. Other Disclosures and Unusual Items
- A. Extraordinary Items  
Not Applicable
  - B. Troubled Debt Restructuring for Debtors  
Not Applicable
  - C. Other Disclosures  
On January 1, 2019, the Company began writing Stop Loss reinsurance policies.
  - D. Business Interruption Insurance Recoveries  
Not Applicable
  - E. State Transferable and Non-Transferable Tax Credits  
Not Applicable
  - F. Subprime Mortgage Related Risk Exposure  
Not Applicable
  - G. Retained Assets  
Not Applicable
  - H. Proceeds from issuance of insurance-linked securities  
Not Applicable
22. Events Subsequent
- A. Type I - Recognized Subsequent Events  
Not Applicable
  - B. Type II - Non-recognized Subsequent Event  
Subsequent events have been considered through 3/1/2020 for the statutory financial statement issued on 3/1/2020.
23. Reinsurance
- A. Ceded Reinsurance Report  
Section 1 – General Interrogatories
    1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes ( ) No (X)
    2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which 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)Section 2 – Ceded Reinsurance Report – Part A
    1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes ( ) No (X)
    2. Does the company 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 which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes ( ) No (X)

## NOTES TO FINANCIAL STATEMENTS

## Section 3 – Ceded Reinsurance Report – Part B

3. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
  4. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes ( ) No (X)
- B. Uncollectible Reinsurance  
Not Applicable
- C. Commutation of Ceded Reinsurance  
Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation  
Not Applicable
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination  
Not Applicable
25. Changes in Incurred Losses and Loss Adjustment Expenses  
Not Applicable.
26. Intercompany Pooling Arrangements  
Not Applicable
27. Structured Settlements  
Not Applicable
28. Health Care Receivables
- A. Pharmaceutical Rebate Receivables  
Not Applicable
  - B. Risk Sharing Receivables  
Not Applicable
29. Participating Policies  
Not Applicable
30. Premium Deficiency Reserves  
Not Applicable
31. Anticipated Salvage and Subrogation  
Not Applicable

# 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 which is an insurer? Yes  No   
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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  No  N/A
- 1.3 State regulating? Wisconsin
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes  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. \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes  No
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 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. 12/31/2014
- 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). 06/30/2016
- 3.4 By what department or departments?  
Wisconsin Office of the Commissioner of Insurance (OCI)
- 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 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 control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes  No
- 4.12 renewals? Yes  No
- 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 affiliate, 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  No
- 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If the answer is YES, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes  No
- 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
- 7.2 If yes,
- 7.21 State the percentage of foreign control \_\_\_\_\_ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes  No
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.
- | 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP, 555 East Wells Street, Suite 1400, Milwaukee, WI 53202
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes  No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes  No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:



## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes  No  N/A
- 10.6 If the response to 10.5 is no or n/a, please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Mathew Capps, Dean Health Plan, 1277 Deming Way, Madison, WI 53717
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes  No
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes  No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes  No  N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes  No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1<br>American Bankers Association (ABA)<br>Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger<br>the Letter of Credit | 4<br>Amount |
|---|--------------------------------------|---|-------------|
|   |                                      |   | \$          |

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes  No
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes  No
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes  No

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers 0
- 20.23 Trustees, supreme or grand (Fraternal only) 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 420,000

#### INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [ X ] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.103 Total payable for securities lending reported on the liability page: \$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [ ] No [ X ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$ 0

25.22 Subject to reverse repurchase agreements \$ 0

25.23 Subject to dollar repurchase agreements \$ 0

25.24 Subject to reverse dollar repurchase agreements \$ 0

25.25 Placed under option agreements \$ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0

25.27 FHLB Capital Stock \$ 0

25.28 On deposit with states \$ 0

25.29 On deposit with other regulatory bodies \$ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0

25.32 Other \$ 0

25.3 For category (25.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
|                            |                  | \$          |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

**Lines 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]

26.42 Permitted accounting practice Yes [ ] No [ ]

26.43 Other accounting guidance Yes [ ] No [ ]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [ X ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---------------------------|--------------------------|
|                           |                          |

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|--------------|------------------|------------------------------|

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|--------------------|--------------------|---------------------|-------------|

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such, "...that have access to the investment accounts", "... handle securities".

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
|---------------------------------|------------------|

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1                                      | 2                          | 3                             | 4               | 5   |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

| 1<br>CUSIP    | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
|               |                          | \$                                |
| 29.2999 TOTAL |                          | \$                                |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1<br>Name of Mutual Fund<br>(from above table) | 2<br>Name of Significant Holding<br>of the Mutual Fund | 3<br>Amount of Mutual Fund's<br>Book/Adjusted Carrying<br>Value Attributable to the<br>Holding | 4<br>Date of Valuation |
|--|--|--|------------------------|
|  |  | \$   |                        |

30. 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<br>Statement (Admitted) Value | 2<br>Fair Value | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|------|------------------|---------------------------------|-----------------|--|
| 30.1 | Bonds            | \$ 0                            | \$ 0            | \$ 0   |
| 30.2 | Preferred Stocks | \$ 0                            | \$ 0            | \$ 0   |
| 30.3 | Totals           | \$ 0                            | \$ 0            | \$ 0   |

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 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 [ ] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

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

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

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

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

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ] No [X]

#### OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$           0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
|           | \$               |

37.1 Amount of payments for legal expenses, if any? \$           5,000

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1<br>Name                        | 2<br>Amount Paid          |
|----------------------------------|---------------------------|
| Illinois Department of Insurance | \$ <u>          5,000</u> |

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$           0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
|           | \$               |

## GENERAL INTERROGATORIES

### PART 2 – HEALTH INTERROGATORIES

|      |  |                   |                 |
|------|--|-------------------|-----------------|
| 1.1  | Does the reporting entity have any direct Medicare Supplement Insurance in force?  | Yes [ ]           | No [X]          |
| 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?  | \$                | 0               |
| 1.31 | Reason for excluding:  |                   |                 |
| 1.4  | Indicate amount of earned premium attributable to Canadian and/or Other Alien 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  |                   | 0               |
|      | All years prior to most current three years:   |                   |                 |
| 1.64 | Total premium earned   | \$                | 0               |
| 1.65 | Total incurred claims  | \$                | 0               |
| 1.66 | Number of covered lives  |                   | 0               |
| 1.7  | Group policies:  |                   |                 |
|      | Most current three years:  |                   |                 |
| 1.71 | Total premium earned   | \$                | 0               |
| 1.72 | Total incurred claims  | \$                | 0               |
| 1.73 | Number of covered lives  |                   | 0               |
|      | All years prior to most current three years:   |                   |                 |
| 1.74 | Total premium earned   | \$                | 0               |
| 1.75 | Total incurred claims  | \$                | 0               |
| 1.76 | Number of covered lives  |                   | 0               |
| 2.   | Health Test:   |                   |                 |
|      |  | 1<br>Current Year | 2<br>Prior Year |
| 2.1  | Premium Numerator  | \$ 1,433,497      | \$ 0            |
| 2.2  | Premium Denominator  | \$ 1,433,497      | \$ 0            |
| 2.3  | Premium Ratio (2.1/2.2)  | 100.0%            | 0.0%            |
| 2.4  | Reserve Numerator  | \$ 905,048        | \$ 0            |
| 2.5  | Reserve Denominator  | \$ 905,048        | \$ 0            |
| 2.6  | Reserve Ratio (2.4/2.5)  | 100.0%            | 0.0%            |
| 3.1  | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?  | Yes [ ]           | No [X]          |
| 3.2  | If yes, give particulars:  |                   |                 |
| 4.1  | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?  | Yes [X]           | No [ ]          |
| 4.2  | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?   | Yes [X]           | No [ ]          |
| 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  | \$                | 0               |
| 5.32 | Medical Only   | \$                | 0               |
| 5.33 | Medicare Supplement  | \$                | 0               |
| 5.34 | Dental and Vision  | \$                | 0               |
| 5.35 | Other Limited Benefit Plan   | \$                | 0               |
| 5.36 | Other  | \$                | 250,000         |
| 6.   | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: |                   |                 |

## GENERAL INTERROGATORIES

### PART 2 – HEALTH INTERROGATORIES

- 7.1 Does the reporting entity set up its claim liability for provider services on a service 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 0
- 8.2 Number of providers at end of reporting year 0
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0
- 9.22 Business with rate guarantees over 36 months \$ 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ X ] No [ ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses 300,398
- 10.22 Amount actually paid for year bonuses 0
- 10.23 Maximum amount payable withholds 0
- 10.24 Amount actually paid for year withholds 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]
- 11.14 A Mixed Model (combination of above)? Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.  
Wisconsin
- 11.4 If yes, show the amount required. \$ 2,800,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
The Company is subject to a compulsory and security surplus requirement under Wisconsin Statutes.

12. List service areas in which reporting entity is licensed to operate:

| 1<br>Name of Service Area |
|---------------------------|
| Adams County              |
| Barron County             |
| Brown County              |
| Buffalo County            |
| Calumet County            |
| Chippewa County           |
| Columbia County           |
| Crawford County           |
| Dane County               |
| Dodge County              |
| Door County               |
| Dunn County               |
| Eau Claire County         |
| Fond du Lac County        |
| Grant County              |
| Green County              |
| Green Lake County         |
| Iowa County               |
| Jefferson County          |
| Juneau County             |
| Kewaunee County           |
| Lafayette County          |
| Manitowoc County          |
| Marinette County          |
| Marquette County          |
| Oconto County             |
| Outagamie County          |
| Pepin County              |
| Richland County           |
| Rock County               |
| Sauk County               |
| Shawano County            |
| Sheboygan County          |

## GENERAL INTERROGATORIES

### PART 2 – HEALTH INTERROGATORIES

|                 |
|-----------------|
| Vernon County   |
| Walworth County |
| Waukesha County |

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

| 1<br>Company<br>Name | 2<br>NAIC<br>Company<br>Code | 3<br>Domiciliary<br>Jurisdiction | 4<br>Reserve<br>Credit | Assets Supporting Reserve Credit |                          |            |
|----------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
|                      |                              |                                  |                        | 5<br>Letters of<br>Credit        | 6<br>Trust<br>Agreements | 7<br>Other |
|                      | 0                            |                                  | \$                     | \$                               | \$                       | \$         |

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- 15.1 Direct Premium Written \$ 0
- 15.2 Total Incurred Claims \$ 0
- 15.3 Number of Covered Lives 0

| *Ordinary Life Insurance Includes   |
|---|
| Term (whether full underwriting, limited underwriting, jet issue, "short form app")       |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee)                                       |
| Universal Life (with or without secondary guarantee)                                      |
| Variable Universal Life (with or without secondary guarantee)                             |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [X]

**FIVE-YEAR HISTORICAL DATA**

|  | 1<br>2019   | 2<br>2018   | 3<br>2017   | 4<br>2016   | 5<br>2015   |
|--|-------------|-------------|-------------|-------------|-------------|
| <b>Balance Sheet (Pages 2 and 3)</b>   |             |             |             |             |             |
| 1. Total admitted assets (Page 2, Line 28).....  | 159,463,146 | 161,790,373 | 134,639,280 | 118,371,382 | 100,705,106 |
| 2. Total liabilities (Page 3, Line 24).....  | 1,789,561   | 814,683     | 833,425     | 803,536     | 803,805     |
| 3. Statutory minimum capital and surplus requirement.....  | 2,800,000   | 2,800,000   | 2,800,000   | 2,800,000   | 2,800,000   |
| 4. Total capital and surplus (Page 3, Line 33).....  | 157,673,585 | 160,975,690 | 133,805,855 | 117,567,846 | 99,901,301  |
| <b>Income Statement (Page 4)</b>   |             |             |             |             |             |
| 5. Total revenues (Line 8).....  | 1,433,497   |             |             |             | 501,302     |
| 6. Total medical and hospital expenses (Line 18).....  | 1,352,444   |             | 638         | 356         | (113)       |
| 7. Claims adjustment expenses (Line 20).....   | 18,140      |             |             |             |             |
| 8. Total administrative expenses (Line 21).....  | (557,008)   | (710,083)   | (537,961)   | (468,446)   | 42,968      |
| 9. Net underwriting gain (loss) (Line 24).....   | 619,921     | 710,083     | 537,323     | 468,090     | 458,447     |
| 10. Net investment gain (loss) (Line 27).....  | 24,108,969  | 42,003      | 13,049      | 8,464       | 7,583       |
| 11. Total other income (Lines 28 plus 29).....   |             |             |             | (197)       |             |
| 12. Net income or (loss) (Line 32).....  | 24,573,790  | 594,086     | 363,272     | 314,257     | 307,630     |
| <b>Cash Flow (Page 6)</b>  |             |             |             |             |             |
| 13. Net cash from operations (Line 11).....  | 25,702,178  | 816,586     | 362,736     | 311,098     | 295,030     |
| <b>Risk-Based Capital Analysis</b>   |             |             |             |             |             |
| 14. Total adjusted capital.....  | 157,673,585 | 160,975,690 | 133,805,855 | 117,567,870 | 99,471,443  |
| 15. Authorized control level risk-based capital.....   | 29,673,655  | 27,051,670  | 24,072,949  | 23,902,133  | 22,978,666  |
| <b>Enrollment (Exhibit 1)</b>  |             |             |             |             |             |
| 16. Total members at end of period (Column 5, Line 7).....   | 4,486       |             |             |             |             |
| 17. Total member months (Column 6, Line 7).....  | 53,289      |             |             |             |             |
| <b>Operating Percentage (Page 4)</b><br>(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0         |             |             |             |             |             |
| 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 (Line 18 plus Line 19).....                           | 94.3        |             |             |             |             |
| 20. Cost containment expenses.....   |             |             |             |             |             |
| 21. Other claims adjustment expenses.....  | 1.3         |             |             |             |             |
| 22. Total underwriting deductions (Line 23).....   | 56.8        |             |             |             |             |
| 23. Total underwriting gain (loss) (Line 24).....  | 43.2        |             |             |             |             |
| <b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>   |             |             |             |             |             |
| 24. Total claims incurred for prior years (Line 13, Col. 5).....   |             |             | 638         | 356         | (113)       |
| 25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....                             |             |             |             |             |             |
| <b>Investments in Parent, Subsidiaries and Affiliates</b>  |             |             |             |             |             |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....  |             |             |             |             |             |
| 27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....                                     |             |             |             |             |             |
| 28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....  | 151,919,778 | 155,797,663 | 129,221,914 | 113,269,177 | 95,916,889  |
| 29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)..... |             |             |             |             |             |
| 30. Affiliated mortgage loans on real estate.....  |             |             |             |             |             |
| 31. All other affiliated.....  |             |             |             |             |             |
| 32. Total of above Lines 26 to 31.....   | 151,919,778 | 155,797,663 | 129,221,914 | 113,269,177 | 95,916,889  |
| 33. Total investment in parent included in Lines 26 to 31 above.....                                       |             |             |             |             |             |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain:



**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

| State, Etc.  | 1<br>Active Status (a) | Direct Business Only            |                           |                         |  |   |                                 |                                | 9<br>Deposit-Type Contracts |
|--|------------------------|---------------------------------|---------------------------|-------------------------|--|---|---------------------------------|--------------------------------|-----------------------------|
|  |                        | 2<br>Accident & Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>Federal Employees Health Benefits Plan Premiums | 6<br>Life & Annuity Premiums and Other Considerations | 7<br>Property/Casualty Premiums | 8<br>Total Columns 2 Through 7 |                             |
| 1. Alabama.....AL  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 2. Alaska.....AK   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 3. Arizona.....AZ  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 4. Arkansas.....AR   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 5. California.....CA   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 6. Colorado.....CO   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 7. Connecticut.....CT  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 8. Delaware.....DE   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 9. District of Columbia.....DC                                     | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 10. Florida.....FL   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 11. Georgia.....GA   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 12. Hawaii.....HI  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 13. Idaho.....ID   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 14. Illinois.....IL  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 15. Indiana.....IN   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 16. Iowa.....IA  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 17. Kansas.....KS  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 18. Kentucky.....KY  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 19. Louisiana.....LA   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 20. Maine.....ME   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 21. Maryland.....MD  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 22. Massachusetts.....MA   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 23. Michigan.....MI  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 24. Minnesota.....MN   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 25. Mississippi.....MS   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 26. Missouri.....MO  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 27. Montana.....MT   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 28. Nebraska.....NE  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 29. Nevada.....NV  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 30. New Hampshire.....NH   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 31. New Jersey.....NJ  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 32. New Mexico.....NM  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 33. New York.....NY  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 34. North Carolina.....NC  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 35. North Dakota.....ND  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 36. Ohio.....OH  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 37. Oklahoma.....OK  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 38. Oregon.....OR  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 39. Pennsylvania.....PA  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 40. Rhode Island.....RI  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 41. South Carolina.....SC  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 42. South Dakota.....SD  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 43. Tennessee.....TN   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 44. Texas.....TX   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 45. Utah.....UT  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 46. Vermont.....VT   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 47. Virginia.....VA  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 48. Washington.....WA  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 49. West Virginia.....WV   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 50. Wisconsin.....WI   | L                      | 1,831,098                       |                           |                         |  |   |                                 |                                | 1,831,098                   |
| 51. Wyoming.....WY   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 52. American Samoa.....AS  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 53. Guam.....GU  | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 54. Puerto Rico.....PR   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 55. U.S. Virgin Islands.....VI                                     | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 56. Northern Mariana Islands.....MP                                | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 57. Canada.....CAN   | N                      |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 58. Aggregate Other alien.....OT                                   | ..XXX                  | 0                               | 0                         | 0                       | 0  | 0   | 0                               | 0                              | 0                           |
| 59. Subtotal.....  | ..XXX                  | 1,831,098                       | 0                         | 0                       | 0  | 0   | 0                               | 0                              | 1,831,098                   |
| 60. Reporting entity contributions for Employee Benefit Plans..... | ..XXX                  |                                 |                           |                         |  |   |                                 |                                | 0                           |
| 61. Total (Direct Business).....                                   | ..XXX                  | 1,831,098                       | 0                         | 0                       | 0  | 0   | 0                               | 0                              | 1,831,098                   |

**DETAILS OF WRITE-INS**

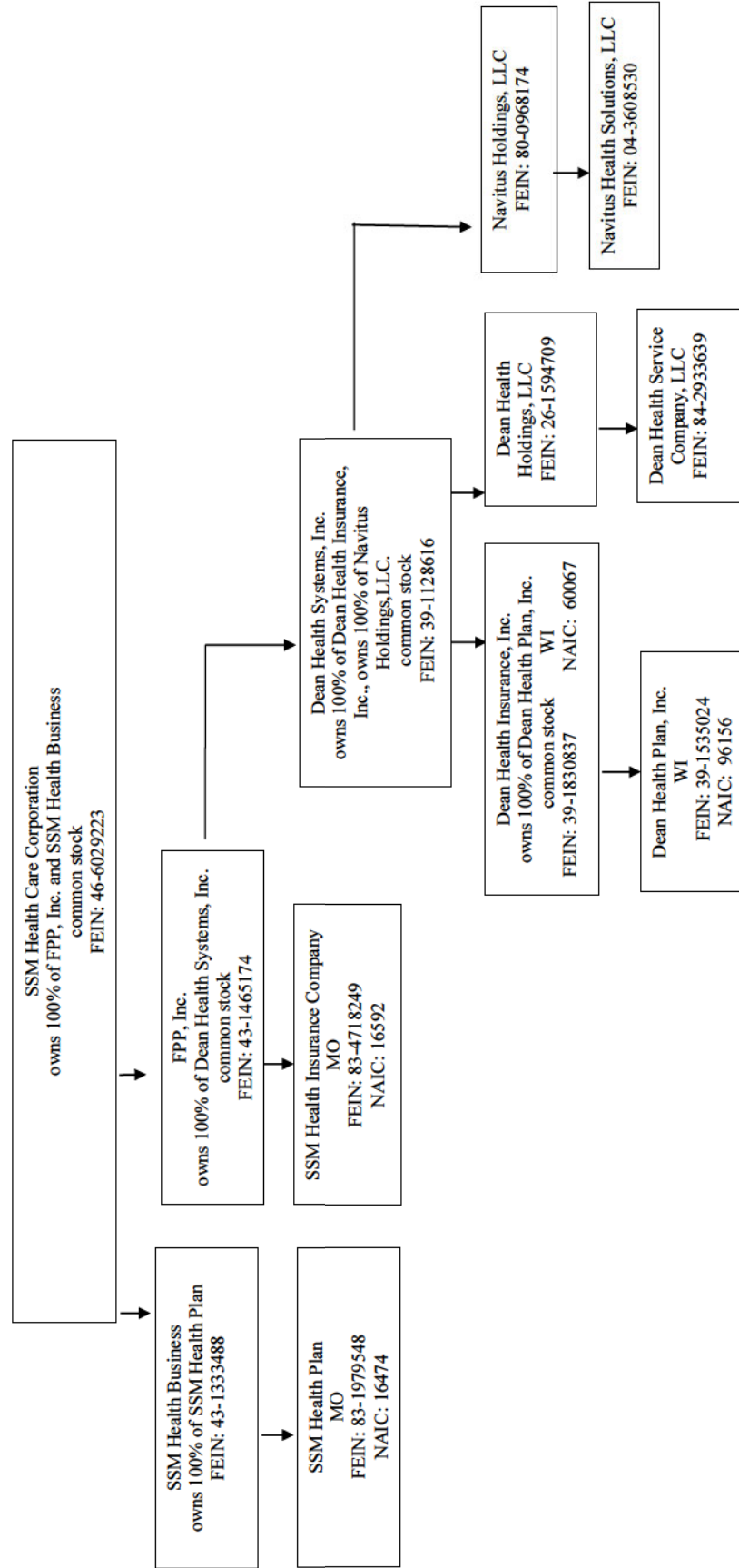
|  |  |   |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|
| 58001.....   |  |   |   |   |   |   |   |   | 0 |
| 58002.....   |  |   |   |   |   |   |   |   | 0 |
| 58003.....   |  |   |   |   |   |   |   |   | 0 |
| 58998. Summary of remaining write-ins for line 58..... |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Total (Lines 58001 through 58003 + 58998).....  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

|   |   |  |  |  |  |  |  |  |    |
|---|---|--|--|--|--|--|--|--|----|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....                    | 1 |  |  |  |  |  |  |  | 0  |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... | 0 |  |  |  |  |  |  |  | 0  |
| R - Registered - Non-domiciled RRGs.....  |   |  |  |  |  |  |  |  | 0  |
| Q - Qualified - Qualified or accredited reinsurer.....  |   |  |  |  |  |  |  |  | 0  |
| N - None of the above - Not allowed to write business in the state.....                         |   |  |  |  |  |  |  |  | 56 |

(b) Explanation of basis of allocation by states, premiums by state, etc.

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



**2019 ALPHABETICAL INDEX  
HEALTH ANNUAL STATEMENT BLANK**

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