

**QUARTERLY STATEMENT**  
**OF THE**  
**Blue Cross and Blue Shield of New**  
**Mexico Insurance Company**

**of**  
**Albuquerque**  
**in the state of**  
**New Mexico**

**TO THE**  
**Insurance Department**  
**OF THE STATE OF**  
**New Mexico**

**FOR THE QUARTER ENDED**  
**MARCH 31, 2021**

**2021**



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2021

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QUARTERLY STATEMENT
AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Blue Cross and Blue Shield of New Mexico Insurance Company

NAIC Group Code 0917, 0917; NAIC Company Code 16359; Employer's ID Number 38-3984430; Organized under the Laws of New Mexico; State of Domicile or Port of Entry NM; Country of Domicile United States of America; Licensed as business type: Life, Accident & Health [X]; Dental Service Corporation [ ]; Other [ ]; Property/Casualty [ ]; Vision Service Corporation [ ]; Is HMO Federally Qualified? Yes [ ] No [ ] N/A[X]; Hospital, Medical & Dental Service or Indemnity [ ]; Health Maintenance Organization [X]; Incorporated/Organized 11/03/2015; Commenced Business 03/28/2018; Statutory Home Office 5701 Balloon Fiesta Parkway, NE; Main Administrative Office 300 East Randolph Street; Mail Address 300 East Randolph Street; Primary Location of Books and Records 300 East Randolph Street; Internet Website Address www.bcbsnm.com; Statutory Statement Contact Mark William Larson; Subsidiary Staterreporting@bcbstx.com

OFFICERS

Table with 2 columns: Name, Title. Rows: James Edward Walsh (President & Chair), Eric Sean Nilles (Treasurer), Arlene Keh Lim (Secretary)

OTHERS

Janice Marie Torrez, Senior Vice President NM Medicaid; Sharon Lucero Huerta, Vice President NM Medicaid; Cory Foster Hennek, Assistant Treasurer NM Medicaid

DIRECTORS OR TRUSTEES

Scott Allen Womack; James Edward Walsh; Nathan William Linsley; Christine M Kourouklis; Janice Marie Torrez

State of Illinois; County of Cook ss

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.

DocuSigned by: James Walsh; (Signature); James Edward Walsh; (Printed Name); 1. President & Chair; (Title)

DocuSigned by: Arlene Keh Lim; (Signature); Arlene Keh Lim; (Printed Name); 2. Secretary; (Title)

DocuSigned by: Eric Nilles; (Signature); Eric Sean Nilles; (Printed Name); 3. Treasurer; (Title)

Subscribed and sworn to before me this \_\_\_ day of \_\_\_ 2021

(Notary Public Signature)

a. Is this an original filing? Yes[X] No[ ]
b. If no: 1. State the amendment number 0; 2. Date filed; 3. Number of pages attached 0

**ASSETS**

|   | Current Statement Date |                            |  | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|----------------------------|--|---|
|   | 1<br>Assets            | 2<br>Nonadmitted<br>Assets | 3<br>Net Admitted<br>Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 1,388,565              |                            | 1,388,565                                    | 1,387,793   |
| 2. Stocks:  |                        |                            |  |   |
| 2.1 Preferred stocks .....  |                        |                            |  |   |
| 2.2 Common stocks .....   |                        |                            |  |   |
| 3. Mortgage loans on real estate:   |                        |                            |  |   |
| 3.1 First liens .....   |                        |                            |  |   |
| 3.2 Other than first liens .....  |                        |                            |  |   |
| 4. Real estate:   |                        |                            |  |   |
| 4.1 Properties occupied by the company (less \$.....0<br>encumbrances) .....  |                        |                            |  |   |
| 4.2 Properties held for the production of income (less \$.....0<br>encumbrances) .....  |                        |                            |  |   |
| 4.3 Properties held for sale (less \$.....0 encumbrances) .....   |                        |                            |  |   |
| 5. Cash (\$.....29,117), cash equivalents (\$.....101,746) and short-term<br>investments (\$.....0) .....   | 130,863                |                            | 130,863                                      | 121,123   |
| 6. Contract loans (including \$.....0 premium notes) .....  |                        |                            |  |   |
| 7. Derivatives .....  |                        |                            |  |   |
| 8. Other invested assets .....  |                        |                            |  |   |
| 9. Receivables for securities .....   |                        |                            |  |   |
| 10. Securities lending reinvested collateral assets .....   |                        |                            |  |   |
| 11. Aggregate write-ins for invested assets .....   |                        |                            |  |   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 1,519,428              |                            | 1,519,428                                    | 1,508,915   |
| 13. Title plants less \$.....0 charged off (for Title insurers only) .....  |                        |                            |  |   |
| 14. Investment income due and accrued .....   | 4,690                  |                            | 4,690  | 13,557  |
| 15. Premiums and considerations:  |                        |                            |  |   |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....   |                        |                            |  |   |
| 15.2 Deferred premiums, agents' balances and installments booked<br>but deferred and not yet due (including \$.....0 earned but<br>unbilled premiums) ..... |                        |                            |  |   |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts<br>subject to redetermination (\$.....0) .....   |                        |                            |  |   |
| 16. Reinsurance:  |                        |                            |  |   |
| 16.1 Amounts recoverable from reinsurers .....  |                        |                            |  |   |
| 16.2 Funds held by or deposited with reinsured companies .....  |                        |                            |  |   |
| 16.3 Other amounts receivable under reinsurance contracts .....   |                        |                            |  |   |
| 17. Amounts receivable relating to uninsured plans .....  |                        |                            |  |   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  |                        |                            |  |   |
| 18.2 Net deferred tax asset .....   |                        |                            |  |   |
| 19. Guaranty funds receivable or on deposit .....   |                        |                            |  |   |
| 20. Electronic data processing equipment and software .....   |                        |                            |  |   |
| 21. Furniture and equipment, including health care delivery assets<br>(\$.....0) .....  |                        |                            |  |   |
| 22. Net adjustments in assets and liabilities due to foreign exchange rates .....   |                        |                            |  |   |
| 23. Receivables from parent, subsidiaries and affiliates .....  |                        |                            |  |   |
| 24. Health care (\$.....0) and other amounts receivable .....   |                        |                            |  |   |
| 25. Aggregate write-ins for other-than-invested assets .....  |                        |                            |  |   |
| 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                     | 1,524,118              |                            | 1,524,118                                    | 1,522,472   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....  |                        |                            |  |   |
| 28. TOTAL (Lines 26 and 27) .....   | 1,524,118              |                            | 1,524,118                                    | 1,522,472   |
| <b>DETAILS OF WRITE-INS</b>   |                        |                            |  |   |
| 1101. ....  |                        |                            |  |   |
| 1102. ....  |                        |                            |  |   |
| 1103. ....  |                        |                            |  |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |                        |                            |  |   |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....  |                        |                            |  |   |
| 2501. ....  |                        |                            |  |   |
| 2502. ....  |                        |                            |  |   |
| 2503. ....  |                        |                            |  |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |                        |                            |  |   |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....  |                        |                            |  |   |

**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) .....   |                |                |            |            |
| 2. Accrued medical incentive pool and bonus amounts .....  |                |                |            |            |
| 3. Unpaid claims adjustment expenses .....   |                |                |            |            |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio<br>rebate per the Public Health Service Act .....            |                |                |            |            |
| 5. Aggregate life policy reserves .....  |                |                |            |            |
| 6. Property/casualty unearned premium reserve .....  |                |                |            |            |
| 7. Aggregate health claim reserves .....   |                |                |            |            |
| 8. Premiums received in advance .....  |                |                |            |            |
| 9. General expenses due or accrued .....   |                |                |            |            |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0<br>on realized gains (losses)) .....                            | 8,032          |                | 8,032      | 6,386      |
| 10.2 Net deferred tax liability .....  | 840            |                | 840        | 678        |
| 11. Ceded reinsurance premiums payable .....   |                |                |            |            |
| 12. Amounts withheld or retained for the account of others .....   |                |                |            |            |
| 13. Remittances and items not allocated .....  |                |                |            |            |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0<br>(including \$.....0 current) .....  |                |                |            |            |
| 15. Amounts due to parent, subsidiaries and affiliates .....   | 840            |                | 840        | 7,806      |
| 16. Derivatives .....  |                |                |            |            |
| 17. Payable for securities .....   |                |                |            |            |
| 18. Payable for securities lending .....   |                |                |            |            |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0<br>unauthorized reinsurers and \$.....0 certified reinsurers) ..... |                |                |            |            |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies .....   |                |                |            |            |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....  |                |                |            |            |
| 22. Liability for amounts held under uninsured plans .....   |                |                |            |            |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current) .....   |                |                |            |            |
| 24. Total liabilities (Lines 1 to 23) .....  | 9,712          |                | 9,712      | 14,870     |
| 25. Aggregate write-ins for special surplus funds .....  | X X X          | X X X          |            |            |
| 26. Common capital stock .....   | X X X          | X X X          | 1,000,000  | 1,000,000  |
| 27. Preferred capital stock .....  | X X X          | X X X          |            |            |
| 28. Gross paid in and contributed surplus .....  | X X X          | X X X          | 500,000    | 500,000    |
| 29. Surplus notes .....  | X X X          | X X X          |            |            |
| 30. Aggregate write-ins for other-than-special surplus funds .....   | X X X          | X X X          |            |            |
| 31. Unassigned funds (surplus) .....   | X X X          | X X X          | 14,406     | 7,602      |
| 32. Less treasury stock, at cost:  |                |                |            |            |
| 32.1 .....0 shares common (value included in Line 26 \$.....0) .....   | X X X          | X X X          |            |            |
| 32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....  | X X X          | X X X          |            |            |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | X X X          | X X X          | 1,514,406  | 1,507,602  |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) .....   | X X X          | X X X          | 1,524,118  | 1,522,472  |
| <b>DETAILS OF WRITE-INS</b>  |                |                |            |            |
| 2301. ....   |                |                |            |            |
| 2302. ....   |                |                |            |            |
| 2303. ....   |                |                |            |            |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....  |                |                |            |            |
| 2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....   |                |                |            |            |
| 2501. ....   | X X X          | X X X          |            |            |
| 2502. ....   | X X X          | X X X          |            |            |
| 2503. ....   | X X X          | X X X          |            |            |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | X X X          | X X X          |            |            |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....   | X X X          | X X X          |            |            |
| 3001. ....   | X X X          | X X X          |            |            |
| 3002. ....   | X X X          | X X X          |            |            |
| 3003. ....   | X X X          | X X X          |            |            |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | X X X          | X X X          |            |            |
| 3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....   | X X X          | X X X          |            |            |

**STATEMENT OF REVENUE AND EXPENSES**

|   | Current Year To Date |            | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|------------|--------------------|------------------------------|
|   | 1<br>Uncovered       | 2<br>Total | 3<br>Total         | 4<br>Total                   |
| 1. Member Months .....  | X X X                |            |                    |                              |
| 2. Net premium income (including \$.....0 non-health premium income) .....  | X X X                |            |                    |                              |
| 3. Change in unearned premium reserves and reserves for rate credits .....  | X X X                |            |                    |                              |
| 4. Fee-for-service (net of \$.....0 medical expenses) .....   | X X X                |            |                    |                              |
| 5. Risk revenue .....   | X X X                |            |                    |                              |
| 6. Aggregate write-ins for other health care related revenues .....   | X X X                |            |                    |                              |
| 7. Aggregate write-ins for other non-health revenues .....  | X X X                |            |                    |                              |
| 8. Total revenues (Lines 2 to 7) .....  | X X X                |            |                    |                              |
| <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 .....  |                      |            |                    |                              |
| 15. Incentive pool, withhold adjustments and bonus amounts .....  |                      |            |                    |                              |
| 16. Subtotal (Lines 9 to 15) .....  |                      |            |                    |                              |
| <b>Less:</b>  |                      |            |                    |                              |
| 17. Net reinsurance recoveries .....  |                      |            |                    |                              |
| 18. Total hospital and medical (Lines 16 minus 17) .....  |                      |            |                    |                              |
| 19. Non-health claims (net) .....   |                      |            |                    |                              |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses .....  |                      |            |                    |                              |
| 21. General administrative expenses .....   |                      | 840        | 3,357              | 3,707                        |
| 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) .....   |                      | 840        | 3,357              | 3,707                        |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....  | X X X                | (840)      | (3,357)            | (3,707)                      |
| 25. Net investment income earned .....  |                      | 9,452      | 9,674              | 37,187                       |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....  |                      |            |                    |                              |
| 27. Net investment gains or (losses) (Lines 25 plus 26) .....   |                      | 9,452      | 9,674              | 37,187                       |
| 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 .....  |                      |            |                    |                              |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....   | X X X                | 8,612      | 6,317              | 33,480                       |
| 31. Federal and foreign income taxes incurred .....   | X X X                | 1,646      | 1,168              | 6,909                        |
| 32. Net income (loss) (Lines 30 minus 31) .....   | X X X                | 6,966      | 5,149              | 26,571                       |
| <b>DETAILS OF WRITE-INS</b>   |                      |            |                    |                              |
| 0601. ....  | X X X                |            |                    |                              |
| 0602. ....  | X X X                |            |                    |                              |
| 0603. ....  | X X X                |            |                    |                              |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....  | X X X                |            |                    |                              |
| 0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....   | X X X                |            |                    |                              |
| 0701. ....  | X X X                |            |                    |                              |
| 0702. ....  | X X X                |            |                    |                              |
| 0703. ....  | X X X                |            |                    |                              |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....  | X X X                |            |                    |                              |
| 0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....   | X X X                |            |                    |                              |
| 1401. ....  |                      |            |                    |                              |
| 1402. ....  |                      |            |                    |                              |
| 1403. ....  |                      |            |                    |                              |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....   |                      |            |                    |                              |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....  |                      |            |                    |                              |
| 2901. ....  |                      |            |                    |                              |
| 2902. ....  |                      |            |                    |                              |
| 2903. ....  |                      |            |                    |                              |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....   |                      |            |                    |                              |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....  |                      |            |                    |                              |

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

|  | 1                       | 2                     | 3                                  |
|--|-------------------------|-----------------------|------------------------------------|
|  | Current Year<br>To Date | Prior Year<br>To Date | Prior Year<br>Ended<br>December 31 |
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                         |                       |                                    |
| 33. Capital and surplus prior reporting year .....                                     | 1,507,602               | 1,480,737             | 1,480,737                          |
| 34. Net income or (loss) from Line 32 .....  | 6,966                   | 5,149                 | 26,571                             |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                         |                       |                                    |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 |                         |                       |                                    |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....             |                         |                       |                                    |
| 38. Change in net deferred income tax .....  | (162)                   | (158)                 | 294                                |
| 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 .....  |                         |                       |                                    |
| 47. Aggregate write-ins for gains or (losses) in surplus .....                         |                         |                       |                                    |
| 48. Net change in capital and surplus (Lines 34 to 47) .....                           | 6,804                   | 4,991                 | 26,865                             |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) .....                | 1,514,406               | 1,485,728             | 1,507,602                          |
| <b>DETAILS OF WRITE-INS</b>  |                         |                       |                                    |
| 4701. ....   |                         |                       |                                    |
| 4702. ....   |                         |                       |                                    |
| 4703. ....   |                         |                       |                                    |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              |                         |                       |                                    |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....                 |                         |                       |                                    |

**CASH FLOW**

|  | 1<br>Current<br>Year<br>To Date | 2<br>Prior<br>Year<br>To Date | 3<br>Prior<br>Year Ended<br>December 31 |
|--|---------------------------------|-------------------------------|---|
| <b>Cash from Operations</b>  |                                 |                               |   |
| 1. Premiums collected net of reinsurance .....   |                                 |                               |   |
| 2. Net investment income .....   | 17,546                          | 17,738                        | 34,153                                  |
| 3. Miscellaneous income .....  |                                 |                               |   |
| 4. TOTAL (Lines 1 to 3) .....  | 17,546                          | 17,738                        | 34,153                                  |
| 5. Benefit and loss related payments .....   |                                 |                               |   |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                           |                                 |                               |   |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 7,806                           |                               | 2,483                                   |
| 8. Dividends paid to policyholders .....   |                                 |                               |   |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains<br>(losses) .....            |                                 | (44)                          | (44)                                    |
| 10. TOTAL (Lines 5 through 9) .....  | 7,806                           | (44)                          | 2,439                                   |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | 9,740                           | 17,782                        | 31,714                                  |
| <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) .....  |                                 |                               |   |
| 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) .....   |                                 |                               |   |
| 14. Net increase (or decrease) in contract loans and premium notes .....   |                                 |                               |   |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  |                                 |                               |   |
| <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 .....   |                                 |                               |   |
| 16.6 Other cash provided (applied) .....   |                                 | 0                             |   |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5<br>plus Line 16.6) ..... |                                 | 0                             |   |
| <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<br>17) .....           | 9,740                           | 17,782                        | 31,714                                  |
| 19. Cash, cash equivalents and short-term investments:   |                                 |                               |   |
| 19.1 Beginning of year .....   | 121,123                         | 89,409                        | 89,409                                  |
| 19.2 End of period (Line 18 plus Line 19.1) .....  | 130,863                         | 107,190                       | 121,123                                 |

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

|         |  |  |  |  |
|---------|--|--|--|--|
| 20.0001 |  |  |  |  |
|---------|--|--|--|--|

**7 Exhibit of Premiums, Enrollment and Utilization ..... NONE**

**8 Claims Unpaid and Incentive Pool, Withhold and Bonus ..... NONE**

**9 Underwriting Investment Exhibit ..... NONE**



**Notes to Financial Statement****1. Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of Blue Cross and Blue Shield of New Mexico Insurance Company (Company) are presented in conformity with accounting practices and procedures of the National Association of Insurance Commissioners as prescribed or permitted by the New Mexico Office of Superintendent of Insurance (OSI).

The New Mexico (OSI) recognizes only statutory practices prescribed or permitted by the State of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under New Mexico Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (SAP), has been adopted as a component of prescribed or permitted practices by the State of New Mexico.

The Company did not have any prescribed or permitted practice exceptions for the three months ending March 31, 2021 and 2020 or the year ended December 31, 2020.

|  | <u>SSAP #</u> | <u>F/S Page #</u> | <u>F/S Line #</u> | <u>2021</u>  | <u>2020</u>  |
|--|---------------|-------------------|-------------------|--------------|--------------|
| <b>NET INCOME</b>  |               |                   |                   |              |              |
| (1) The Company state basis (Pg. 4, Line 32, Columns 2 & 4)              | XXX           | XXX               | XXX               | \$ 6,966     | \$ 26,571    |
| (2) State Prescribed Practices that are an increase/(decrease) NAIC SAP: |               |                   |                   | -            | -            |
| (3) State Permitted Practices that are an increase/(decrease) NAIC SAP:  |               |                   |                   | -            | -            |
| (4) NAIC SAP (1-2-3=4)   | XXX           | XXX               | XXX               | \$ 6,966     | \$ 26,571    |
| <b>SURPLUS</b>   |               |                   |                   |              |              |
| (5) The Company state basis (Page 3, Line 33, Columns 3 & 4)             | XXX           | XXX               | XXX               | \$ 1,514,406 | \$ 1,507,602 |
| (6) State Prescribed Practices that are an increase/(decrease) NAIC SAP: |               |                   |                   | -            | -            |
| (7) State Permitted Practices that are an increase/(decrease) NAIC SAP:  |               |                   |                   | -            | -            |
| (8) NAIC SAP (5-6-7=8)   | XXX           | XXX               | XXX               | \$ 1,514,406 | \$ 1,507,602 |

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

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could affect the amounts reported and disclosed therein such that actual differ from management's estimates.

**C. Accounting Policy**

The Company did not have any insurance operations in 2021 or 2020. The only activities were related to investments, administrative services and taxes.

**Investments**

Investments are stated at values prescribed or permitted by the NAIC as follows:

- (1) No Significant Change
- (2) Bonds not backed by other loans are stated at amortized cost using the interest rate method, except for those bonds with an NAIC 3-6 designation, which are carried at the lower of amortized cost or fair value. Fair values are calculated based on market prices provided by the custodian. If there are no market prices provided by the custodian, the fair value is calculated by the Company in conjunction with its investment advisors.

(3 – 9) Not Applicable

**Other Accounting Policies**

(10 – 13) Not Applicable

**D. Going Concern**

In connection with preparing financial statements for each annual and interim reporting period, management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that the financial statements are available to be issued. There are no conditions or events that raise substantial doubt about the Company's ability to continue as a going concern.

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

Not Applicable

**Notes to Financial Statement****3. Business Combinations and Goodwill**

A. Statutory Purchase Method:  
Not Applicable

B. Statutory Merger  
Not Applicable

C. Assumption Reinsurance  
Not Applicable

D. Impairment Loss  
Not Applicable

**4. Discontinued Operations**  
Not Applicable**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable

B. Debt Restructuring  
Not Applicable

C. Reverse Mortgages  
Not Applicable

D. Loan-Backed Securities  
Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as 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 (LIHTC)  
Not Applicable

L. Restricted Assets

**(1) Restricted Assets (Including Pledged)**

| Restricted Asset Category  | 1   | 2   | 3                                | 4   | 5  | 6  | 7   |
|--|---|---|----------------------------------|---|--|--|---|
|  | Total Gross (Admitted & Nonadmitted) Restricted from Current Year | Total Gross (Admitted & Nonadmitted) Restricted From Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Nonadmitted Restricted | Total Current Year Admitted Restricted (1 minus 4) | Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | Percentage Admitted Restricted to Total Admitted Assets (b) |
| a. Subject to contractual obligation for which liability is not shown              | \$ -  | \$ -  | \$ -                             | \$ -                                      | \$ -   | %  | %   |
| b. Collateral held under security lending agreements                               | -   | -   | -                                | -   | -  | -  | -   |
| c. Subject to repurchase agreements  | -   | -   | -                                | -   | -  | -  | -   |
| d. Subject to reverse repurchase agreements  | -   | -   | -                                | -   | -  | -  | -   |
| e. Subject to dollar repurchase agreements   | -   | -   | -                                | -   | -  | -  | -   |
| f. Subject to dollar reverse repurchase agreements                                 | -   | -   | -                                | -   | -  | -  | -   |
| g. Placed under option contracts   | -   | -   | -                                | -   | -  | -  | -   |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | -   | -   | -                                | -   | -  | -  | -   |
| i. FHLB capital stock  | -   | -   | -                                | -   | -  | -  | -   |
| j. On deposit with states  | 870,791   | 870,238   | 553                              | -   | 870,791  | 57.13%   | 57.13%  |
| k. On deposit with other regulatory bodies   | -   | -   | -                                | -   | -  | -  | -   |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     | -   | -   | -                                | -   | -  | -  | -   |
| m. Pledged as collateral not captured in other categories                          | -   | -   | -                                | -   | -  | -  | -   |
| n. Other restricted assets   | -   | -   | -                                | -   | -  | -  | -   |
| o. Total Restricted Assets   | \$ 870,791  | \$ 870,238  | \$ 553                           | \$ -                                      | \$ 870,791   | 57.13%   | 57.13%  |

## Notes to Financial Statement

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
Not Applicable
- (3) Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
Not Applicable
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements  
Not Applicable

M. Working Capital Finance Investments  
Not Applicable

N. Offsetting and Netting of Assets and Liabilities  
Not Applicable

O. 5GI Securities  
Not Applicable

P. Short Sales  
Not Applicable

Q. Prepayment Penalty and Acceleration Fees  
Not Applicable

R. Reporting Entity's Share of Cash Pool by Investment Type  
Not Applicable

**6. Joint Ventures, Partnerships and Limited Liability Companies**  
Not Applicable

**7. Investment Income**

All investment income due and accrued was included in surplus.

**8. Derivative Instruments**  
Not Applicable

**9. Income Taxes**  
No Significant Change

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

- A. The Company is directly owned by HCSC, an Illinois domiciled company.
- B. Description of transactions with related parties.  
Not Applicable
- C. Transactions with related parties who are not reported on Schedule Y.  
No Significant Change
- D. Amounts due from or to related parties as of the date of each balance sheet presented and, if not otherwise apparent, the terms and manner of settlement.  
No Significant Change
- E. Description of material management or service contracts and cost-sharing arrangements.  
No Significant Change
- F. Guarantee/Undertakings  
No Significant Change
- G. Control Relationships  
Refer to Schedule Y

(H – O) Not Applicable

**11. Debt**

- A. Debt and Holding Company Obligations, including Capital Notes  
Not Applicable

## Notes to Financial Statement

- B. Federal Home Loan Bank Agreements  
Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.**  
Not Applicable. The Company does not have employees.
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**
  - A. The number of shares of each class of capital stock authorized, issued and outstanding and the par value or stated value of each class.  
No Significant Change
  - B. The dividend rate, liquidation value and redemption schedule of any preferred stock issues.  
Not Applicable
  - C. Dividend restrictions and an indication if the dividends are cumulative.  
No Significant Change
  - (D – I) Not Applicable
  - J. No Significant Change
  - (K – M) Not Applicable
- 14. Liabilities, Contingencies and Assessments**
  - A. Contingent Commitments  
Not Applicable
  - B. Assessments  
Not Applicable
  - C. Gain Contingencies  
Not Applicable
  - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
Not Applicable
  - E. Joint and Several Liabilities  
Not Applicable
  - F. All 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. Transfer 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. ASO Plans  
Not Applicable
  - B. ASC Plans  
Not Applicable

## Notes to Financial Statement

- C. Medicare or Similarly Structured 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. Fair Value Measurement Techniques and Inputs

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

The levels of the fair value hierarchy as defined by SSAP No. 100R, *Fair Value*, are as follows:

| Level Input                   | Definition   |
|-------------------------------|--|
| <i>Level 1 –</i>              | Inputs are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.   |
| <i>Level 2 –</i>              | Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves. |
| <i>Level 3 –</i>              | Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.                                     |
| <i>Net Asset Value (NAV)-</i> | NAV per share is the amount of net assets attributable to each share of capital stock (other than senior equity securities, that is, preferred stock) outstanding at the close of the period. It excludes the effects of assuming conversion of outstanding convertible securities, whether or not their conversion would have a diluting effect.            |

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

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

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

- (1) The following table summarizes fair value measurements by level as of March 31, 2021 for assets carried at fair value:

| Description of each class of asset | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total      |
|------------------------------------|-----------|-----------|-----------|-----------------------|------------|
| Money market mutual funds          | \$ -      | \$ -      | \$ -      | \$ 101,746            | \$ 101,746 |
| Total assets at fair value/NAV     | \$ -      | \$ -      | \$ -      | \$ 101,746            | \$ 101,746 |

- (2) – (5) Not Applicable

**Notes to Financial Statement**

B. Other Fair Value Disclosures  
Not Applicable

C. Fair Value of all Financial Instruments

The following table provides the aggregate fair value for all financial instruments by fair value hierarchy level as of March 31, 2021:

| Type of financial instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2)    | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|-----------|--------------|-----------|-----------------------|----------------------------------|
| Bonds                        | \$ 1,461,928         | \$ 1,388,565    | \$ -      | \$ 1,461,928 | \$ -      | \$ -                  | \$ -                             |
| Money market mutual funds    | 101,746              | 101,746         | -         | -            | -         | 101,746               | -                                |
| Total                        | \$ 1,563,674         | \$ 1,490,311    | \$ -      | \$ 1,461,928 | \$ -      | \$ 101,746            | \$ -                             |

D. Explanation if Fair Value is Not Practicable  
Not Applicable

E. Investments carried at NAV probable of being sold at amount different than NAV per share  
Not Applicable

**21. Other Items**

A. Unusual or Infrequent Items  
Not Applicable

B. Troubled Debt Restructuring  
Not Applicable

C. Other Disclosures  
Not Applicable

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. Insurance-Linked Securities (ILS) Contracts  
Not Applicable

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy  
Not Applicable

**22. Events Subsequent**

Management of the Company has evaluated all events occurring after March 31, 2021, through May 17, 2021, the date the statutory-basis financial statements were available to be issued, to determine whether any event required either recognition or disclosure in the statutory-basis financial statements. Based on this evaluation, no significant subsequent events occurred, other than those disclosed in the financial statements.

Type I – Recognized Subsequent Events:

Not Applicable

Type II – Nonrecognized Subsequent Events:

Not Applicable

**23. Reinsurance**

A. Ceded Reinsurance Report  
Not Applicable

B. Uncollectible Reinsurance  
Not Applicable

## **Notes to Financial Statement**

- C. **Commutation of Ceded Reinsurance**  
Not Applicable
- D. **Certified Reinsurer Rating Downgraded or Status Subject to Revocation**  
Not Applicable
- E. **Reinsurance Credit**  
Not Applicable
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**  
Not Applicable
- 25. Changes in Incurred Claims and Claim 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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[ ] No[X]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. N/A
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]  
If yes, complete and file the merger history data file with the NAIC.
- 4.2 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 |
|---------------------|------------------------|------------------------|
| .....               | .....                  | .....                  |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2017.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....
- 6.4 By what department or departments? .....  
New Mexico Office of Superintendent of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information Yes[ ] No[X]  
N/A
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.].

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB       | 4<br>OCC       | 5<br>FDIC      | 6<br>SEC       |
|---------------------|-----------------------------|----------------|----------------|----------------|----------------|
| .....               | .....                       | ..... No ..... | ..... No ..... | ..... No ..... | ..... No ..... |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[X] No[ ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
The Company's Code of Business Ethics and Conduct is reviewed annually, typically during the fourth quarter of each year. Any admendments are approved by the Board of Directors and are distributed to all employees including senior management.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
  
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0



## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]
- 14.2 If yes, please complete the following:

|   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   |  |   |
| 14.22 Preferred Stock .....   |  |   |
| 14.23 Common Stock .....  |  |   |
| 14.24 Short-Term Investments .....  |  |   |
| 14.25 Mortgages Loans on Real Estate .....  |  |   |
| 14.26 All Other .....   |  |   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... |  |   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       |  |   |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]  
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page \$ ..... 0

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address                            |
|---------------------------|---|
| Northern Trust Bank ..... | 50 South LaSalle Street, Chicago, IL, 60603 ..... |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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 |
|---------------------------------|------------------|
| Nathan William Linsley .....    | I .....          |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [X]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No [ ]
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

## **GENERAL INTERROGATORIES (Continued)**

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- |   |              |
|---|--------------|
| 1. Operating Percentages:   |              |
| 1.1 A&H loss percent  | ..... 0.000% |
| 1.2 A&H cost containment percent  | ..... 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 0.000% |
| 2.1 Do you act as a custodian for health savings accounts?  | Yes[ ] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.   | \$..... 0    |
| 2.3 Do you act as an administrator for health savings accounts?   | Yes[ ] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date.  | \$..... 0    |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?   | Yes[ ] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[ ] No[X] |

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Effective<br>Date | 4<br>Name of Reinsurer | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type of<br>Reinsurance<br>Ceded | 7<br>Type of<br>Business<br>Ceded | 8<br>Type of<br>Reinsurer | 9<br>Certified<br>Reinsurer Rating<br>(1 through 6) | 10<br>Effective Date<br>of Certified<br>Reinsurer Rating |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------|---|--|
| <b>NONE</b>                  |                   |                        |                        |                                  |                                      |                                   |                           |   |  |
|                              |                   |                        |                        |                                  |                                      |                                   |                           |   |  |

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

| 1                           | State, Etc.   | Active Status (a) | Direct Business Only              |                           |                         |                     |   |   |                                 |                                |                              |
|-----------------------------|---|-------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|
|                             |   |                   | 2<br>Accident and Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>CHIP Title XXI | 6<br>Federal Employees Health Benefits Program Premiums | 7<br>Life and Annuity Premiums and Other Considerations | 8<br>Property/Casualty Premiums | 9<br>Total Columns 2 Through 8 | 10<br>Deposit-Type Contracts |
| 1.                          | Alabama (AL)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 2.                          | Alaska (AK)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 3.                          | Arizona (AZ)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 4.                          | Arkansas (AR)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 5.                          | California (CA)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 6.                          | Colorado (CO)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 7.                          | Connecticut (CT)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 8.                          | Delaware (DE)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 9.                          | District of Columbia (DC)                                     | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 10.                         | Florida (FL)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 11.                         | Georgia (GA)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 12.                         | Hawaii (HI)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 13.                         | Idaho (ID)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 14.                         | Illinois (IL)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 15.                         | Indiana (IN)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 16.                         | Iowa (IA)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 17.                         | Kansas (KS)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 18.                         | Kentucky (KY)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 19.                         | Louisiana (LA)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 20.                         | Maine (ME)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 21.                         | Maryland (MD)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 22.                         | Massachusetts (MA)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 23.                         | Michigan (MI)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 24.                         | Minnesota (MN)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 25.                         | Mississippi (MS)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 26.                         | Missouri (MO)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 27.                         | Montana (MT)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 28.                         | Nebraska (NE)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 29.                         | Nevada (NV)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 30.                         | New Hampshire (NH)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 31.                         | New Jersey (NJ)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 32.                         | New Mexico (NM)   | L                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 33.                         | New York (NY)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 34.                         | North Carolina (NC)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 35.                         | North Dakota (ND)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 36.                         | Ohio (OH)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 37.                         | Oklahoma (OK)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 38.                         | Oregon (OR)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 39.                         | Pennsylvania (PA)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 40.                         | Rhode Island (RI)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 41.                         | South Carolina (SC)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 42.                         | South Dakota (SD)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 43.                         | Tennessee (TN)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 44.                         | Texas (TX)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 45.                         | Utah (UT)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 46.                         | Vermont (VT)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 47.                         | Virginia (VA)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 48.                         | Washington (WA)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 49.                         | West Virginia (WV)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 50.                         | Wisconsin (WI)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 51.                         | Wyoming (WY)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 52.                         | American Samoa (AS)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 53.                         | Guam (GU)   | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 54.                         | Puerto Rico (PR)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 55.                         | U.S. Virgin Islands (VI)                                      | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 56.                         | Northern Mariana Islands (MP)                                 | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 57.                         | Canada (CAN)  | N                 |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58.                         | Aggregate other alien (OT)                                    | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 59.                         | Subtotal  | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 60.                         | Reporting entity contributions for Employee Benefit Plans     | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 61.                         | Total (Direct Business)                                       | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| <b>DETAILS OF WRITE-INS</b> |   |                   |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58001.                      |   | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58002.                      |   | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58003.                      |   | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58998.                      | Summary of remaining write-ins for Line 58 from overflow page | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58999.                      | TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | X X X             |                                   |                           |                         |                     |   |   |                                 |                                |                              |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

N - None of the above - Not allowed to write business in the state

1

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

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## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

### MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART

| COMPANY   | NAIC CODE | FEDERAL ID<br>NUMBERS | DOMICILED<br>STATE | PERCENTAGE OWNED<br>BY PARENT |
|---|-----------|-----------------------|--------------------|-------------------------------|
| HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | 70670     | 36-1236610            | IL                 |                               |
| DEARBORN LIFE INSURANCE COMPANY                                 | 71129     | 36-2598882            | IL                 | 100.00%                       |
| DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK            | 85090     | 22-3026145            | NY                 | 100.00%                       |
| DENTAL NETWORK OF AMERICA, LLC                                  |           | 36-3339483            | DE                 | 100.00%                       |
| DENTEMAX, LLC   |           | 38-2612298            | DE                 | 100.00%                       |
| DENTAL SOLUTIONS, INC.  |           | 20-1067299            | MI                 | 100.00%                       |
| HCSC PURCHASING, LLC  |           | 36-4186601            | DE                 | 100.00%                       |
| HCSC INSURANCE SERVICES COMPANY                                 | 78611     | 73-1350270            | IL                 | 100.00%                       |
| PRIME THERAPEUTICS LLC  |           | 26-0076803            | DE                 | 38.98%                        |
| AVAILITY, LLC   |           | 59-3715944            | DE                 | 20.95%                        |
| GHS INSURANCE COMPANY   | 29718     | 73-1507369            | OK                 | 100.00%                       |
| GHS GENERAL INSURANCE AGENCY, INC.                              |           | 73-1514691            | OK                 | 100.00%                       |
| GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINC'S HMO  | 11814     | 73-1191843            | OK                 | 100.00%                       |
| MEDECISION, INC.  |           | 23-2530889            | PA                 | 100.00%                       |
| CMH TECHNOLOGY SUBSIDIARY, LLC                                  |           | 82-4418148            | DE                 | 100.00%                       |
| GSJ HEALTH, LLC   |           | 80-0849331            | PA                 | 100.00%                       |
| TMA PRACTICEEDGE, LLC   |           | 20-5426675            | TX                 | 35.00%                        |
| HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE  |           | 27-4269034            | DE                 | 10.64%                        |
| INNOVISTA, LLC  |           | 30-0802612            | DE                 | 100.00%                       |
| GENESIS MEDICAL GROUP MANAGEMENT COMPANY, LLC.                  |           | 83-2055033            | TX                 | 49.00%                        |
| ESSENTIAL HEALTH PARTNERS, LLC                                  |           | 83-3093990            | IL                 | 33.33%                        |
| GENOVISTA HEALTH, LLC   |           | 83-4283301            | TX                 | 49.00%                        |
| PAK MEDICAL GROUP MANAGEMENT COMPANY, LLC                       |           | 84-2701059            | TX                 | 45.00%                        |
| SILVER CROSS MSO, LLC   |           | 85-3005773            | IL                 | 40.00%                        |
| TRIWEST ALLIANCE INC.   |           | 86-0813402            | DE                 | 16.74%                        |
| HCSC VENTURES, INC.   |           | 37-1789176            | DE                 | 100.00%                       |
| ALACURA HOLDINGS, INC. <sup>1</sup>                             |           | 83-2215567            | DE                 | 20.30%                        |
| AVALON HEALTH SERVICES, LLC                                     |           | 46-3019902            | DE                 | 19.45%                        |
| BLUECROSS BLUESHIELD VENTURES, INC.                             |           | 26-2930757            | DE                 | 21.55%                        |
| BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.                     |           | 26-2936839            | DE                 | 1.00%                         |
| BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.                     |           | 26-2936839            | DE                 | 21.34%                        |
| COGITATIVO, INC.  |           | 47-1692551            | DE                 | 18.93%                        |
| HCSC ITC, LLC   |           | 82-1682951            | DE                 | 100.00%                       |
| USB RETC FUND 2017-2, LLC                                       |           | 82-1285164            | DE                 | 100.00%                       |
| USB HTC FUND 2017-2, LLC  |           | 82-3349261            | DE                 | 100.00%                       |
| HCSC-SANITAS I, LLC   |           | 83-4213500            | TX                 | 40.00%                        |
| HEALTHBOX CHICAGO III LLC                                       |           | 47-0970280            | DE                 | 36.27%                        |
| SOLERA HEALTH, INC.   |           | 47-5298764            | DE                 | 12.76%                        |
| ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY               | 16013     | 61-1782332            | IL                 | 100.00%                       |
| BLUE CROSS AND BLUE SHIELD OF NEW MEXICO INSURANCE COMPANY      | 16359     | 38-3984430            | NM                 | 100.00%                       |

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

|  |       |            |    |         |
|--|-------|------------|----|---------|
| TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY | 15941 | 36-4836697 | TX | 100.00% |
| SOUTH WATER INSURANCE COMPANY                  |       | 84-2710924 | UT | 100.00% |
| HEALTH UTILITY NETWORK, INC.                   |       | 85-3193672 | DE | 14.29%  |
| CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.  |       | 75-2393811 | TX | 0.00%   |
| THE OKLAHOMA CARING FOUNDATION, INC.           |       | 73-1470846 | OK | 0.00%   |
| THE CARING FOUNDATION OF MONTANA, INC.         |       | 35-2613131 | MT | 0.00%   |
| PLANITES CREDIT UNION                          |       | 36-6057472 | IL | 0.00%   |
| LIFETIME FEDERAL CREDIT UNION                  |       | 75-6020171 | TX | 0.00%   |

<sup>1</sup>Includes 4.74% passive investment through private equity funds.

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14  | 15                               | 16      |
|------------|------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|---|----------------------------------|---------|
| Group Code | Group Name | NAIC Company Code | ID Number  | FEDERAL RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates                     | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person)                | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s)                    | Is an SCA Filing Required? (Y/N) | *       |
| 917        | HCSC GROUP | 70670             | 36-1236610 |              | 0000350793 |  | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | IL                   | UDP                              |   |  |  |   | N                                |         |
| 917        | HCSC GROUP | 71129             | 36-2598882 | 003857522    |            |  | DEARBORN LIFE INSURANCE COMPANY                                 | IL                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
| 917        | HCSC GROUP | 85090             | 22-3026145 |              |            |  | DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK            | NY                   | IA                               | DEARBORN LIFE INSURANCE COMPANY                                 | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 36-3339483 |              |            |  | DENTAL NETWORK OF AMERICA, LLC                                  | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 36-3339483 |              |            |  | DENTAL NETWORK OF AMERICA, LLC                                  | DE                   | NIA                              | DEARBORN LIFE INSURANCE COMPANY                                 | Board of Directors, Management   |  | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 38-2612298 |              |            |  | DENTEMAX, LLC   | DE                   | NIA                              | DENTAL NETWORK OF AMERICA, LLC                                  | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                | 0000001 |
|            |            | 00000             | 20-1067299 |              |            |  | DENTAL SOLUTIONS, INC.  | MI                   | NIA                              | DENTEMAX, LLC   | Ownership, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 36-4186601 |              |            |  | HCSC PURCHASING, LLC  | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                | 0000002 |
| 917        | HCSC GROUP | 78611             | 73-1350270 |              |            |  | HCSC INSURANCE SERVICES COMPANY                                 | IL                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 26-0076803 |              |            |  | PRIME THERAPEUTICS LLC  | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 39.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 59-3715944 |              |            |  | AVAILITY, LLC   | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 21.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
| 917        | HCSC GROUP | 29718             | 73-1507369 |              |            |  | GHS INSURANCE COMPANY   | OK                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 73-1514691 |              |            |  | GHS GENERAL INSURANCE AGENCY, INC.                              | OK                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8  | 9                    | 10                               | 11  | 12   | 13   | 14  | 15                               | 16 |
|------------|------------|-------------------|------------|--------------|------------|--|--|----------------------|----------------------------------|---|--|--|---|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number  | FEDERAL RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates                    | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person)                | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s)                    | Is an SCA Filing Required? (Y/N) | *  |
| 917        | HCSC GROUP | 11814             | 73-1191843 |              |            |  | GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO  | OK                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 23-2530889 |              | 0001367705 |  | MEDECISION, INC.   | PA                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y                                |    |
|            |            | 00000             | 82-4418148 |              |            |  | CMH TECHNOLOGY SUBSIDIARY, LLC                                 | DE                   | NIA                              | MEDECISION, INC.  | Ownership  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 80-0849331 |              |            |  | GSI HEALTH, LLC  | PA                   | NIA                              | MEDECISION, INC.  | Ownership  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 20-5426675 |              |            |  | TMA PRACTICEEDGE, LLC  | TX                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 35.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 27-4269034 |              | 0001508432 |  | HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 10.6                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 30-0802612 |              |            |  | INNOVISTA, LLC   | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 83-2055033 |              |            |  | GENESIS MEDICAL GROUP MANAGEMENT COMPANY, LLC                  | TX                   | NIA                              | INNOVISTA, LLC  | Ownership, Board of Directors  | 49.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 83-3093990 |              |            |  | ESSENTIAL HEALTH PARTNERS, LLC                                 | IL                   | NIA                              | INNOVISTA, LLC  | Ownership, Board of Directors  | 33.3                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 83-4283301 |              |            |  | GENOVISTA HEALTH, LLC  | TX                   | NIA                              | INNOVISTA, LLC  | Ownership, Board of Directors  | 49.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 84-2701059 |              |            |  | PAK MEDICAL GROUP MANAGEMENT COMPANY, LLC                      | TX                   | NIA                              | INNOVISTA, LLC  | Ownership, Board of Directors  | 45.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |
|            |            | 00000             | 85-3005773 |              |            |  | SILVER CROSS MSO, LLC  | IL                   | NIA                              | INNOVISTA, LLC  | Ownership, Board of Directors  | 40.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |    |

Q16.1

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2          | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14  | 15                               | 16      |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|---|--|--|---|----------------------------------|---------|
| Group Code | Group Name | NAIC Company Code | ID Number  | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person)                | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s)                    | Is an SCA Filing Required? (Y/N) | *       |
| Q162       |            | 00000             | 86-0813402 |              |     |  | TRIWEST ALLIANCE, INC.                      | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 16.7                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y                                |         |
|            |            | 00000             | 37-1789176 |              |     |  | HCSC VENTURES, INC.                         | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y                                |         |
|            |            | 00000             | 83-2215567 |              |     |  | ALACURA HOLDINGS, INC.                      | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 20.3                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y                                |         |
|            |            | 00000             | 46-3019902 |              |     |  | AVALON HEALTH SERVICES, LLC                 | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 19.5                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                | 0000007 |
|            |            | 00000             | 26-2930757 |              |     | 0001439779   | BLUECROSS BLUESHIELD VENTURES, INC.         | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 21.6                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 26-2936839 |              |     | 0001439778   | BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P. | DE                   | NIA                              | BLUECROSS BLUESHIELD VENTURES, INC.                             | Ownership, Management  | 1.0  | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 26-2936839 |              |     | 0001439778   | BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P. | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 21.3                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                | 0000003 |
|            |            | 00000             | 47-1692551 |              |     |  | COGITATIVO, INC                             | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 18.9                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                | 0000003 |
|            |            | 00000             | 82-1682951 |              |     |  | HCSC ITC, LLC                               | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 82-1285164 |              |     |  | USB RETC FUND 2017-2, LLC                   | DE                   | NIA                              | HCSC ITC, LLC   | Ownership  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 82-3349261 |              |     |  | USB HTC FUND 2017-2, LLC                    | DE                   | NIA                              | HCSC ITC, LLC   | Ownership  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |
|            |            | 00000             | 83-4213500 |              |     |  | HCSC-SANITAS I, LLC                         | TX                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 40.0                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N                                |         |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2          | 3                 | 4          | 5            | 6          | 7  | 8  | 9                    | 10                               | 11  | 12   | 13   | 14  | 15  | 16      |         |
|------------|------------|-------------------|------------|--------------|------------|--|--|----------------------|----------------------------------|---|--|--|---|---|---------|---------|
| Group Code | Group Name | NAIC Company Code | ID Number  | FEDERAL RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates                | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person)                | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s)                    | Is an SCA Filing Required? (Y/N)                                | *       |         |
| 917        | HCSC GROUP | 00000             | 47-0970280 |              | 0001612123 |  | HEALTHBOX CHICAGO III LLC                                  | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership  | 36.3                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 00000             | 47-5298764 |              |            |  | SOLERA HEALTH, INC.  | DE                   | NIA                              | HCSC VENTURES, INC.   | Ownership, Board of Directors  | 12.8                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 16013             | 61-1782332 |              |            |  | ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY          | IL                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 16359             | 38-3984430 |              |            |  | BLUE CROSS AND BLUE SHIELD OF NEW MEXICO INSURANCE COMPANY | NM                   | RE                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 15941             | 36-4836697 |              |            |  | TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY             | TX                   | IA                               | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 00000             | 84-2710924 |              |            |  | SOUTH WATER INSURANCE COMPANY                              | UT                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors, Management  | 100.0                                      | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N   |         |         |
|            |            | 00000             | 85-3193672 |              |            |  | HEALTH UTILITY NETWORK, INC.                               | DE                   | NIA                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Ownership, Board of Directors  | 14.3                                       | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y   | 0000004 |         |
|            |            | 00000             | 75-2393811 |              |            |  | CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.              | TX                   | OTH                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Board of Directors, Management   |  |   | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Y       |         |
|            |            | 00000             | 35-2613131 |              |            |  | THE CARING FOUNDATION OF MONTANA, INC.                     | MT                   | OTH                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Board of Directors, Management   |  |   | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N       | 0000004 |
|            |            | 00000             | 73-1470846 |              |            |  | THE OKLAHOMA CARING FOUNDATION, INC.                       | OK                   | OTH                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Board of Directors, Management   |  |   | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N       | 0000004 |
|            |            | 00000             | 36-6057472 |              |            |  | PLANITES CREDIT UNION                                      | IL                   | OTH                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Board of Directors, Management   |  |   | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N       | 0000005 |
|            |            | 00000             | 75-6020171 |              |            |  | LIFETIME FEDERAL CREDIT UNION                              | TX                   | OTH                              | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | Board of Directors, Management   |  |   | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | N       | 0000006 |

Q16.3

| Asterisk | Explanation   |
|----------|---|
| 0000001  | Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary ("DS") listed in Column 8 ..... |
| 0000002  | Ownership (shell company) .....   |
| 0000003  | Reflect direct ownership percentages only .....   |
| 0000004  | Majority of the directors are employees or directors of HCSC .....  |
| 0000005  | 7 of 11 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing .....  |
| 0000006  | All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support .....                                |
| 0000007  | Includes 4.74% passive investment through private equity funds. ....  |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**RESPONSE**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16359202136500001

2021

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A - VERIFICATION****Real Estate**

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

**NONE****SCHEDULE B - VERIFICATION****Mortgage Loans**

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....   |                   |                                      |
| 2. Cost of acquired:  |                   |                                      |
| 2.1 Actual cost at time of acquisition .....  |                   |                                      |
| 2.2 Additional investment made after acquisition .....  |                   |                                      |
| 3. Capitalized deferred interest and other .....  |                   |                                      |
| 4. Accrual of discount .....  |                   |                                      |
| 5. Unrealized valuation increase (decrease) .....   |                   |                                      |
| 6. Total gain (loss) on disposals .....   |                   |                                      |
| 7. Deduct amounts received on disposals .....   |                   |                                      |
| 8. Deduct amortization of premium and mortgage interest points .....  |                   |                                      |
| 9. Total foreign exchange change in book value/recorded investment .....  |                   |                                      |
| 10. Deduct current year's other-than-temporary impairment recognized .....  |                   |                                      |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) ..... |                   |                                      |
| 12. Total valuation allowance .....   |                   |                                      |
| 13. Subtotal (Line 11 plus Line 12) .....   |                   |                                      |
| 14. Deduct total nonadmitted amounts .....  |                   |                                      |
| 15. Statement value at end of current period (Line 13 minus Line 14) .....  |                   |                                      |

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

|  | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....                           | 1,387,793         | 1,384,722                            |
| 2. Cost of bonds and stocks acquired .....   |                   |                                      |
| 3. Accrual of discount .....   | 772               | 3,070                                |
| 4. Unrealized valuation increase (decrease) .....  |                   |                                      |
| 5. Total gain (loss) on disposals .....  |                   |                                      |
| 6. Deduct consideration for bonds and stocks disposed of .....   |                   |                                      |
| 7. Deduct amortization of premium .....  |                   |                                      |
| 8. Total foreign exchange change in book/adjusted carrying value .....   |                   |                                      |
| 9. Deduct current year's other-than-temporary impairment recognized .....                                      |                   |                                      |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....      |                   |                                      |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) ..... | 1,388,565         | 1,387,793                            |
| 12. Deduct total nonadmitted amounts .....   |                   |                                      |
| 13. Statement value at end of current period (Line 11 minus Line 12) .....                                     | 1,388,565         | 1,387,793                            |

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

| NAIC Designation                        | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | 2<br>Acquisitions<br>During Current<br>Quarter | 3<br>Dispositions<br>During Current<br>Quarter | 4<br>Non-Trading<br>Activity During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|---|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                            |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                     | 1,387,793   |  |  | 772  | 1,388,565   |  |   | 1,387,793   |
| 2. NAIC 2 (a) .....                     |   |  |  |  |   |  |   |   |
| 3. NAIC 3 (a) .....                     |   |  |  |  |   |  |   |   |
| 4. NAIC 4 (a) .....                     |   |  |  |  |   |  |   |   |
| 5. NAIC 5 (a) .....                     |   |  |  |  |   |  |   |   |
| 6. NAIC 6 (a) .....                     |   |  |  |  |   |  |   |   |
| 7. Total Bonds .....                    | 1,387,793   |  |  | 772  | 1,388,565   |  |   | 1,387,793   |
| <b>PREFERRED STOCK</b>                  |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                         |   |  |  |  |   |  |   |   |
| 9. NAIC 2 .....                         |   |  |  |  |   |  |   |   |
| 10. NAIC 3 .....                        |   |  |  |  |   |  |   |   |
| 11. NAIC 4 .....                        |   |  |  |  |   |  |   |   |
| 12. NAIC 5 .....                        |   |  |  |  |   |  |   |   |
| 13. NAIC 6 .....                        |   |  |  |  |   |  |   |   |
| 14. Total Preferred Stock .....         |   |  |  |  |   |  |   |   |
| 15. Total Bonds & Preferred Stock ..... | 1,387,793   |  |  | 772  | 1,388,565   |  |   | 1,387,793   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**SI03 Schedule DA Part 1 ..... NONE**

**SI03 Schedule DA Verification ..... NONE**

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

|     |  | 1            | 2                               |
|-----|--|--------------|---------------------------------|
|     |  | Year To Date | Prior Year Ended<br>December 31 |
| 1.  | Book/adjusted carrying value, December 31 of prior year .....  | 84,200       | 48,823                          |
| 2.  | Cost of cash equivalents acquired .....  | 17,546       | 35,377                          |
| 3.  | Accrual of discount .....  |              |                                 |
| 4.  | Unrealized valuation increase (decrease) .....   |              |                                 |
| 5.  | Total gain (loss) on disposals .....   |              |                                 |
| 6.  | Deduct consideration received on disposals .....   |              |                                 |
| 7.  | Deduct amortization of premium .....   |              |                                 |
| 8.  | Total foreign exchange change in book/adjusted carrying value .....                                      |              |                                 |
| 9.  | Deduct current year's other-than-temporary impairment recognized .....                                   |              |                                 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 +<br>3 + 4 + 5 - 6 - 7 + 8 - 9) ..... | 101,746      | 84,200                          |
| 11. | Deduct total nonadmitted amounts .....   |              |                                 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) .....                                   | 101,746      | 84,200                          |

|            |  |             |
|------------|--|-------------|
| <b>E01</b> | <b>Schedule A Part 2</b>   | <b>NONE</b> |
| <b>E01</b> | <b>Schedule A Part 3</b>   | <b>NONE</b> |
| <b>E02</b> | <b>Schedule B Part 2</b>   | <b>NONE</b> |
| <b>E02</b> | <b>Schedule B Part 3</b>   | <b>NONE</b> |
| <b>E03</b> | <b>Schedule BA Part 2</b>  | <b>NONE</b> |
| <b>E03</b> | <b>Schedule BA Part 3</b>  | <b>NONE</b> |
| <b>E04</b> | <b>Schedule D Part 3</b>   | <b>NONE</b> |
| <b>E05</b> | <b>Schedule D Part 4</b>   | <b>NONE</b> |
| <b>E06</b> | <b>Schedule DB Part A Section 1</b>  | <b>NONE</b> |
| <b>E07</b> | <b>Schedule DB Part B Section 1</b>  | <b>NONE</b> |
| <b>E08</b> | <b>Schedule DB Part D Section 1</b>  | <b>NONE</b> |
| <b>E09</b> | <b>Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b> | <b>NONE</b> |
| <b>E09</b> | <b>Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b> | <b>NONE</b> |
| <b>E10</b> | <b>Schedule DB Part E</b>  | <b>NONE</b> |
| <b>E11</b> | <b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>           | <b>NONE</b> |
| <b>E12</b> | <b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>           | <b>NONE</b> |

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

| 1<br>Depository  |  | 2<br>Code | 3<br>Rate of Interest | 4<br>Amount of Interest Received During Current Quarter | 5<br>Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter |                   |                  | 9<br>* |
|--|--|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
|  |  |           |                       |   |   | 6<br>First Month   | 7<br>Second Month | 8<br>Third Month |        |
| <b>open depositories</b>   |  |           |                       |   |   |  |                   |                  |        |
| PNC Bank .....   | 1 Financial Pkwy,<br>Kalamazoo, MI 49009 ..... |           |                       |   |   | 36,923   | 36,923            | 29,117           | X X X  |
| 0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories      |  | X X X     | X X X                 |   |   |  |                   |                  | X X X  |
| 0199999 Totals - Open Depositories .....   |  | X X X     | X X X                 |   |   | 36,923   | 36,923            | 29,117           | X X X  |
| 0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories |  | X X X     | X X X                 |   |   |  |                   |                  | X X X  |
| 0299999 Totals - Suspended Depositories .....  |  | X X X     | X X X                 |   |   |  |                   |                  | X X X  |
| 0399999 Total Cash On Deposit .....  |  | X X X     | X X X                 |   |   | 36,923   | 36,923            | 29,117           | X X X  |
| 0499999 Cash in Company's Office .....   |  | X X X     | X X X                 | X X X   | X X X   |  |                   |                  | X X X  |
| 0599999 Total Cash .....   |  | X X X     | X X X                 |   |   | 36,923   | 36,923            | 29,117           | X X X  |

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1  | 2  | 3    | 4                | 5                | 6             | 7                            | 8                                | 9                           |
|--|--|------|------------------|------------------|---------------|------------------------------|----------------------------------|-----------------------------|
| CUSIP                                      | Description  | Code | Date Acquired    | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| <b>All Other Money Market Mutual Funds</b> |  |      |                  |                  |               |                              |                                  |                             |
| . 665278701 .                              | NORTHERN INST:US GS SHS .....                        |      | 03/01/2021 ..... | 0.030 .....      | X X X .....   | 101,746 .....                | 2 .....                          | 6 .....                     |
| 8699999                                    | Subtotal - All Other Money Market Mutual Funds ..... |      |                  |                  |               | 101,746 .....                | 2 .....                          | 6 .....                     |
| 9999999                                    | Total Cash Equivalents .....                         |      |                  |                  |               | 101,746 .....                | 2 .....                          | 6 .....                     |

# Amended Statement Cover

## MERGER HISTORY

|   | 1      |
|---|--------|
| Description   | Amount |
| 1. Bonds (Assets C3 L1 PY Annual) .....                               | .....  |
| 2. Subtotals cash and invested assets (Assets C3 L12 PY Annual) ..... | .....  |
| 3. Total assets (Assets C3 L28 PY Annual) .....                       | .....  |
| 4. Total liabilities (Liabilities C3 L34 PY Annual) .....             | .....  |