

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

	ST. LUKE'S HEAL	TH PLAN, INC.	
NAIC Group Code	0000, 0000 NAIC Company Code	17255 Employer's ID Number 87-4765	682
·	(Current) (Prior)		
Organized under the Laws of	ID	State of Domicile or Port of Entry	/ ID
Country of Domicile	US		
Licensed as business type:	Health Maintenance Organization	Is HMO Federally Qualified?	NO
Incorporated/Organized	02/01/2022	Commenced Business	03/25/2022
Statutory Home Office	800 East Park Blvd	Boise, ID, US 83712	
Main Administrative Office	800 East Park Blvd		
	Boise, ID, US 83712	208-385-3162	
		(Telephone)	
Mail Address	800 East Park Blvd	Boise, ID, US 83712	
Primary Location of Books and			
Records	800 East Park Blvd		
	Boise, ID, US 83712	208-385-3162	
		(Telephone)	
Internet Website Address	www.StLukesHealthPlan.org		
Statutory Statement Contact	Marcus Scott McDonald	208-385-3165	
		(Telephone)	
	mcdonalma@slhs.org		
	(E-Mail)	(Fax)	
	OFFICE	RS .	
Matthew Benjamin Wolff, Preside		Benjamin James Keith, Secretary	
Marcus Scott McDonald, Treasur	er		
	OTHE	R	
Alan Tyler Vandagriff, Sr. Director	r Actuarial Services & Analytics		
	DIRECTORS OR	TDUSTEES	
Arthur Falk Oppenheimer	DIRECTORS ON	Matthew Benjamin Wolff	
Christopher William Roth		David Thomas Self	
· · · · · · · · · · · · · · · · · · ·		Karen Lenade Vauk	
Stephen Todd Cooper		Emily Rose Baker	
		Michael Lynn Hayhurst	
Douglas William Dammrose MD			
3			
Caran of Idoha			
State of Idaho			
County of Ada	SS		
The officers of this reporting entit	ty being duly sworn, each denose and say	that they are the described officers of said re	norting entity and that
		e the absolute property of the said reporting e	
		t, together with related exhibits, schedules an	
		ets and liabilities and of the condition and aff	
		tions therefrom for the period ended, and hav	
accordance with the NAIC Annua	I Statement Instructions and Accounting I	Practices and Procedures manual except to the	e extent that: (1) state
to the best of their information.	ures or regulations require differences in re	eporting not related to accounting practices a	nd procedures, according
includes the related corresponding	nowledge and belief, respectively. FUMNer	more, the scope of this attestation by the desc uired, that is an exact copy (except for format	ting differences due to
electronic filing) of the enclosed	statement. The electronic filing may be rec	quested by various regulators in lieu of or in a	ddition to the enclosed
statement	the second many may be rec	Table of the a	data of the effetosed

Subscribed and sworn to before me 20+1

Matthew Benjamin Wolff

President

_ day of

a. Is this an original filing? Yes

b. If no:

Marcus Scott McDonald

Treasurer

1. State the amendment number:

Benjamin James Keith

2. Date filed:

3. Number of pages attached:

ASSETS

Current Year 1 2 3 Net Adm Nonadmitted Assets Assets Assets Cols. 7	nitted ets Net Admitt Assets 79,279 24,497	itted
Net Adm Assets Assets Assets 1. Bonds (Schedule D) 2. Stocks (Schedule D): 2.1 Preferred stocks 2.2 Common stocks 3. Mortgage loans on real estate (Schedule B):	nitted ets Net Admitt Assets 79,279 24,497	
Assets Assets Assets (Cols. 1) Bonds (Schedule D)	ets Net Admitt 1 - 2) Assets 579,279 24,497	
1. Bonds (Schedule D)	037,124	
2. Stocks (Schedule D): 2.1 Preferred stocks 2.2 Common stocks 3. Mortgage loans on real estate (Schedule B):	037,124	7 324
2.1 Preferred stocks 2.2 Common stocks 3. Mortgage loans on real estate (Schedule B):	037,124	// ,UZ-1
2.2 Common stocks 4,037,124 4,037,124 4,037,124 4,037,124	037,124	
3. Mortgage loans on real estate (Schedule B):		
3.2 Other than first liens		
4. Real estate (Schedule A):		
4.1 Properties occupied by the company (less \$ encumbrances)		
4.2 Properties held for the production of income (less \$ encumbrances)		
4.3 Properties held for sale (less \$ encumbrances)		
5. Cash (\$8.933.952, Schedule E - Part 1), cash equivalents (\$6.614.447.		
Schedule E - Part 2) and short-term investments (\$11,069,785, Schedule DA)	5,905)5,058
6. Contract loans (including \$ premium notes)		
7. Derivatives (Schedule DB)		
8. Other invested assets (Schedule BA)		
9. Receivables for securities	14	14,615
10. Securities lending reinvested collateral assets (Schedule DL)		
11. Aggregate write-ins for invested assets		
12. Subtotals, cash and invested assets (Lines 1 to 11) 52,334,588 52,334,588	334,588 30,416	16,997
13. Title plants less \$ charged off (for Title insurers only)		
14. Investment income due and accrued 334,465	334,465 247	47,822
15. Premiums and considerations:	,	,
15.1 Uncollected premiums and agents' balances in the course of collection	552.084 1.647	47.059
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)		
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)		
16. Reinsurance:		
16.1 Amounts recoverable from reinsurers)67,490 918	18,600
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 217,143 217,143		
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 252,548		
21. Furniture and equipment, including health care delivery assets (\$)		
22. Net adjustment in assets and liabilities due to foreign exchange rates		
23. Receivables from parent, subsidiaries and affiliates		
24. Health care (\$6,566,380) and other amounts receivable		
25. Aggregate write-ins for other-than-invested assets	279,487	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 63,834,986 383,349 63,4	151,637 35,542	12,271
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	451,637 35,542	12,271
Details of Write-Ins		
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. Prepaid expenses 130,801		
2502. Other Accounts Receivable	279,487	
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	279,487	

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AN		Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)			8,277,136	
2.	Accrued medical incentive pool and bonus amounts.				
3.	Unpaid claims adjustment expenses				
	Aggregate health policy reserves, including the liability of \$ for medical loss	/ 12,490		712,490	409,004
٦.	ratio rebate per the Public Health Service Act	11 667 808		11 667 808	6 229 833
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves.				
	Aggregate health claim reserves.				
7. 8.	Premiums received in advance				
9.	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon (including	1,127,000		1,127,000	303,704
10.1	\$ on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	77 002		77 002	70.060
12.	Amounts withheld or retained for the account of others	//,003			70,000
	Remittances and items not allocated				
14.	Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15.	Amounts due to parent, subsidiaries and affiliates				
	Derivatives				
	Payable for securities.				
	Payable for securities lending.				
	Funds hold under reincurance treation (with \$authorized reincurers \$				
19.	unauthorized reinsurers and \$ certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
	Aggregate write-ins for other liabilities (including \$255,562 current)				
24.	Total liabilities (Lines 1 to 23)	31.101.578		31.101.578	
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
	Common capital stock				
	Preferred capital stock				
	Gross paid in and contributed surplus				
	Surplus notes				
	Aggregate write-ins for other-than-special surplus funds				
	Unassigned funds (surplus).				
	Less treasury stock, at cost:			(34,042,241)	(13,372,040
32.	32.1 shares common (value included in Line 26 \$)	XXX	xxx		
	32.2 shares preferred (value included in Line 27 \$)		XXX		
22				20.050.050	17 407 1 50
	Total capital and surplus (Lines 25 to 31 minus Line 32)		XXX		17,427,152
	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	63,451,637	35,542,271
	s of Write-Ins				
	Amounts due members and CMS			-	237,911
	Deferred rent	· ·		50,273	62,281
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)			255,562	300,192
2501.			XXX		
			XXX		
2503.			XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
	, , , , , , , , , , , , , , , , , , , ,	XXX	XXX		
			XXX		
			XXX		
	Summary of remaining write-ins for Line 30 from overflow page		XXXXX		
	· · · · · · · · · · · · · · · · · · ·		XXX		
JU99.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	ХХХ		

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AND EXPENS	Curren	t Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months.			
1. 2.	Net premium income (including \$ non-health premium income)			
2. 3.	Change in unearned premium reserves and reserve for rate credits.			
3. 4.	Fee-for-service (net of \$ medical expenses)			
4. 5.	Risk revenue.			
5. 6.	Aggregate write-ins for other health care related revenues.			
7.	Aggregate write-ins for other non-health revenues.			
7. 8.	Total revenues (Lines 2 to 7)		36,036,712	
	ital and Medical:		30,030,712	10,320,274
по ъ р 9.	Hospital/medical benefits		21 105 226	0 259 160
9. 10.	Other professional services			
11.	Outside referrals.			
11. 12.	Emergency room and out-of-area			
12. 13.	Prescription drugs			
13. 14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
15. 16.	Subtotal (Lines 9 to 15)			
			35,427,496	15,/54,33/
Less:			E 474 00E	1 272 742
17. 18.	Net reinsurance recoveries. Total hospital and medical (Lines 16 minus 17).			
	Non-health claims (net)			
19.	` '			
20.	Claims adjustment expenses, including \$1,709,065 cost containment expenses			
21. 22.	General administrative expenses		13,479,435	9,385,720
22.	for life only)		4 100 000	5 200 000
23.	Total underwriting deductions (Lines 18 through 22)			
23. 24.	Net underwriting gain or (loss) (Lines 8 minus 23)	VVV	(14764704)	(1.4.500.066)
	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
25.				
26. 27.	Net realized capital gains (losses) less capital gains tax of \$1,646			
27. 28.	Net investment gains (losses) (Lines 25 plus 26)		(4/0,315)	(400,/91)
	(amount charged off \$)].			
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)	XXX	(15.235.039)	(14.901.057)
31.	Federal and foreign income taxes incurred			
	Net income (loss) (Lines 30 minus 31)		(15,233,393)	
	ls of Write-Ins		(10,200,050)	(1 1,055,705)
	o o mile iiio	xxx		
		XXX		
		XXX		
	Summary of remaining write-ins for Line 6 from overflow page			
	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)			
	Totalo (Eliteo oco i timoagii ocoo piao ocoo) (Elite o abovo)	XXX		
		XXX		
		XXX		
	Summary of remaining write-ins for Line 7 from overflow page	XXX		
	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
	Totale (Ellies of a Fundagill of so place of you) (Ellie Fundagill of so place of you			
	Summary of remaining write-ins for Line 14 from overflow page			
	. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
	Totals (Lines 1401 tillough 1405 plus 1496) (Line 14 above)			
2902				
	Summary of remaining write-ins for Line 29 from overflow page			
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			
ムップソ	. Totals (Lines 2301 tillough 2300 plus 2330) (Line 23 above).			

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2
	CAPITAL & SURPLUS ACCOUNT	Current Year	Prior Year
33.	Capital and surplus prior reporting year	17,427,152	31,982,691
34.	Net income or (loss) from Line 32	(15,233,393)	(14,899,769
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(49,631)	
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	205,930	344,230
40.	Change in unauthorized and certified reinsurance.		
41.	Change in treasury stock		
42.	Change in surplus notes	30,000,000	–
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)	14,922,905	(14,555,539
49.	Capital and surplus end of reporting year (Line 33 plus 48)	32,350,058	17,427,152
Deta	nils of Write-Ins		
470°	1		
4702	2		
4703	3		
	8. Summary of remaining write-ins for Line 47 from overflow page		
	9. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	CASH FLOW		
		1	2
		Current Year	Prior Year
	Cash from Operations		
	Premiums collected net of reinsurance		
	Net investment income	1 ' 1	, ,
	Miscellaneous income		
	Total (Lines 1 to 3)		
5.	Benefit and loss related payments	31,089,080	16,184,161
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	Commissions, expenses paid and aggregate write-ins for deductions.		
	Dividends paid to policyholders		
	Federal and foreign income taxes paid (recovered) net of \$1,646 tax on capital gains (losses)		
	Total (Lines 5 through 9)		
11.	Net cash from operations (Line 4 minus Line 10)	(10,338,330)	(4,148,152)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	12,605,155	6,148,673
•	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	631	
	12.7 Miscellaneous proceeds	23,134	–
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,628,920	6,148,673
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	9,430,759	25,938,742
•	13.2 Stocks	4,086,755	
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		14,615
	13.7 Total investments acquired (Lines 13.1 to 13.6)	13,517,515	25,953,357
14.	Net increase / (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(888,594)	(19,804,684)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	30,000,000	
•	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)	1,940,048	524,718
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	31,940,048	524,718
	Reconciliation of Cash, Cash Equivalents and Short-Term Investments		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	20,713,124	(23,428,118)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	5,905,058	29,333,177
	19.2 End of year (Line 18 plus Line 19.1)	26,618,182	5,905,059

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

20.0001.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	ANALISIS OF OPERATIONS BY LINES OF BUSINESS														
		1	Comprehensive Medic		4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health Benefits	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
1.	Net premium income	36,036,712	31,573,683	4,463,029											
2.	Change in unearned premium reserves and reserve for rate credit														
3.	Fee-for-service (net of \$ medical expenses)														XXX
4. 5.	Risk revenue														XXX
5. 6.	Aggregate write-ins for other nearth care related revenues.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	
7	Total revenues (Lines 1 to 6)	36,036,712	31,573,683	4,463,029											
8.	Hospital/medical benefits	21,195,226	19,345,814	1,849,413											XXX
9.	Other professional services	4,833,613	4,369,199	464,414											XXX
10.	Outside referrals	1,377,484	1,298,732	78,752											XXX
11.	Emergency room and out-of-area	2,357,254	1,972,628	384,626											XXX
12.	Prescription drugs	5,663,919	5,096,316	567,603											XXX
13.	Aggregate write-ins for other hospital and medical														XXX
14.	Incentive pool, withhold adjustments and bonus amounts														XXX
15.	Subtotal (Lines 8 to 14)	35,427,496	32,082,688	3,344,808											XXX
16.	Net reinsurance recoveries	5,474,985	5,474,985												XXX
17.	,	29,952,510	26,607,703	3,344,808											XXX
18.	Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including \$1,709,065 cost containment expenses.	3,269,490	2,864,574	404,916											
20.	General administrative expenses	13,479,435	11,810,051	1,669,384											
21.	Increase in reserves for accident and health contracts	4,100,000	3,592,228	507,772											XXX
22.	Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	50,801,436	44,874,557	5,926,879											
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(14,764,724)	(13,300,874)	(1,463,850).											
Det	ails of Write-Ins														
050															XXX
050															XXX
050															XXX
	8. Summary of remaining write-ins for Line 5 from overflow page														XXX
	9. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)			ww	ww	WW		VVV	VVV	VVV	VVV	VVV	vvv	ww	XXX
060			XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
060			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	8. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	9. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
130										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	XXX
130															XXX
130															XXX
139	8. Summary of remaining write-ins for Line 13 from overflow page														XXX
	9. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
Comprehensive (hospital and medical) individual			684,194	31,573,683
2. Comprehensive (hospital and medical) group	4,512,974		49,945	4,463,029
3. Medicare Supplement				
4. Vision only				
5. Dental only				
6. Federal Employees Health Benefits Plan				
7. Title XVIII - Medicare				
8. Title XIX - Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health				
13. Health subtotal (Lines 1 through 12)			734,139	36,036,712
14. Life				
15. Property/casualty				
			734,139	

Annual Statement for the Year 2024 of the St. Luke's Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

Comprehensive (Hospital & Medical) Comprehensive (Hospital & Medical) Payments during the year. Total Individual Group Supplement Vision Only Dental Only Plan Medicare Employees Health Benefits Title XVIII Title XIX Medicare Medic		Other Health	Other Non-Health
Payments during the year: 1		Other Health	
Payments during the year:	Long-Term Care	Other Health	Health
1.1 Direct 1.2 Reinsurance assumed 1.3 Reinsurance ceded 5,326,095 1.4 Net 31,089,080 2,8637,917 2,451,163 3,964,013 2,451,163 3,964,013 3,1,094,090 3,1,0094,090			
1.3 Reinsurance ceded 5,326,095 5,326,095 1.4 Net 31,089,080 28,637,917 2,451,163 2. Paid medical incentive pools and bonuses 3. Claim liability December 31, current year from Part 2A: 8,277,136 7,609,670 667,466 3.1 Direct 8,277,136 7,609,670 667,466 3.2 Reinsurance assumed 3.3 Reinsurance ceded 3.4 Net 8,277,136 7,609,670 667,466 4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 4.2 Reinsurance assumed 4.3 Reinsurance assumed 4.4 Net 4.5 Accrued medical incentive pools and bonuses, current year 5. Accrued medical incentive pools and bonuses, current year 6. Net health care receivables (a) 4,449,782 7. Amounts recoverable from reinsurers December 31, current year 8. Direct 8. Direct 8. Direct 8. Direct 8. Direct 8. Reinsurance assumed 4. Ap(5,780 4. Ap(5,780 4. Ap(5,780 5. Reinsurance assumed 8. Direct 8. Direct 8. Direct 8. Reinsurance assumed 9. Seinsurance assumed 9. Seinsurance assumed 9. Seinsurance assumed 9. Seinsurance assumed 9. Seinsurance assumed 9. Seinsurance assumed			
1.4 Net			
2. Paid medical incentive pools and bonuses			
3.1 Direct 8,277,136 7,609,670 667,466			
3.3 Reinsurance ceded			
4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 4.2 Reinsurance assumed 4.3 Reinsurance ceded 4.4 Net 5. Accrued medical incentive pools and bonuses, current year 4.849,782 6. Net health care receivables (a) 4,849,782 7. Amounts recoverable from reinsurers December 31, current year 1,067,490 8. Claim liability December 31, prior year from Part 2A: 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed 4,415,033 4,365,780 49,252			
4.3 Reinsurance ceded 4.4 Net <t< th=""><td></td><td></td><td></td></t<>			
4.4 Net 5. Accrued medical incentive pools and bonuses, current year 6. Net health care receivables (a) 4,849,782 5,123,637 (273,855) 7. Amounts recoverable from reinsurers December 31, current year 1,067,490 1,067,490 8. Claim liability December 31, prior year from Part 2A: 4,415,033 4,365,780 49,252 8.1 Direct 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed 4,415,033 4,365,780			
5. Accrued medical incentive pools and bonuses, current year 6. Net health care receivables (a)			
6. Net health care receivables (a) 4,849,782 5,123,637 (273,855) 7. Amounts recoverable from reinsurers December 31, current year 1,067,490 1,067,490 8. Claim liability December 31, prior year from Part 2A: 8.1 Direct 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed			
7. Amounts recoverable from reinsurers December 31, current year 1,067,490 1,067,490 8. Claim liability December 31, prior year from Part 2A: 8.1 Direct 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed			
8. Claim liability December 31, prior year from Part 2A: 8.1 Direct 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed 4,415,033			
8.1 Direct 4,415,033 4,365,780 49,252 8.2 Reinsurance assumed 4,415,033 4,365,780 49,252			
8.2 Reinsurance assumed			
0.0 Delinous and d			
8.3 Reinsurance ceded			
8.4 Net 4,415,033 4,365,780 49,252 ———————————————————————————————————			
9. Claim reserve December 31, prior year from Part 2D:			
9.1 Direct			
9.2 Reinsurance assumed			
9.3 Reinsurance ceded			
9.4 Net			
10. Accrued medical incentive pools and bonuses, prior year 11. Amounts recoverable from reinsurers December 31, prior year 918,600 918,600			
11. Amounts recoverable from reinsurers December 31, prior year 918,600 918,600 918,600			
12.1 Direct 35,427,496 32,084,266 3,343,230			
12.1 Direct 33,427,490 32,004,200 3,343,230 12.2 Reinsurance assumed			
12.3 Reinsurance ceded 5,474,985 5,474,985			
12.4 Net 29,952,510 26,609,280 3,343,230			
13. Incurred medical incentive pools and bonuses.			

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

				LAIN	ZA OLAIIVIO	LIADILITEIN	D OI OOMMEN	II ILAN	_			_		_	
		1	Comprehensi Med	ve (Hospital & ical)	4	5	6	7 Federal	8	9	10	11	12	13	14
			2	3	Medicare			Employees Health Benefits	Title XVIII	Title XIX		Disability			Other Non-
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Medicare	Medicaid	Credit A&H	Income	Long-Term Care	Other Health	Health
1. Rep	orted in Process of Adjustment: Direct	360,517	304,850	55,667											
1.2 1.3	Reinsurance assumed Reinsurance ceded														
1.4	Net	360,517	304,850	55,667											
2. Inc. 2.1 2.2 2.3	urred but Unreported: Direct Reinsurance assumed Reinsurance ceded	7,916,619	7,304,821	611,799											
2.4	Net	7,916,619	7,304,821	611,799											
3. Amo 3.1 3.2 3.3 3.4	ounts Withheld from Paid Claims and Capitations: Direct Reinsurance assumed Reinsurance ceded Net														
4. TO 4.1 4.2	ALS: DirectReinsurance assumed	8,277,136	7,609,670	667,466											
4.3 4.4	Reinsurance ceded	8,277,136	7,609,670	667,466											

Annual Statement for the Year 2024 of the St. Luke's Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

				Claim Paganya and Claim	Liability December 31 of	5	6
		Olaima Daid D	in a th a Valar			3	O
		Claims Paid During the Year		Currei	nt Year		
		1	2	3	4		F .: . 101 : D
							Estimated Claim Reserve
			On Claims Incurred During		On Claims Incurred During		and Claim Liability
	Line of Business	January 1 of Current Year		December 31 of Prior Year		` ,	December 31 of Prior Year
1.	Comprehensive (hospital and medical) individual	3,085,867	27,115,956	31,638	7,578,033	3,117,505	4,365,780
2.	Comprehensive (hospital and medical) group	(7,781).	2,545,986	239	667,226	(7,542)	49,252
3.	Medicare Supplement						
4.	Vision Only						
5.	Dental Only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)	3,078,087	29,661,942		8,245,259	3,109,964	4,415,033
14.	Health care receivables (a)				6,566,380	241,544	1,716,598
15.	Other non-health						
16.	Medical incentive pools and bonus amounts						
17.	Totals (Lines 13 - 14 + 15 + 16)	2,836,542	28,103,647		1,678,879	2,868,419	2,698,435

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

GRAND TOTAL

Section A - Paid Health Claims

		Cumulative Net Amounts Paid											
	1	2	3	4	5								
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024								
1. Prior													
2. 2020													
3. 2021	XXX												
4. 2022	XXX	XXX											
5. 2023	XXX	XXX	XXX										
6. 2024	xxx	XXX	xxx	XXX									

Section B - Incurred Health Claims

		Sum o	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year										
		1	2	3	4	5							
Ye	ar in Which Losses Were Incurred	2020	2021	2022	2023	2024							
1.	Prior												
2.	2020												
3.	2021	XXX											
4	2022	XXX	XXX										
5.	2023	XXX	XXX	XXX		14,551							
6.	2024	XXX	XXX	xxx	XXX								

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments		Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020										
2.	2021										
3.	2022										
4.	2023	16,520	14,519	1,958	13.488		99.738	32	3	16,512	99.947
5.	2024		28,104	2,613	9.298	30,717	85.237	8,245	710		110.087

UNDERWRITING AND INVESTMENT EXHIBIT

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

HOSPITAL & MEDICAL

Section A - Paid Health Claims

		Cumulative Net Amounts Paid										
	1	2	3	4	5							
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024							
1. Prior												
2. 2020												
3. 2021	XXX											
4. 2022	XXX	XXX										
5. 2023	XXX	XXX	XXX		14.519							
6. 2024	xxx	xxx	xxx	xxx	28,104							

Section B - Incurred Health Claims

		Sum o	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year											
		1	2	3	4	5								
	Year in Which Losses Were Incurred	2020	2021	2022	2023	2024								
1	. Prior													
2	. 2020													
3	. 2021	XXX												
2	. 2022	XXX	XXX											
5	. 2023	XXX	XXX	XXX										
6	. 2024	XXX	XXX	XXX	xxx									

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020										
2.	2021										
3.	2022										
4.	2023	16,520	14,519	1,958	13.488		99.738	32	3	16,512	99.947
5.	2024	36,037	28,104	2,613	9.298	30,717	85.237	8,245	710	39,672	110.087

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UNDERWRITING AND INVESTMENT EXHIBIT

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

MEDICARE SUPPLEMENT

Section A - Paid Health Claims

			555	ara Freditir Glairio		
		1	2	3	4	5
,	Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	xxx			
5.	2023	XXX	XXX	XXX		
6.	2024	XXX	XXX	XXX	xxx	

Section B - Incurred Health Claims

	Sum (of Cumulative Net Amount Paid and Claim	Liability, Claim Reserve and Medical Incenti	ive Pool and Bonuses Outstanding at End o	of Year
	1	2	3	4	5
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	. 2020										
2	. 2021										
3	. 2022										
4	. 2023										
5	. 2024										

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UNDERWRITING AND INVESTMENT EXHIBIT

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

DENTAL ONLY

Section A - Paid Health Claims

		5554.51.71	ulu i lealtii Glaiille							
	Cumulative Net Amounts Paid									
	1	2	3	4	5					
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024					
1. Prior										
2. 2020										
3. 2021	XXX									
4. 2022	XXX	XXX								
5. 2023	XXX	XXX	XXX							
6. 2024	xxx	xxx	xxx	xxx						

Section B - Incurred Health Claims

	Sum (of Cumulative Net Amount Paid and Claim	Liability, Claim Reserve and Medical Incenti	ive Pool and Bonuses Outstanding at End o	of Year
	1	2	3	4	5
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020										
2.	2021				NC	NIE					
4.	2023										
5.	2024										

UNDERWRITING AND INVESTMENT EXHIBIT

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

VISION ONLY

Section A - Paid Health Claims

		5554.51.71	ulu i lealtii Glaiille							
	Cumulative Net Amounts Paid									
	1	2	3	4	5					
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024					
1. Prior										
2. 2020										
3. 2021	XXX									
4. 2022	XXX	XXX								
5. 2023	XXX	XXX	XXX							
6. 2024	xxx	xxx	xxx	xxx						

Section B - Incurred Health Claims

		Sum o	of Cumulative Net Amount Paid and Claim I	Liability, Claim Reserve and Medical Incenti	ve Pool and Bonuses Outstanding at End o	of Year
		1	2	3	4	5
,	ear in Which Losses Were Incurred	2020	2021	2022	2023	2024
1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	2024	XXX	XXX	XXX	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments		Claim and Claim Adjustment Expense Payments (Col. 2+3)		Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	2020		· · · · · · · · · · · · · · · · · · ·	,	, ,		, ,	'		, ,	, ,
2	2021										
3	2022										
4	2023										
5	2024										

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UNDERWRITING AND INVESTMENT EXHIBIT

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

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A - Paid Health Claims

		Cumulative Net Amounts Paid									
	1	2	3	4	5						
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024						
1. Prior											
2. 2020											
3. 2021	XXX										
4. 2022	XXX	XXX									
5. 2023	XXX	XXX	XXX								
6. 2024	XXX	XXX	XXX	XXX							

Section B - Incurred Health Claims

	Sum o	of Cumulative Net Amount Paid and Claim	Liability, Claim Reserve and Medical Incenti	ive Pool and Bonuses Outstanding at End c	of Year
	1	2	3	4	5
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	xxx	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments		Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	2020										
2	2021										
3	2022										
4	2023										
5	2024										

12.XV

UNDERWRITING AND INVESTMENT EXHIBIT

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

TITLE XVIII MEDICARE

Section A - Paid Health Claims

		555	ulu i lealtii Glaiille							
	Cumulative Net Amounts Paid									
	1	2	3	4	5					
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024					
1. Prior										
2. 2020										
3. 2021	XXX									
4. 2022	XXX	XXX								
5. 2023	XXX	XXX	XXX							
6. 2024	xxx	xxx	xxx	xxx						

Section B - Incurred Health Claims

		Sum o	of Cumulative Net Amount Paid and Claim I	Liability, Claim Reserve and Medical Incenti	ve Pool and Bonuses Outstanding at End o	of Year
		1	2	3	4	5
,	ear in Which Losses Were Incurred	2020	2021	2022	2023	2024
1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	2024	XXX	XXX	XXX	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	. 2020										
2	. 2021										
3	. 2022										
4	. 2023										
5	. 2024										

12.XI

UNDERWRITING AND INVESTMENT EXHIBIT

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

TITLE XIX MEDICAID

Section A - Paid Health Claims

		555	ulu i lealtii Glaiille							
	Cumulative Net Amounts Paid									
	1	2	3	4	5					
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024					
1. Prior										
2. 2020										
3. 2021	XXX									
4. 2022	XXX	XXX								
5. 2023	XXX	XXX	XXX							
6. 2024	xxx	xxx	xxx	xxx						

Section B - Incurred Health Claims

		Sum o	of Cumulative Net Amount Paid and Claim	Liability, Claim Reserve and Medical Incenti	ive Pool and Bonuses Outstanding at End o	of Year
		1	2	3	4	5
`	ear in Which Losses Were Incurred	2020	2021	2022	2023	2024
1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	2024	XXX	XXX	xxx	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	. 2020										
2	. 2021										
3	2022										
4	2023										
5	2024										

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UNDERWRITING AND INVESTMENT EXHIBIT

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

OTHER HEALTH

Section A - Paid Health Claims

		555	ulu i lealtii Glaiille							
	Cumulative Net Amounts Paid									
	1	2	3	4	5					
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024					
1. Prior										
2. 2020										
3. 2021	XXX									
4. 2022	XXX	XXX								
5. 2023	XXX	XXX	XXX							
6. 2024	xxx	xxx	xxx	xxx						

Section B - Incurred Health Claims

		Sum o	of Cumulative Net Amount Paid and Claim	Liability, Claim Reserve and Medical Incenti	ive Pool and Bonuses Outstanding at End o	of Year
		1	2	3	4	5
	Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	xxx			
5.	2023.	XXX	XXX	XXX		
6.	2024	XXX	XXX	XXX	XXX	

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1	. 2020										
2	. 2021										
3	. 2022										
4	. 2023										
5	. 2024										

Annual Statement for the Year 2024 of the St. Luke's Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY														
		1	Comprehensiv Medi		4	5	6	7 Federal	8	9	10	11	12	13
			2	3				Employees						
					Medicare			Health Benefits	Title XVIII	Title XIX		Disability		
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Medicare	Medicaid	Credit A&H	Income	Long-Term Care	Other
1.	Unearned premium reserves													
2.	Additional policy reserves (a)	9,400,000	8,235,841	1,164,159										
3.	Reserve for future contingent benefits													
4.	Reserve for rate credits or experience rating refunds (including \$ for investment income)													
5.	Aggregate write-ins for other policy reserves	2,267,809	2,276,250	(8,442)										
6.	Totals (gross)	11,667,809	10,512,091	1,155,718										
7.	Reinsurance ceded													
8.	Totals (Net) (Page 3, Line 4)	11,667,809	10,512,091	1,155,718										
9.	Present value of amounts not yet due on claims													
10.	Reserve for future contingent benefits													
11.	Aggregate write-ins for other claim reserves													
12.	Totals (gross)													
13.	Reinsurance ceded													
14.	Totals (Net) (Page 3, Line 7)													
Detail	s of Write-Ins													
0501.	ACA Risk Adjustment	2,267,809	2,276,250	(8,442)										
0502.	•													
0503.														
	Summary of remaining write-ins for Line 5 from overflow page													
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,267,809	2,276,250	(8,442)										
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)													

⁽a) Includes \$ 9,400,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	FANI 3 - AI	NALYSIS OF EXPER		-		-
		Claim Adjustm	nent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$ for occupancy of own building)	'				
2.	Salaries, wages and other benefits					
3.	Commissions (less \$ ceded plus \$ assumed)		0,000	897 290		897 290
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses					
8.	Marketing and advertising					
9.	Postage, express and telephone					
10.	Printing and office supplies.					
11.	Occupancy, depreciation and amortization.					
12.	Equipment					
	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate.					
17.	Collection and bank service charges					
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans	(1 205 020)		(1 020 225)	***************************************	(2 125 255
19. 20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes			/,058		7,058
23.	Taxes, licenses and fees: 23.1 State and local insurance taxes			100 710		100 710
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					
	23.4 Payroll taxes			609,509		609,509
	23.5 Other (excluding federal income and real estate taxes)					
	Investment expenses not included elsewhere					
	Aggregate write-ins for expenses					
26.	Total expenses incurred (Lines 1 to 25)	1,709,065	1,560,424	13,479,435	109,183	(a) 16,858,109
27.	Less expenses unpaid December 31, current year		712,496	5,602,098	***************************************	6,314,594
28.	Add expenses unpaid December 31, prior year		409,684	2,643,166		3,052,850
29.	Amounts receivable relating to uninsured plans, prior year Amounts receivable relating to uninsured plans, current year					
30.	Amounts receivable relating to uninsured plans, current year			157,118		
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).	1,769,090 .	1,257,612	10,677,622	109,183	13,813,508
	ls of Write-Ins					
	. Miscellaneous			299,947		299,947
	. Contributions			180,350		180,350
2503						
	.Summary of remaining write-ins for Line 25 from overflow page					
2599	. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			480,297		480,297

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)	56,036
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	1,070,400
1.3	Bonds of affiliates.	(a)	
2.1	Preferred stocks (unaffiliated).	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	78,236	86,755
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments.	(e) 633,855	676,987
7.	Derivative instruments		
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		(g)109,183
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)2,257,500
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15).		2,366,683
17.	Net investment income (Line 10 minus Line 16)		
Detai	ls of Write-Ins		(,,,,,,
0901			
0902			
	Summary of remaining write-ins for Line 9 from overflow page.		
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
	3		
	Summary of remaining write-ins for Line 15 from overflow page		
	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$358,305 accrual of discount less \$9,160 amortization of premium and less \$49,919 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes $\$ for company's occupancy of its own buildings; and excludes $\$ interest on encumbrances.
- (e) Includes \$339,361 accrual of discount less \$4,614 amortization of premium and less \$82,558 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes $\$ depreciation on real estate and $\$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	7,205		7,205		
1.3	Bonds of affiliates.					
2.1	Preferred stocks (unaffiliated).					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				(49,631)	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate.					
5.	Contract loans.					
6.	Cash, cash equivalents and short-term investments	631		631		
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	7,837		7,837	(49,631)	
Detail	ls of Write-Ins					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NONADMITTED ASSETS	1	1 2	
		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			
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			
	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			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other-than-invested assets	130,801		(130,801)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	383,349	589,279	205,930
	ls of Write-Ins			
1102				
1198	Summary of remaining write-ins for Line 11 from overflow page			
	. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
	Prepaid expenses			
2502				
2598	. Summary of remaining write-ins for Line 25 from overflow page			
	. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			(130,801)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			Total Members at End of			6
	1	2	3	4	5	
Source of Enrollment	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Current Year Member Months
Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	4,417	7,530		8,727	8,974	95,246
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	4,417	7,530		8,727	8,974	95,246
Details of Write-Ins						
0601						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)						

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

St. Luke's Health Plan, Inc. (Company) is a wholly owned subsidiary of St. Luke's Health System, Ltd. (Parent). The Company is a managed care organization (MCO) licensed by the Idaho Department of Insurance (Department). The Company received its Certificate of Authority on March 25, 2022. The Company's first health insurance policies were effective on January 1, 2023.

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Department. The Department recognizes only these statutory accounting and prescribed or permitted practices for determining and reporting an insurance company's financial condition and results of operations and for determining solvency under Idaho State 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 Idaho.

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

	SSAP#	F/S Page	F/S Line #	2024	2023
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$(15,233,393)	\$(14,899,769).
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$(15,233,393)	\$(14,899,769).
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 32,350,059	. \$ 17,427,152 .
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 32,350,059	\$ 17,427,152

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Estimates also affect the reported amounts of revenues and expenses during the reporting period. As additional information becomes available, or actual amounts are determinable, the recorded estimates are revised. Actual results could differ from these estimates.

C. Accounting Policy

Premium revenue is recognized during the month in which policyholder coverage is provided. The unrecognized portion of premium received is recorded as premium received in advance. All costs of acquiring new insurance business are charged to expense as incurred.

Additionally, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific amortization method.
- (3) Common stocks are stated at fair market value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, *Individual and Group Accident and Health Contracts*.
- (11) Unpaid losses and loss adjustment expenses may include an amount determined from individual case estimates and loss reports and an amount for losses incurred but not reported. Such liabilities are necessary based on assumptions and estimates. While management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates, and for establishing the resulting liability, are continually reviewed. Any adjustments to estimates are reflected in the period determined.
- (12) Changes in capitalization policy None
- (13) The Company recognized pharmacy rebates of \$1.7 million and \$0.1 million during the years ended December 31, 2024 and 2023, respectively, based on invoiced data and contractual agreements. The Company continues to expect to receive pharmaceutical rebates and will record rebates that are invoiced or confirmed in writing in accordance with SSAP No. 84, *Health Care and Government Insured Plan Receivables*. The Company had no pharmacy rebates receivable outstanding as of December 31, 2024 or 2023.

D. Going Concern

There have been no conditions or events which would raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that these financial statements are issued.

2. Accounting Changes and Corrections of Errors - Not Applicable

- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable
- 5. Investments
 - A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
 - B. 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)

		(1)	(2)	(3)	(4)	(5)	(6)	(/)
	Restricted Asset Category	Total Gross (Admitted & Nonadmited) Restricted from Current Year	Total Gross (Admitted & Nonadmited) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets	Admitted)Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%.	%.
b.	Collateral held under security lending agreements							
	Subject to repurchase agreements							
	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
	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	1,000,000	1,000,000	-		1,000,000	1.567	1.576
k.	On deposit with other regulatory bodies							
I.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m	. Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total restricted assets (Sum of a through n)	\$ 1,000,000	\$ 1,000,000	\$	\$	\$ 1,000,000	1.567 %.	1.576 %.

- (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 Asset Type Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral Not Applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable
- 7. Investment Income
 - A. Due and Accrued Income Excluded from Surplus
 - No investment income due and accrued was excluded from surplus in 2024 or 2023. The Company does not accrue investment income where collection is uncertain.
 - B. Total Amount Excluded Not Applicable

7. Investment Income (Continued)

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

	Amount	
1.	Gross.	\$
2.	Nonadmitted	\$
3.	Admitted	\$ 334,465

- D. The aggregate deferred interest Not Applicable
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance Not Applicable
- 8. Derivative Instruments Not Applicable

9. Income Taxes

The Company's federal income taxes are accounted for under the asset and liability method, which recognizes deferred income tax assets and liabilities for the differences between the financial and income tax reporting basis of assets and liabilities based on enacted tax rates and laws. Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. Deferred income tax expense or benefit primarily reflects the net change in deferred income tax assets and liabilities during the year. The current income tax provision reflects the tax results of revenues and expenses currently taxable or deductible. Penalties and interest, if any, on the Company's tax positions are classified as a component of the Company's income tax provision. The Company files a separate tax return from the Parent and has no material life-to-date taxable income.

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

			2024			2023		Change			
		(1) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) Total (Col 7+8)	
(a)	Gross deferred tax assets	\$ 7,172,523 .	\$ 10,423	\$ 7,182,946	\$ 4,083,723	\$. \$ 4,083,723	\$ 3,088,800	\$ 10,423	\$ 3,099,223	
(b)	Statutory valuation allowance adjustments	7,171,298 .	10,423 .	7,181,721	4,083,723		4,083,723	3,087,575	10,423	3,097,998	
(c)	Adjusted gross deferred tax assets (1a - 1b)	1,225 .		1,225				1,225		1,225	
(d)	Deferred tax assets nonadmitted										
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 1,225 .	\$	\$ 1,225	\$	\$	\$	\$ 1,225	\$	\$ 1,225	
(f)	Deferred tax liabilities	1,225 .		1,225				1,225		1,225 .	
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ – .	\$	\$	\$ –	\$	\$	\$	\$	\$ –	
	(2) Admission calculation	n component	s SSAP No. 10)1							
			2024			2023			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)	
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$	
(b)	Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									 	
	Adjusted gross deferred tax assets expected to be realized following the balance sheet date										
	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX		XXX	XXX		XXX	XXX		
(c)	Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	1,225 .		1,225				1,225		1,225 .	
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101.										
	Total (2(a) + 2(b) + 2(c))	\$ 1,225 .	\$	\$ 1,225	\$	\$	\$	\$ 1,225	\$	\$ 1,225	

(3) Ratio used as basis of admissibility - None

9. Income Taxes (Continued)

- (4) Impact of tax-planning strategies
 - (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

2024

2023

				(1) Ordinary	(2) Capital	(3) Ordinary	,	(4) Capital	(5) Ordinary (Col. 1-3)	(6) Capital (Col. 2-4)
		1.	Adjusted gross DTAs amount from Note 9A1(c)		\$ 					
		2.	• •							
		3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)							
		4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies							
B.	Regardii	ng D	eferred Tax Liabilities That Are Not Recognize	d - None						
C.	Major C	omp	onents of Current Income Taxes Incurred							
								(1)	(2)	(3)
	Current	inco	me taxes incurred consist of the following majo	r components:				2024	2023	Change (1-2)
	1. Cu	ırrent	t Income Tax							
	(a)) Fe	ederal		 		\$	(1,646)	\$(1,288)	\$(358)
	(b)	,	oreign							
	(c)		ubtotal (1a+1b)					,	,	,
	(d)		ederal income tax on net capital gains							
	(e)		ilization of capital loss carry-forwards							
	(†)		therderal and foreign income taxes incurred (1c+1d+							
	(g)) FE	ederal and foreign income taxes incurred (10+104	· 1e+ 11)	 		\$	_	\$ -	\$ -
								(1)	(2)	(3)
								2024	2023	Change (1-2)
	2. De		ed Tax Assets							
	(a)) Or	dinary							
		(1	, , , , , , , , , , , , , , , , , , , ,							
		(2	•					•	•	•
		(3	, , , , , , , , , , , , , , , , , , ,							
		(4	,							
		(5 ₎	,							
		(7	, ,						24.750	
		(8)						, , , , , , , , , , , , , , , , , , , ,	,	
		(9	, , , , , , , , , , , , , , , , , , ,							
		(1	0) Receivables - nonadmitted		 					
		(1	Net operating loss carry-forward		 			4,500,169	2,489,114	2,011,055
		(1	2) Tax credit carry-forward		 					
		(1	3) Other							
			(99) Subtotal (Sum of 2a1 through 2a13)							
	(b)		atutory valuation allowance adjustment							
	(c)		onadmitted							
	(d)		dmitted ordinary deferred tax assets (2a99 - 2b - 2	2c)	 		\$	1,225	ş –	\$ 1,225
	(e)		apital) Investments				ć		ć	ć
		(1 _. (2	,						•	
		(3	· · · · · · · · · · · · · · · · · · ·							
		(4	,							
		ν.,	(99) Subtotal (2e1+2e2+2e3+2e4)					-		-
	(f)	St	atutory valuation allowance adjustment							
	(g)		onadmitted		 					
	(h)) A	dmitted capital deferred tax assets (2e99 - 2f - 2g)	 					
	(i)	Ad	dmitted deferred tax assets (2d + 2h)		 		\$	1,225	\$ -	\$ 1,225

9. Income Taxes (Continued)

				(1) 2024	(2) 2023	(3) Change (1-2)
3.	Defe	erred	Tax Liabilities			
	(a)	Ordi	nary			
		(1)	Investments	\$	\$	\$
		(2)	Fixed assets			
		(3)	Deferred and uncollected premium			
		(4)	Policyholder reserves			
		(5)	Other	1,225		1,225
			(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 1,225	\$	\$ 1,225
	(b)	Cap	ital			
		(1)	Investments	\$	\$	\$
		(2)	Real estate			
		(3)	Other			
			(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
	(c)	Defe	erred tax liabilities (3a99 + 3b99)	\$ 1,225	\$	\$ 1,225
4.	Net	defer	red tax assets/liabilities (2i - 3c)	\$	\$	\$

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Cur	rent Period	 Prior Year	Change (Col. 1 - Col. 2)	
Adjusted gross deferred tax assets	\$	7,182,945	\$ 4,083,723	\$ 3,099,	,222
Total deferred tax liabilities		1,225	 		,225
Net deferred tax assets (liabilities)		7,181,720	 4,083,723	3,097,	,997
Statutory valuation allowance adjustment		7,181,720	 4,083,723	3,097,	,997
Net deferred tax assets (liabilities) after statutory valuation allowance			 –		–
Tax effect of unrealized gains (losses)			 		
Change in net deferred income tax			 	\$	–

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be provided by applying the statutory federal income tax rate to income before taxes. Among the more significant book-to-tax adjustments were as follows:

		2024	Effective Tax Rate
Provision computed at statutory rate	\$	(3,199,013)	21.000 %
Change in valuation allowance		3,087,575	-20.268
Nonadmitted asset change		43,245	0.284
Other permanent difference		68,193	0.448
Total statutory income taxes	\$		– %
		2023	Effective Tax Rate
Provision computed at statutory rate	\$		
Provision computed at statutory rate		(3,128,952)	21.000 %
		(3,128,952)	21.000 % -20.347
Change in valuation allowance		(3,128,952) 3,031,658 72,288	21.000 % -20.347 -0.485

E. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2024 and 2023, the Company had net operating loss carryforwards expiring through the year 2044 of \$21,429,378, and \$11,852,922, respectively.

(2) Income tax expense available for recoupment

The following federal income taxes incurred in the current year are available for recoupment in the event of future net losses.

		Ordinary	Capital	Total		
	2022	\$	\$ 1,003	\$ 1,003		
	2023		1,288	1,288		
	2024		1.646	1.646		

- (3) Deposits admitted under IRS Code Section 6603 None
- F. Consolidated Federal Income Tax Return Not Applicable
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

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

The Company and the Parent are parties to several agreements, collectively known as the system agreements, under which the Parent provides certain services, including administrative, technological, physical premises, labor, and other (collectively, "Services"). Under the system agreements, the Company remits payment to the Parent for the Services in a manner that is fair and reasonable based on the prevailing market rates, actual costs, or allocation of actual costs. The terms of settlement for the Services require that these amounts be generally settled within 30 days after the receipt of the invoice. For the Services from Parent, the Company was charged \$12.1 million and \$8.0 million during the years ended December 31, 2024 and 2023, respectively. At December 31, 2024 and 2023, the Company had a liability of \$3.0 million and \$2.1 million, respectively, related to Services from Parent recorded in "Amounts due to parent, subsidiaries and affiliates."

The Company entered into a \$35.0 million surplus note with the Parent that was funded in cash on October 11, 2022 (Original Surplus Note). The surplus note includes a 4.5% interest rate that is payable semi-annually, in arrears, beginning June 30, 2023. Each payment of interest on and principal of the surplus note may only be made with the prior approval of the Director of the Department and only to the extent the Company has sufficient surplus earnings to make such payment. The principal amount of the surplus note matures on October 11, 2032. The surplus note is subordinate and junior in right of payment to the prior payment in full of all policyholders, including, but not limited to, all claims and beneficiary claims of all policyholders, and all other classes of creditors of the Company. There were no approved principal payments on the Original Surplus Note during 2024 and 2023, and thus the outstanding surplus note balance remained at \$35 million as of December 31, 2024 and 2023.

Effective May 1, 2024, the Company entered into a Funding Agreement with its Parent, under which the Parent commits, subject to certain conditions, to enter into two surplus notes with the Company that will provide a total of \$60.0 million in additional capital in the form of surplus notes. The surplus notes are identical in material terms to the Original Surplus Note, including a 4.5% interest rate that is payable semi-annually. The effective date and funding of the first \$30.0 million surplus note under the Funding Agreement was June 28, 2024 (Second Surplus Note). The effective date of the second \$30.0 million surplus note under the Funding Agreement (which will be the Third Surplus Note) is expected to be no later than June 30, 2026, subject to certain acceleration provisions. Each payment of interest on and principal of the surplus notes may only be made with the prior approval of the Director of the Department and only to the extent the Company has sufficient surplus earnings to make such payment. The principal amount of the surplus notes matures 10 years after the date the funds are received. The surplus notes are subordinate and junior in right of payment to the prior payment in full of all policyholders, including, but not limited to, all claims and beneficiary claims of all policyholders, and all other classes of creditors of the Company. There were no approved principal payments on the Second Surplus Note during 2024, and thus the outstanding surplus note balance remained at \$30 million as of December 31, 2024.

During 2024, the Department approved the Company's request to pay accrued interest expense on the Original Surplus Note for six months ended June 30, 2024, totaling \$0.8 million, which the Company paid and recorded in June 2024. Additionally, the Department approved the Company's request to pay accrued interest on the Original Surplus Note and Second Surplus Note, totaling \$1.5 million for the six months ended December 31, 2024, which the Company recorded in December 2024 and paid in January 2025. During 2023, the Department approved the Company's request to pay accrued interest expense on the Original Surplus Note through December 31, 2023, totaling \$1.9 million, which the Company paid and recorded during 2023.

On November 4, 2022, the Company entered into a revolving credit arrangement (RCA) with the Parent to borrow up to \$5.0 million for operating needs. The interest rate on the funds borrowed under the RCA is equal to the Secured Overnight Financing Rate (SOFR) plus 65 basis points. The Company may draw and repay the principal amount of the RCA as desired up to the termination date, which can vary based on the terms in the RCA. Interest payment is generally expected to be paid within 30 days of or after the end of each calendar year quarter. The Company had no draws or borrowing outstanding under our RCA during the years ended December 31, 2024 or 2023.

The Company and St. Luke's Health Partners (Network), a wholly-owned subsidiary of the Parent, are parties to a Network Services Agreement (NSA), under which the Company procures access to the Network's financially and clinically-integrated network. Under the NSA, the Company pays Network participating providers that submit claims related to services provided to Company's policyholders based on reimbursement rates established in the NSA. A portion of the total claims payments made by Company are made to Network participating providers who are employed by the Parent and Network participating facilities owned by the Parent (Parent participating providers and participating facilities). Claim payments made to Parent participating providers and participating facilities were \$20.9 million and \$6.5 million during the years ended December 31, 2024 and 2023, respectively. Outstanding claims unpaid, including incurred but not reported claims, to Parent participating providers and participating facilities were \$4.6 million and \$2.7 million, respectively, on December 31, 2024 and 2023. Separately, the Company participates in an annual medical and pharmaceutical settlement with the Network approximately 6 to 8 months after the end of the calendar year, which can result in additional expense or potential reimbursement based on the Network's performance against clinical and financial performance targets. The Company estimates \$6.6 million in reimbursements from the Network as of December 31, 2024, for its portion of the 2024 annual medical and pharmaceutical settlement, which is recorded in "Health care and other amounts receivable." The Company made \$0.3 million of payments to the Network during the year ended December 31, 2024, for its portion of the 2023 annual medical and pharmaceutical settlement.

Effective January 1, 2024, the Company entered into a pharmacy benefit management agreement with the Parent to provide the Parent's self-insured employee benefit plan administrative services, including pharmacy network contracting, pharmacy claims processing, cost containment, formulary administration, and other similar services. As part of this agreement, a \$3.2 million deposit was provided to the Company in December 2023 to initially fund these services. As of December 31, 2024 and 2023, the Company had a liability of \$3.2 million related to the deposit from Parent recorded in "Liability for amounts held under uninsured plans." Additionally, as of December 31, 2024, the Company had a receivable of \$0.2 million related to administrative services provided to Parent recorded in "Amounts receivable relating to uninsured plans." See footnote, 18, Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans, for additional details on the administrative services only (ASO) pharmacy benefit management arrangement.

All Parent, Network, or other related parties' transactions, including amendments, that meet materiality requirements (if applicable) are reviewed by the Department prior to inception.

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan Not Applicable
- B. Investment Policies and Strategies of Plan Assets Not Applicable
- C. Fair Value of Each Class of Plan Assets Not Applicable
- $\hbox{D.}\quad \hbox{Expected Long-Term Rate of Return for the Plan Assets Not Applicable}$
- E. Defined Contribution Plans Not Applicable
- F. Multiemployer Plans Not Applicable
- G. Consolidated/Holding Company Plans

The Company participates in certain benefit plans, primarily a defined contribution plan, sponsored by the Parent. The Company has no legal obligation for benefits under these plans, except for the payment of expenses under the system agreements as described in footnote 10, Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties.

H. Postemployment Benefits and Compensated Absences - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Outstanding Shares: The Company has 1,000,000 shares of capital stock authorized, 1,000,000 shares of capital stock issued, and 1,000,000 shares of capital stock outstanding.
- B. Dividend Rate of Preferred Stock: The Company has no preferred stock outstanding.
- C. Dividend Restrictions: No part of the net earnings of the Company shall inure to the benefit of or be distributable to its member, directors, officers or other private persons, except that the Company shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes.
- D. Ordinary Dividends Not Applicable
- E. Company Profits Paid as Ordinary Dividends Not Applicable
- F. Surplus Restrictions Not Applicable
- G. Surplus Advances Not Applicable
- H. Stock Held for Special Purposes Not Applicable
- I. Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus) Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations

In 2022 and 2024, the Company issued surplus notes. In addition to the information provided below, further information is provided at footnote 10, Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties.

	,	•					
1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (YES/NO)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year	Unapproved Interest And/Or Principal
0002	06/28/2024	4.500 %	\$ 30,000,000	YES	\$	\$ 30,000,000	\$
0001	10/11/2022	4.500	35.000.000	YES	35.000.000	35,000,000	
	XXX				\$ 35,000,000		\$
1	9	10	1	1	12	13	14
ltem Number	Current Year Interest Expens Recognized	Life-To-Da e Interest Exp Recogniz	ense paid to a	t Offset age (not amounts 3rd party Cu		_ife-To-Date rincipal Paid	Date of Maturity
0002	\$ \$82,5	500 . \$ 6	82,500	% \$	\$		06/28/2034
0001	1,575,0	00 3,5	04,375				10/11/2032
Total	\$ 2,257,5	ino \$ 4.1	86.875 xx	(χ ^{\$}	<u> </u>		XXX
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·Λ <u>Ψ</u>	Ψ	•••	
1	15	16	17	18		19	
ltem Number		Surplus Note payments subject to administrative offsetting provisions? (YES/NO)		Is Asset Issuer a Related Party		ssets Received Upo	on Issuance
0002	NO	NO	NO	YES		Cash	
0001	NO	NO	NO	YES			
Total							
1	20	21	22				
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Relate Party to the Surplus Note Issuer? (YES/N	.			
0002	\$	\$	NO	••••			
0001			NO				
Total	\$	\$	XXX				
			_				

- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

The Company, in the normal course of business, may at times be a defendant in various lawsuits. In the opinion of management, the effects, if any, of such lawsuits are not expected to be material to the Company's financial position or results of operations as of and for the years ended December 31, 2024 and 2023.

- 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 Operating Lease
 - (1) Leasing arrangements
 - (a) The Company leases certain office space under a Lease Agreement that expires on April 15, 2027. There are three additional five year renewal options available for the leased office space. Rental expense for the years ended December 31, 2024 and 2023, was \$275,976 and \$193,179, respectively.
 - (b) Rental payment contingencies Not Applicable
 - (c) Terms of renewal or purchase options and escalation clauses Not Applicable
 - (d) Restrictions imposed by lease agreements Not Applicable
 - (e) Early termination of lease agreements Not Applicable
 - (2) For leases having initial or remaining noncancelable lease terms in excess of one year
 - (a) Minimum aggregate rental commitments at year end

	Year Ending December 31	Operating Leases				
1.	2025	\$ 282,276				
2.	2026	288,610				
3.	2027	84,800				
4.	2028					
5.	2029					
6.	Thereafter					
7.	Total (sum of 1 through 6)	\$ 655,686				

- (b) Sublease minimum rentals to be received Not Applicable
- (3) For sale-leaseback transactions Not Applicable
- B. Lessor Leases 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 Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. ASO Plans

The gain (loss) from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows during 2024:

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 766,497	\$	\$ 766,497
b.	Total net other income or expenses (including interest paid to or received from plans)			
C.	Net gain or (loss) from operations (a+b)	\$ 766,497	\$	\$ 766,497
d.	Total claim payment volume	\$ 42,002,486	\$	\$ 42,002,486

- B. ASC Plans Not Applicable
- C. Medicare or Other 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

SSAP No. 100, Fair value Measurements, establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into three broad levels.

• Level I – Quoted prices in active markets for identical assets or liabilities.

20. Fair Value Measurements (Continued)

- Level II Observable inputs other than quoted prices in active markets for identical assets and liabilities, quoted prices for identical or similar
 assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the
 full term of the assets or liabilities.
- Level III Inputs that are generally unobservable and typically reflect the Company's estimate of assumptions that market participants would use in pricing the asset or liability.

The Company classifies its cash equivalents within Level 1 because the Company values these assets using quoted market prices.

(1) Fair value at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Common stock, mutual funds	\$	\$ 4,037,124	\$	\$	\$ 4,037,124
	Total assets at fair value/NAV	\$	\$ 4,037,124	\$	\$	\$ 4,037,124
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Fair values for the Company's bonds and short-term investments in Level 2 are based on prices provided by the Company's investment managers and custodian banks. The Company's bonds and short-term investments are highly liquid, which allows for the portfolio to be valued through third-party pricing services using market and matrix pricing.
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

	Aggregate Fair					Net Asset Value	Not Practicable
Type of Financial Instrument	Value	Admitted Assets	Level 1	Level 2	Level 3	(NAV)	(Carrying Value)
Bonds	\$ 21,756,310	\$ 21,679,279	\$	\$ 21,756,310	\$	\$	\$
Common stock, mutual funds	4,037,124	4,037,124		4,037,124			
Short-term investments	11.081.912	11.069.785	3.372.027	7.709.885			

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025. The Company is not aware of any subsequent events that could have a material effect on its financial statements.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X

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

Yes () No (X)

Section 2 - Ceded Reinsurance Report - Part A

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

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

23. Reinsurance (Continued)

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ -
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance Not Applicable
- C. Commutation of Reinsurance Reflected in Income and Expenses 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

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? <u>YES</u>

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

		711100111
a.	. Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 8,442
	Liabilities	
	2. Risk adjustment user fees payable for ACA risk adjustment	\$ 18,932
	3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	2,276,250
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjust	tment \$(2,557,431)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	(18,891)

Amount

 Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

						Differences		Adjustments			Unsettled Balances as of the Reporting Date		
		on Business	g the Prior Year Written Before he Prior Year	Current Year Written Before	Received or Paid as of the Current Year on Business Ac Written Before Dec 31 of the Prior Year ((Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)	
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a.	Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable (including high risk pool payments)	\$	\$	\$	\$	\$	\$	\$	\$	А	\$	\$	
	Premium adjustments (payable) (including high risk pool premium)		(929,833).		(1,219,455)		289,622		(289,622)	В		– .	
	Subtotal ACA Permanent Risk Adjustment Program	\$	\$(929,833)	\$	\$(1,219,455)	\$	\$ 289,622	\$	\$(289,622)		\$	\$	

Explanations of Adjustments: None

а

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2023, for unpaid insured claims and unpaid claims adjustment expenses were \$4.8 million. As of December 31, 2024, \$4.5 million has been paid for claim and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years was \$35,000 as of December 31, 2024. There has been \$0.4 million in favorable development in net incurred claims since the prior year end, which includes \$150,000 in favorable development related to reinsurance recoveries. Original estimates are updated based on the most recently available information, including analysis of loss development trends and payment patterns.

25. Change in Incurred Claims and Claim Adjustment Expenses (Continued)

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

 There were no significant changes in the methodology or assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables
 - A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$	\$	\$ 474,621	\$	\$
09/30/2024	934,784	934,784	934,784		
03/31/2024	241,544	241,544	241,544		

B. Risk-Sharing Receivables

			Risk Sharing Receivable			Actual Risk Sharing Amounts Received			
Calendar Yea	Evaluation Period r Year Ending	As Estimated in the Prior Year	As Estimated in the Current Year	Billed	Not Yet Billed	In Year Billed	First Year Subsequent	Second Year Subsequent	All Other
2024	2025	\$	\$ 6,566,380	\$	\$ 6,566,380	\$	\$	\$	\$
2023	2024	1 716 598	(321.376)	(321.376)		(321.376)			

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

During the fourth quarter of 2024, the Company recorded a premium deficiency reserve of \$9.4 million as it became probable that expected future claims and administrative expenses will exceed future premium income, investment income, and current reserves on existing health insurance contracts. The Company's premium deficiency reserve was based on typical industry standards or approaches, including the use of the Company's historical experience. The Company anticipates investment income as a factor in the premium deficiency reserve calculation, in accordance with SSAP No. 54, *Individual and Group Accident and Health Contracts*.

As of December 31, 2024, the recorded premium deficiency reserve of \$9.4 million is based on the Company's estimate that expected future claims and administrative expenses will exceed future premium income, investment income, and current reserves on existing health insurance contracts.

1.	Liability carried for premium deficiency reserves:	\$9,400,000
2.	Date of the most recent evaluation of this liability:	12/31/2024
3.	Was anticipated investment income utilized in the calculation?	YES

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIESPART 1 - COMMON INTERROGATORIES

GENERAL

1.1.		a member of an Insurance Holding Company System cor				YES
	If yes, complete Sched	lule Y, Parts 1, 1A, 2, and 3.				
1.2.	such regulatory official providing disclosure so in its Model Insurance	g entity register and file with its domiciliary State Insura al of the state of domicile of the principal insurer in the ubstantially similar to the standards adopted by the Nati e Holding Company System Regulatory Act and model re nd disclosure requirements substantially similar to those	e Holding Company Sy ional Association of Ins egulations pertaining th	stem, a registration s surance Commissione nereto, or is the report	statement ers (NAIC) ting entity	YES
1.3.	State Regulating?					Idaho
1.4.	Is the reporting entity p	publicly traded or a member of a publicly traded group?				NO
1.5.	If the response to 1.4 is	s yes, provide the CIK (Central Index Key) code issued by	the SEC for the entity/g	group		
2.1.		made during the year of this statement in the charter, by				YES
2.2.						
3.1.	•	the latest financial examination of the reporting entity wa				
3.2.	State the as of date th	nat the latest financial examination report became avail d be the date of the examined balance sheet and not the	able from either the sta	ate of domicile or the	reporting	
3.3.	domicile or the report	the latest financial examination report became available ting entity. This is the release date or completion date sheet date)	e of the examination r	eport and not the da	ate of the	
3.4.	By what department of Ir	r departments?				
3.5.	3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?					
3.6.	Have all of the recomn	nendations within the latest financial examination report	been complied with?			N/A
4.1.	4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11. sales of new business?					NO
	4.11. sales of new business: 4.12. renewals?					
4.2.	2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21. sales of new business?					NO
		311033				
5.1.		y been a party to a merger or consolidation during the pe le the merger history data file with the NAIC.	riod covered by this sta	tement?		NO
5.2.		ne of the entity, NAIC company code, and state of domicil a result of the merger or consolidation.	e (use two letter state a	abbreviation) for any e	entity that	
		1	2	3		
		Name of Entity	NAIC Company Code	State of Domicile		
	l				l	
6.1.		ity had any Certificates of Authority, licenses or registra				NO
		by any governmental entity during the reporting period?				NU
6.2.	If yes, give full informa	ation				
7.1	D (Liniand Obstack Constant in the state of the				NO
7.1.		-United States) person or entity directly or indirectly contr	of 10% or more of the re	eporting entity?		NU
1.Z.	7.22. State the nation	tage of foreign controlality(s) or the foreign person(s) or entity(s); or if the errors-in-fact and identify the type of entity(s) (e.g., individ	entity is a mutual or re	eciprocal, the nationa	lity of its	%
	fact).				1	
		1	2			
		Nationality	Type of En	-		
0.1	lo the comment				l Desser	
	8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?8.2. If response to 8.1 is yes, please identify the name of the DIHC.					
8.2.						
8.3.		ed with one or more banks, thrifts or securities firms?				NU
8.4.	federal financial regula	es, please provide the names and locations (city and sta atory services agency [i.e. the Federal Reserve Board (FRI surance Corporation (FDIC) and the Securities Exchange	B), the Office of the Cor	nptroller of the Curren	ncy (OCC),	

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

			•	1 4	-			
	1	2	3	4	5	6		
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC		
8.5.	Is the reporting entity a depository institution Governors of Federal Reserve System or a subs					NO		
8.6.	If response to 8.5 is no, is the reporting entity Federal Reserve Board's capital rule?					NO		
9.	What is the name and address of the indepe audit? Deloitte, 800 W Main St. #1400, Boise, ID 8370	·	ng firm retaine	ed to conduct t	the annual			
10.1.	Has the insurer been granted any exemption accountant requirements as allowed in Section substantially similar state law or regulation?	ns to the prohibited non-audit services provid ion 7H of the Annual Financial Reporting Mo	odel Regulatio	n (Model Audi	t Rule), or	NO		
10.2.	If the response to 10.1 is yes, provide information	ion related to this exemption:						
10.3.	Has the insurer been granted any exemptions as allowed for in Section 18A of the Model Reg					NO		
10.4.	If the response to 10.3 is yes, provide information	ion related to this exemption:						
10.5.	Has the reporting entity established an Audit C	ommittee in compliance with the domiciliary st	ate insurance l	laws?		YES		
	If the response to 10.5 is no or n/a, please expl							
10.0.	The response to 10.5 is no of it, a, please expi	un.						
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Scott A. Weltz, FSA, MAAA, 17335 Golf Parkway, Suite 100, Brookfield, WI 53045							
12.1.	Does the reporting entity own any securities of 12.11 Name of real estate holding company	f a real estate holding company or otherwise ho	old real estate i	indirectly?		NO		
12 2	If yes, provide explanation				·			
	ii yee, provide explanation							
13.	FOR UNITED STATES BRANCHES OF ALIEN R	EDODTING ENTITIES ONLY						
				ć.i	0			
13.1.		ar in the United States manager or the United St			-	None		
13.2.	Does this statement contain all business tra located?	nsacted for the reporting entity through its U				YES		
13.3.	Have there been any changes made to any of	the trust indentures during the year?				NO		
13.4.	If answer to (13.3) is yes, has the domiciliary of	or entry state approved the changes?						
14.1.	 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?							
14 11	e. Accountability for adherence to the codeIf the response to 14.1 is no, please explain:							
1 → 7.11								
140	Heatha and of this fam.	on amondad?				NO		
	Has the code of ethics for senior managers be					NU		
14.21	. If the response to 14.2 is yes, provide information	tion related to amendment(s).						
	Have any provisions of the code of ethics been . If the response to 14.3 is yes, provide the natu					NO		
15.1.	Is the reporting entity the beneficiary of a Lette	er of Credit that is unrelated to reinsurance whe				NO		
	OII THE SVO Dalik List:							

15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

GENERAL INTERROGATORIESPART 1 - COMMON INTERROGATORIES

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

1.0		BOARD OF DIRECTORS	1 1 2 2	
	thereof?	of all investments of the reporting entity passed upon either by the board of directors or a		YES
	thereof?	keep a complete permanent record of the proceedings of its board of directors and all s		
	on the part of any of its	an established procedure for disclosure to its board of directors or trustees of any mater officers, directors, trustees or responsible employees that is in conflict or is likely to conf	ict with the official	YES
	, , , , , , , , , , , , , , , , , , ,	FINANCIAL		
19.		n prepared using a basis of accounting other than Statutory Accounting Principles (e.g.		NO
20.1.	20.11 To directors or ot	uring the year (inclusive of Separate Accounts, exclusive of policy loans): her officers		
		not officerse or grand (Fraternal only)		
20.2		outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans		
20.2.	20.21 To directors or ot	her officersot of ficers	\$.	
		e or grand (Fraternal only)		
21.1.		red in this statement subject to a contractual obligation to transfer to another party w eported in the statement?		NO
21.2.	-	thereof at December 31 of the current year:	^	
		rsthers		
		ers		
				• • • • • • • • • • • • • • • • • • • •
22.1.		clude payments for assessments as described in the <i>Annual Statement Instructions</i> other assessments?		NO
22.2.	If answer is yes:	osses or risk adjustment	ė	
	22.22 Amount paid as e	expenses	\$.	
	22.23 Other amounts pa	aid	\$.	
	· · · · · · · · · · · · · · · · · · ·	y report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statem		
23.2.	If yes, indicate any amo	ounts receivable from parent included in the Page 2 amount:	\$.	
24.1.		third parties to pay agent commissions in which the amounts advanced by the third par	ties are not settled in	NO
24.2.	If the response to 24.1	is yes, identify the third-party that pays the agents and whether they are a related party.		
		1	2	
		Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)	
0.5 -		INVESTMENT		
25.01		onds and other securities owned December 31 of current year, over which the reporting possession of the reporting entity on said date? (other than securities lending programs		YES
25.02	l. If no, give full and co	mplete information, relating thereto		
25.03		g programs, provide a description of the program including value for collateral an er collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 w		
25.04		ty's securities lending program, report amount of collateral for conforming programs as		
25.05	5. For the reporting entit	ty's securities lending program, report amount of collateral for other programs	\$.	
25.06		lending program require 102% (domestic securities) and 105% (foreign securities) fror tract?		N/A
25.07	. Does the reporting en	tity non-admit when the collateral received from the counterparty falls below 100%?		N/A
25.08		ntity or the reporting entity's securities lending agent utilize the Master Securities Lendin lending?		N/A

GENERAL INTERROGATORIESPART 1 - COMMON INTERROGATORIES

25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year: 25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2					\$ \$	
26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract						,
				1.1 and 25.03)		
26.2.	26.21. Subject to rep 26.22. Subject to rev	verse repurchase agreements	·····			\$
				B Capital Stock		
	26.27. FHLB Capital	Stock				\$
	•					
	26.30. Pledged as co	ollateral - excluding collateral pleo ollateral to FHLB - including asset	dged to an FHL s backing fun	_Bding agreements		\$ \$
04.0						\$
26.3.	For category (26.26) p	rovide the following: 1	<u> </u>	2	3	
		Nature of Restriction		Description	Amount	
		Nature of Restriction		Description		
27 1	Does the reporting entity	have any hedging transactions re	norted on Sch	edule DB?		NO
				n made available to the domicil		
		JEE (EDATEDIAL DEDORTING EN	TITIES 61111			
	-	LIFE/FRATERNAL REPORTING EN				
				uarantees subject to fluctuations		
27.4. If the response to 27.3 is YES, does the reporting entity utilize:						
				rovisions of SSAP No. 108, the re	•	
		has obtained explicit approval f		iliary state.		NO
	 Actuarial certificati 	on has been obtained which indi	cates that the	onsistent with the requirements of hedging strategy is incorporated or within the Actuarial Guideline C	vithin the establishment of	
	Amount. • Financial Officer C	artification has been obtained w	hich indicates	that the hedging strategy meets	the definition of a Clearly	,
	Defined Hedging S the company in its	trategy within VM-21 and that th actual day-to-day risk mitigation	e Clearly Defii efforts.	ned Hedging Strategy is the hedg	ing strategy being used by	,
28.1.				e current year mandatorily conve		
28.2.	If yes, state the amount	thereof at December 31 of the cu	rent year			\$
29.	29. 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. Outs		Custodial or S	Safekeeping Agreements of the		1
29.01.				l Condition Examiners Handbook,	complete the following:	
		1			2	
	Na	me of Custodian(s)		Cus	todian's Address	
US Ba	nk			1555 N. Rivercenter Dr, Suite 300	, Milwaukee, WI 53212	
29.02.	. For all agreements that on name, location and a co		nts of the <i>NAI</i> 0	C Financial Condition Examiners F	dandbook, provide the	
	1	2		3		
	Name(s)	Location(s)		Complete Exp	lanation(s)	
		inges, including name changes, ir plete information relating thereto:		n(s) identified in 29.01 during the o	current year?	NO

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

29.05. Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Clearwater Advisors	U
Matthew Benjamin Wolff, "handle securities"	
Marcus Scott McDonald, "handle securities"	

29.0597. For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? YES.

29.06. For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
116865	Clearwater Advisors, LLC	25490009Z7V59SDFBW75	SEC	NO

30.1. Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

If ves. complete the following schedule

s.z. if yes, complete the rollowing softed die.					
1	2	3			
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value			
30.2999 TOTAL		\$			

NO

.NO...

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Bonds	\$21,679,279	\$21,756,310	
31.2. Preferred Stocks			
31.3. Totals	\$21,679,279	\$21,756,310	\$77,030

31.4. Describe the sources or methods utilized in determining the fair values:

Fair market value is derived from external sources, including custodians, investment advisors, and investment managers.

- .YES..... 32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- 32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic .YES..... copy) for all brokers or custodians used as a pricing source?....
- 32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 33.1. Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?..... ..YES.....
- 33.2. If no, list exceptions:
- By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: 34.
 - 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 a. security is not available.
 - Issuer or obligor is current on all contracted interest and principal payments. b.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes

and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

The security was either:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
- ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?.....NO.....

- 36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - a. The shares were purchased prior to January 1, 2019.

39.22 Immediately converted to U.S. dollars...

- 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.

- 37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 - a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 - b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? N/A

38.1. Does the reporting entity directly hold cryptocurrencies? NO

38.2. If the response to 38.1 is yes, on what schedule are they reported? NO

39.1. Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? NO

39.2. If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

39.5. If the response to 36.1 of 39.1 is yes, list all cryptocurrencies accepted for payments of premiums of that are need directly.								
1	2	3						
		Accepted for Payment of						
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Premiums						

OTHER

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

correct organizations, and statistical or rating bareaus daring the period covered by the statisment.	
1	2
Name	Amount Paid
National Committee for Quality Assurance	\$

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

1	2
Name	Amount Paid
	\$

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

mutation before together to be under of our departments of government during the period of the other ment	
1	2
Name	Amount Paid
	\$

GENERAL INTERROGATORIESPART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		NO						
1.1									
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?								
	1.31 Reason for excluding:	•							
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$							
1.5	Indicate total incurred claims on all Medicare Supplement insurance.								
1.6	Individual policies:								
	Most current three years: 1.61 Total premium earned	\$							
	1.62 Total incurred claims.								
	1.63 Number of covered lives								
	1.64 Total premium earned								
	1.66 Number of covered lives								
1.7	Group policies:								
	Most current three years: 1.71 Total premium earned								
	1.72 Total incurred claims 1.73 Number of covered lives								
	All years prior to most current three years:								
	1.74 Total premium earned								
	1.76 Number of covered lives								
2. He	alth Test:								
	1 2								
	Current Year Prior Year 2.1 Premium Numerator \$								
	2.2 Premium Denominator								
	2.3 Premium Ratio (2.1/2.2) 100.000 % 100.000 % 2.4 Reserve Numerator \$ 19,944,867 \$ 10,644,866								
	2.5 Reserve Denominator								
	2.6 Reserve Ratio (2.4/2.5) 100.000 % 100.000 %								
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be		NO						
2.2	returned when, as and if the earnings of the reporting entity permits?		INU						
3.2	If yes, give particulars:								
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and		VEC						
4.2	dependents been filed with the appropriate regulatory agency?								
4.2 5.1	Does the reporting entity have stop-loss reinsurance?								
5.1	If no, explain:		I E3						
J.Z	п по, ехріані.								
5.3	Maximum retained risk (see instructions)								
	5.31 Comprehensive Medical 5.32 Medical Only								
	5.33 Medicare Supplement	\$							
	5.34 Dental and Vision	•							
	5.36 Other								
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:								
	and any other agreements: The financial stability of the Company is consistently reviewed and examined by executives, the Board, external auditors, and the Idaho								
	Insurance to reasonably assure that the Company has the ability to pay its expenses, including but not limited to claims and provider co the Company's provider agreements include hold harmless provisions in the event of the Company's insolvency.	sts. In	addition,						
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?		YES						
7.2	If no, give details								
8.	Provide the following information regarding participating providers:								
	8.1 Number of providers at start of reporting year.8.2 Number of providers at end of reporting year.								
9.1	Does the reporting entity have business subject to premium rate guarantees?								
2. I	Document reporting entity make business subject to premium rate guarantees:								

GENERAL INTERROGATORIESPART 2 - HEALTH INTERROGATORIES

9.2	If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months									
10.1	D.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?									
10.2	0.2 If yes: 10.21 Maximum amount payable bonuses 10.22 Amount actually paid for year bonuses 10.23 Maximum amount payable withholds 10.24 Amount actually paid for year withholds									
11.1	.1 Is the reporting entity organized as: 11.12 A Medical Group/Staff Model, 11.13 An Individual Practice Association (IPA), or, 11.14 A Mixed Model (combination of above)?									
11.2	s the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?	YES								
11.3	If yes, show the name of the state requiring such minimum capital and surplus.	Idaho								
11.4	If yes, show the amount required	\$ 1,000,000								
11.5	s this amount included as part of a contingency reserve in stockholder's equity?	NO								
11.6	If the amount is calculated, show the calculation									
12.	List service areas in which reporting entity is licensed to operate: 1 Name of Service Area Idaho									
13.1	Do you act as a custodian for health savings accounts?	NO								
13.2	f yes, please provide the amount of custodial funds held as of the reporting date.	\$								
13.3	Do you act as an administrator for health savings accounts?	NO								
13.4	f yes, please provide the balance of the funds administered as of the reporting date	\$								
14.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	N/A								
14.2.	If the answer to 14.1 is yes, please provide the following:									
	1 2 3 4 Assets Supporting Reserve Credit									
	NAIC Company Domiciliary Company Name Code Domiciliary Code Company Name Code Code Code Code Code Code Code Cod									
15.	Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded). 15.1 Direct Premium Written 15.2 Total Incurred Claims 15.3 Number of Covered Lives	\$\$								
	*Ordinary Life Insurance Includes									
	Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")									
	Variable Life (with or without secondary guarantee)									
	Universal Life (with or without secondary guarantee)									
	Variable Universal Life (with or without secondary guarantee)									
16.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	NO								
16.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	NO								

FIVE-YEAR HISTORICAL DATA

	FIVE-YEAR HI	STORICAL	DAIA			
		1	2	3	4	5
		2024	2023	2022	2021	2020
Balaı	nce Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)					
2.	Total liabilities (Page 3, Line 24)		18,115,119			
3.	Statutory minimum capital and surplus requirement		1,000,000			
4.	Total capital and surplus (Page 3, Line 33)	32,350,059	17,427,152	31,982,691		
Incor	ne Statement (Page 4)					
5.	Total revenues (Line 8)					
6.	Total medical and hospital expenses (Line 18)					
7.	Claims adjustment expenses (Line 20)					
8.	Total administrative expenses (Line 21)					
9.	Net underwriting gain (loss) (Line 24)					
10.	Net investment gain (loss) (Line 27)					
11.	Total other income (Lines 28 plus 29)					
12.	Net income or (loss) (Line 32)	(15,233,393)	(14,899,769)	(4,083,800)		
Cash	Flow (Page 6)					
13.	Net cash from operations (Line 11)	(10,338,330)	(4,148,152)	(4,102,117)		
Risk-	Based Capital Analysis					
14.	Total adjusted capital	32,350,059	17,427,152	–		
15.	Authorized control level risk-based capital.	2,477,847	1,221,864	–		
Enro	lment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	8,974	4,417			
17.	Total members months (Column 6, Line 7)	95,246	42,501			
	ating Percentage (Page 4) divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0 %	100.0 % .	%	%.	
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)					
20.	Cost containment expenses					
20. 21.	Other claims adjustment expenses					
22.	Total underwriting deductions (Line 23)	141 0	187.8			***************************************
23.	Total underwriting gain (loss) (Line 24)	(41.0)	(87.8)			
	id Claims Analysis	(+1.0)	(07.0)			
	Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 17, Col. 5)	2,868,419				
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]					
Inves	stments in Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29.	Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31					
33.	Total investment in parent included in Lines 26 to 31 above					
JJ.	Total investment in parent included in Lines 20 to 31 above					

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

					Alloca	ated by States	and Territorie	es				
		1			•	r		irect Business On			1	1
				2	3	4	5	6	7	8	9	10
	States, Etc.	Activ Statu (a)	us I	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama AL Alaska AK											
2. 3.	Arizona AZ											
4.	Arkansas AR											
5.	California CA											
6.	Colorado											
7.	Connecticut											
8. 9.	Delaware DE. District of Columbia DC											
	District of Columbia DC Florida FL											
11.	Georgia GA											
12.	HawaiiHI											
13.	IdahoID			36,770,851							36,770,851	
14.	Illinois IL Indiana IN											
15. 16.	Indiana INIowa IA											
17.	Kansas KS											
18.	KentuckyKY.	N										
	Louisiana											
20.	Maine ME											
21. 22.	Maryland MD Massachusetts MA											
	Michigan MI											
	Minnesota MN											
	Mississippi MS											
26.	Missouri MO											
27. 28.	Montana MT Nebraska NE											
29.	Nevada NV											
	New HampshireNH											
	New JerseyNJ											
	New MexicoNM											
33. 34.	New York											
	North Dakota ND											
36.	OhioOH											
37.	OklahomaOK											
38.	Oregon OR											
39. 40.	Pennsylvania PA. Rhode Island RI.											
40. 41.	South Carolina SC											
42.	South Dakota											
43.	TennesseeTN											
44.	TexasTX											
45. 46.	Utah UT. Vermont VT											
46. 47.	VirginiaVI											
48.	WashingtonWA											
49.	West VirginiaWV											
50.	Wisconsin WI	N										
51. 52.	Wyoming											
53.	Guam GU											
54.	Puerto RicoPR	N										
	U.S. Virgin IslandsVI											
	Northern Mariana Islands MP. Canada CAN											
	Canada CAN Aggregate Other Alien OT											
	Subtotal			36,770,851							36,770,851	
	Reporting entity contributions for Employee Benefit Plans	XXX										
	Total (Direct Business)	XXX	(36,770,851							36,770,851	
	of Write-Ins		Ī					1			1	
		XX										
58002. 58003.		XXX										
	Summary of remaining write-	XX)	٠									
	ins for Line 58 from overflow											
58999.	page Totals (Lines 58001 through 58003 plus 58998) (Line 58	XXX	X									
	above)	XX	(

(a) Active Status Counts

(a) Active Status Counts	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	14. Q - Qualified - Qualified or accredited reinsurer
2. R - Registered - Non-domiciled RRGs	56 5. N - None of the above - Not allowed to write business in the state56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	

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

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

PART 1 - ORGANIZATIONAL CHART

St. Luke's Health System

Legal Entity Organization Chart Principal wholly owned subsidiaries

