



HEALTH COMPANIES – ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF MARCH 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
FRIDAY HEALTH PLANS OF GEORGIA, INC.

NAIC Group Code 4976 4976 NAIC Company Code 17100 Employer's ID Number 86-2586561
(Current) (Prior)

Organized under the Laws of GA State of Domicile or Port of Entry GA
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 01/21/2021 Commenced Business 01/01/2022
Statutory Home Office 289 S. Culver Street Lawrenceville, GA, US 30046
Main Administrative Office 700 Main Street Alamosa, CO, US 81101 719-589-3696
(Telephone Number)
Mail Address 700 Main Street Alamosa, CO, US 81101
Primary Location of Books and Records 700 Main Street Alamosa, CO, US 81101 719-589-3696
(Telephone Number)
Internet Website Address www.fridayhealthplans.com
Statutory Statement Contact Rhonda Bagby 719-589-3696
(Telephone Number)
rhonda.bagby@fridayhealthplans.com 719-589-4901
(E-Mail Address) (Fax Number)

OFFICERS

Craig Domeracki, Market President Stacy Knowlton, Secretary
Elizabeth Bierbower, Chief Executive Officer Rhonda Bagby, Chief Financial Officer

DIRECTORS OR TRUSTEES

Elizabeth Bierbower Mugabe Walker MD
Stacy Freeman

State of Colorado
County of Denver SS

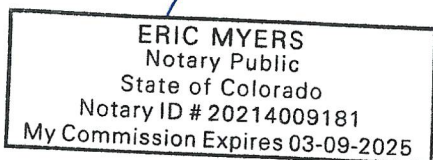
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

x Stacy Knowlton Secretary
x Elizabeth Bierbower Chief Executive Officer
x Rhonda Bagby Chief Financial Officer

Subscribed and sworn to before me
this 27th day of April 2023

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

x Eric Myers



ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|--|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 1,025,535 | | 1,025,535 | 1,027,276 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | | |
| 2.2 Common stocks..... | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | | |
| 3.2 Other than first liens..... | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances)..... | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances)..... | | | | |
| 4.3 Properties held for sale (less \$ encumbrances)..... | | | | |
| 5. Cash (\$ 59,073,086), cash equivalents (\$ 3,007,978) and short-term investments (\$ 996,915)..... | 63,077,979 | | 63,077,979 | 23,645,872 |
| 6. Contract loans (including \$ premium notes)..... | | | | |
| 7. Derivatives..... | | | | |
| 8. Other invested assets..... | | | | |
| 9. Receivables for securities..... | | | | |
| 10. Securities lending reinvested collateral assets..... | | | | |
| 11. Aggregate write-ins for invested assets..... | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 64,103,514 | | 64,103,514 | 24,673,148 |
| 13. Title plants less \$ charged off (for Title insurers only)..... | | | | |
| 14. Investment income due and accrued..... | 26,556 | | 26,556 | 4,618 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 2,707,878 | 278,808 | 2,429,070 | 2,520,647 |
| 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..... | 4,000,795 | 336,585 | 3,664,210 | 3,099,582 |
| 16.2 Funds held by or deposited with reinsured companies..... | 6,982,759 | | 6,982,759 | 6,913,090 |
| 16.3 Other amounts receivable under reinsurance contracts..... | 1,290,159 | | 1,290,159 | |
| 17. Amounts receivable relating to uninsured plans..... | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | | |
| 18.2 Net deferred tax asset..... | | | | |
| 19. Guaranty funds receivable or on deposit..... | | | | |
| 20. Electronic data processing equipment and software..... | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$)..... | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 23,270 | | 23,270 | 10,017,701 |
| 24. Health care (\$) and other amounts receivable..... | 2,091,229 | 792,382 | 1,298,847 | 917,816 |
| 25. Aggregate write-ins for other-than-invested assets..... | | | | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 81,226,160 | 1,407,775 | 79,818,385 | 48,146,602 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. Total (Lines 26 and 27)..... | 81,226,160 | 1,407,775 | 79,818,385 | 48,146,602 |
| 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..... | | | | |
| 2502..... | | | | |
| 2503..... | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$1,039,432 reinsurance ceded) | 9,767,020 | | 9,767,020 | 2,739,338 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 434,327 | | 434,327 | 320,676 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | 63,631,852 | | 63,631,852 | 42,271,239 |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 825,893 | | 825,893 | 863,262 |
| 9. General expenses due or accrued | 3,019,273 | | 3,019,273 | 899,242 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | | | | |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 2,917,362 | | 2,917,362 | 54,261 |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | 6,982,759 | | 6,982,759 | 6,913,090 |
| 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 | | | | |
| 23. Aggregate write-ins for other liabilities (including \$ current) | | | | |
| 24. Total liabilities (Lines 1 to 23) | 87,578,486 | | 87,578,486 | 54,061,109 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | | |
| 26. Common capital stock | XXX | XXX | 100 | 100 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 17,974,191 | 16,974,191 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | | |
| 31. Unassigned funds (surplus) | XXX | XXX | (25,734,392) | (22,888,798) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | (7,760,101) | (5,914,507) |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 79,818,385 | 48,146,602 |
| Details of Write-Ins | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | | |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | 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 | | |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year to Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|-------------|--------------------|------------------------------|
| | 1 | 2 | 3 | 4 |
| | Uncovered | Total | Total | Total |
| 1. Member Months..... | XXX | 119,074 | 31,146 | 168,744 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 28,614,702 | 6,047,876 | 19,485,050 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX | | | |
| 5. Risk revenue..... | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | | | |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | | | |
| 8. Total revenues (Lines 2 to 7)..... | XXX | 28,614,702 | 6,047,876 | 19,485,050 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 18,694,026 | 10,442,342 | |
| 10. Other professional services..... | | | | 34,655,033 |
| 11. Outside referrals..... | | | | |
| 12. Emergency room and out-of-area..... | | | | |
| 13. Prescription drugs..... | | 4,211,749 | 1,012,121 | 7,673,590 |
| 14. Aggregate write-ins for other hospital and medical..... | | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | | |
| 16. Subtotal (Lines 9 to 15)..... | | 22,905,775 | 11,454,463 | 42,328,624 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | 378,153 | 6,881,518 | 27,656,241 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | | 22,527,622 | 4,572,945 | 14,672,383 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$551,128 cost containment expenses..... | | 967,329 | 459,533 | 2,476,025 |
| 21. General administrative expenses..... | | 10,976,795 | 1,011,117 | 11,278,210 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | (2,325,000) | | 2,200,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | | 32,146,746 | 6,043,595 | 30,626,618 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | (3,532,044) | 4,282 | (11,141,568) |
| 25. Net investment income earned..... | | (39,848) | 8,842 | 8,368 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | | (39,848) | 8,842 | 8,368 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]..... | | | | |
| 29. Aggregate write-ins for other income or expenses..... | | | (96) | |
| 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 | (3,571,893) | 13,027 | (11,133,200) |
| 31. Federal and foreign income taxes incurred..... | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | (3,571,893) | 13,027 | (11,133,200) |
| Details of Write-Ins | | | | |
| 0601..... | XXX | | | |
| 0602..... | XXX | | | |
| 0603..... | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX | | | |
| 0701..... | XXX | | | |
| 0702..... | XXX | | | |
| 0703..... | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX | | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX | | | |
| 1401..... | | | | |
| 1402..... | | | | |
| 1403..... | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | | | | |
| 2901. Regulatory Fines..... | | | (96) | |
| 2902..... | | | | |
| 2903..... | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | | | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | | | (96) | |

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

| | 1 | 2 | 3 |
|---|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | (5,914,505) | 6,290,872 | 6,290,872 |
| 34. Net income or (loss) from Line 32..... | (3,571,893) | 13,027 | (11,133,200) |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | | |
| 38. Change in net deferred income tax..... | | | |
| 39. Change in nonadmitted assets..... | 538,693 | (79,431) | (1,946,468) |
| 40. Change in unauthorized and certified reinsurance..... | | | |
| 41. Change in treasury stock..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in..... | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | | | |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in..... | 1,000,000 | | 7,974,291 |
| 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..... | 187,605 | | (7,100,000) |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | (1,845,595) | (66,404) | (12,205,377) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | (7,760,100) | 6,224,468 | (5,914,505) |
| Details of Write-Ins | | | |
| 4701. Prior Period Adjustments..... | 187,605 | | (7,100,000) |
| 4702..... | | | |
| 4703..... | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | | | |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)..... | 187,605 | | (7,100,000) |

CASH FLOW

| | 1 | 2 | 3 |
|---|----------------------|--------------------|------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 51,020,243 | 11,483,504 | 58,439,050 |
| 2. Net investment income..... | (60,044) | | 10,641 |
| 3. Miscellaneous income..... | | | (8,507,846) |
| 4. Total (Lines 1 to 3)..... | 50,960,199 | 11,483,504 | 49,941,845 |
| 5. Benefit and loss related payments..... | 14,572,626 | 1,481,447 | 17,232,627 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 9,710,443 | 1,080,709 | 12,616,227 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9)..... | 24,283,069 | 2,562,156 | 29,848,854 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 26,677,130 | 8,921,349 | 20,092,991 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | | | |
| 12.2 Stocks..... | | | |
| 12.3 Mortgage loans..... | | | |
| 12.4 Real estate..... | | | |
| 12.5 Other invested assets..... | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | | |
| 12.7 Miscellaneous proceeds..... | | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | | | |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | | | |
| 13.2 Stocks..... | | | |
| 13.3 Mortgage loans..... | | | |
| 13.4 Real estate..... | | | |
| 13.5 Other invested assets..... | | | |
| 13.6 Miscellaneous applications..... | | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | | | |
| 14. Net increase (or decrease) in contract loans and premium notes..... | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | | | |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | 1,000,000 | | 7,974,291 |
| 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)..... | 11,754,976 | (1,544,546) | (11,222,025) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 12,754,976 | (1,544,546) | (3,247,734) |
| 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)..... | 39,432,106 | 7,376,803 | 16,845,257 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 23,645,873 | 6,800,616 | 6,800,616 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 63,077,979 | 14,177,419 | 23,645,873 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | | |
| 20.0001..... | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non- Health |
|--|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|---|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|----------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year..... | 17,141 | 17,097 | 44 | | | | | | | | | | | |
| 2. First Quarter..... | 36,791 | 36,779 | 12 | | | | | | | | | | | |
| 3. Second Quarter..... | | | | | | | | | | | | | | |
| 4. Third Quarter..... | | | | | | | | | | | | | | |
| 5. Current Year..... | | | | | | | | | | | | | | |
| 6. Current Year Member Months..... | 119,074 | 118,760 | 314 | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician..... | 32,836 | 32,824 | 12 | | | | | | | | | | | |
| 8. Non-Physician..... | 3,891 | 3,889 | 2 | | | | | | | | | | | |
| 9. Total..... | 36,727 | 36,713 | 14 | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred..... | 255 | 255 | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions..... | 87 | 87 | | | | | | | | | | | | |
| 12. Health Premiums Written (a)..... | 29,437,467 | 29,432,505 | 4,962 | | | | | | | | | | | |
| 13. Life Premiums Direct..... | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned..... | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 12,489,142 | 12,304,839 | 184,303 | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services..... | 22,905,775 | 22,567,754 | 338,021 | | | | | | | | | | | |

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| 0399999 – Aggregate accounts not individually listed-covered..... | 3,566,504 | 41,542 | 13,007 | 60,309 | 286,964 | 3,968,326 |
| 0499999 – Subtotals..... | 3,566,504 | 41,542 | 13,007 | 60,309 | 286,964 | 3,968,326 |
| 0599999 – Unreported claims and other claim reserves..... | | | | | | 6,838,125 |
| 0799999 – Total claims unpaid..... | | | | | | 10,806,451 |
| 0899999 – Accrued medical incentive pool and bonus amounts..... | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|---|---|------------------------------------|--|------------------------------------|--|---|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual..... | 2,372,469 | 13,517,289 | | 9,767,020 | 2,372,469 | 2,739,338 |
| 2. Comprehensive (hospital and medical) group..... | | | | | | |
| 3. Medicare Supplement..... | | | | | | |
| 4. Dental only..... | | | | | | |
| 5. Vision 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)..... | 2,372,469 | 13,517,289 | | 9,767,020 | 2,372,469 | 2,739,338 |
| 14. Health care receivables (a)..... | | 1,835,375 | | | | 1,445,557 |
| 15. Other non-health..... | | | | | | |
| 16. Medical incentive pools and bonus amounts..... | | | | | | |
| 17. Totals (Lines 13-14+15+16)..... | 2,372,469 | 11,681,914 | | 9,767,020 | 2,372,469 | 1,293,781 |

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed and permitted by the State of Georgia Department of Insurance (DOI).

The DOI recognizes only statutory accounting practices prescribed or permitted by the State of Georgia for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the State of Georgia Insurance Law. The State of Georgia prescribes the use of the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) for use in statutory reporting.

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

| | SSAP # | F/S Page | F/S Line # | 03/31/2023 | 12/31/2022 |
|---|--------|----------|------------|-----------------------|------------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ (3,571,893) | \$ (11,133,200) |
| (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 | <u>\$ (3,571,893)</u> | <u>\$ (11,133,200)</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ (7,760,101) | \$ (5,914,507) |
| (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 | <u>\$ (7,760,101)</u> | <u>\$ (5,914,507)</u> |

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

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

C. Accounting Policy

The Company's revenue is derived primarily from member health-care premium payments. The premiums are based upon the actuarial determined cost of services and are recognized as revenue when earned.

Member health care premiums are billed and due during the month prior to the effective month of coverage. Premiums receivable is comprised of member premiums that have been billed but not yet received. Unearned premiums represent the member premiums billed prior to the period for which benefit coverages are to be delivered and any prepaid member premiums.

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

In addition, the Company has the following accounting policies:

- (1) Short-term investments - No Significant Changes
- (2) Bonds are stated at amortized cost in the accompanying financial statements.
 Bonds that are designated NAIC designation 1 or 2 are reported at amortized cost, all other bonds are reported at the lower of amortized cost or fair value. The Company did not have any Mandatory Convertible Securities or SVO-identified investments.
- (3) Common stocks - No Significant Changes
- (4) Preferred stocks - No Significant Changes
- (5) Mortgage loans - No Significant Changes
- (6) Loan-backed securities - None
- (7) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes
- (8) Investments in joint ventures, partnerships and limited liability companies - No Significant Changes
- (9) Derivatives - No Significant Changes
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - None
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmacy rebate receivables are based on reports received from the Company's pharmacy benefit manager and estimates are prepared using historical trends.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. The Company's continuance as a going concern is reliant on additional capital funding to continue to operate. The Company was notified in April 2023 that it had reached its maximum expected enrollment for the 2023 plan year. As a result, the Company was suppressed from selling new business on the ACA Marketplace for the remainder of 2023.

Notes to the Financial Statements

2. **Accounting Changes and Corrections of Errors** - No Significant Changes
3. **Business Combinations and Goodwill** - No Significant Changes
4. **Discontinued Operations** - No Significant Changes
5. **Investments**
 - A. Mortgage Loans, including Mezzanine Real Estate Loans - No Significant Changes
 - B. Debt Restructuring - No Significant Changes
 - C. Reverse Mortgages - No Significant Changes
 - D. Loan-Backed Securities - None
 - E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
 - F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
 - G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
 - H. Repurchase Agreements Transactions Accounted for as a Sale - None
 - I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
 - J. Real Estate - No Significant Changes
 - K. Low-Income Housing Tax Credits (LIHTC) - No Significant Changes
 - L. Restricted Assets - No Significant Changes
 - M. Working Capital Finance Investments - None
 - N. Offsetting and Netting of Assets and Liabilities - None
 - O. 5GI Securities - No Significant Changes
 - P. Short Sales - No Significant Changes
 - Q. Prepayment Penalty and Acceleration Fees - No Significant Changes
 - R. Reporting Entity's Share of Cash Pool by Asset type - None
6. **Joint Ventures, Partnerships and Limited Liability Companies** - No Significant Changes
7. **Investment Income** - No Significant Changes
8. **Derivative Instruments** - None
9. **Income Taxes** - No Significant Changes
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**
 - A. Nature of Relationships - No Significant Changes
 - B. The Company received additional capital contribution of \$1 Million from its parent, Friday Health Plans Management Services, Inc. as of March 31, 2023.
 - C. Transactions With Related Party Who Are Not Reported on Schedule Y - No Significant Changes
 - D. At March 31, 2023, the Company had outstanding receivables from affiliated parties for a total of \$23,270 and outstanding payables of \$2,917,362.37. All amounts represent settlement of intercompany transactions.
 - E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
 - F. Guarantees or Contingencies - No Significant Changes
 - G. Nature of Relationships that Could Affect Operations - No Significant Changes
 - H. Amount Deducted for Investment in Upstream Company - No Significant Changes
 - I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - No Significant Changes
 - J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - No Significant Changes
 - K. Foreign Subsidiary Value Using CARVM - No Significant Changes
 - L. Downstream Holding Company Value Using Look-Through Method - No Significant Changes
 - M. All SCA Investments - No Significant Changes
 - N. Investment in Insurance SCAs - No Significant Changes
 - O. SCA and SSAP No. 48 Entity Loss Tracking - No Significant Changes
11. **Debt**
 - A. Debt, Including Capital Notes - No Significant Changes
 - B. FHLB (Federal Home Loan Bank) Agreements - None

Notes to the Financial Statements

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies of Plan Assets - No Significant Changes
- C. Fair Value of Each Class of Plan Assets - No Significant Changes
- D. Expected Long-Term Rate of Return for the Plan Assets - No Significant Changes
- E. Defined Contribution Plans - No Significant Changes
- F. Multiemployer Plans - No Significant Changes
- G. Consolidated/Holding Company Plans - No Significant Changes
- H. Postemployment Benefits and Compensated Absences - No Significant Changes
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - No Significant Changes

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - No Significant Changes

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - No Significant Changes

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales - No Significant Changes
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - No Significant Changes

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No Significant Changes

20. Fair Value Measurements

A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

- (1) Fair value measurements at reporting date - None
- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) Policy on transfers into and out of Level 3 - None
- (4) Inputs and techniques used for Level 2 and Level 3 fair values - None
- (5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

| Type of Financial Instrument | Aggregate Fair Value | | | Net Asset Value (NAV) | | | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|---------|-----------------------|---------|----|----------------------------------|
| | Value | Admitted Assets | Level 1 | Level 2 | Level 3 | | |
| Bonds | \$ 675,768 | \$ 1,025,534 | \$ | \$ 675,768 | \$ | \$ | \$ |

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - No Significant Changes

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through May 12, 2023 for the statutory statement issued on March 31, 2023.

Notes to the Financial Statements

22. Events Subsequent (Continued)

None

Type II. – Non recognized Subsequent Events

Subsequent events have been considered through May 12, 2023 for the statutory statement issued on March 31, 2023.

The Company was notified in April 2023 that it had reached its maximum expected enrollment for the 2023 plan year. As a result, the Company was suppressed from selling new business on the ACA Marketplace for the remainder of 2023.

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - No Significant Changes
- B. Method Used to Record - No Significant Changes
- C. Amount and Percent of Net Retrospective Premiums - No Significant Changes
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - No Significant Changes
- 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? YES

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

| | Amount |
|--|----------------------|
| a. Permanent ACA Risk Adjustment Program | |
| Assets | |
| 1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)..... | \$ |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA risk adjustment..... | \$ |
| 3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)..... | 56,656,852 |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment..... | \$(23,685,613) |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)..... | |
| b. Transitional ACA Reinsurance Program | |
| Assets | |
| 1. Amounts recoverable for claims paid due to ACA reinsurance..... | \$ |
| 2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)..... | |
| 3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance..... | |
| Liabilities | |
| 4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium..... | \$ |
| 5. Ceded reinsurance premiums payable due to ACA reinsurance..... | |
| 6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance..... | |
| Operations (Revenue & Expense) | |
| 7. Ceded reinsurance premiums due to ACA reinsurance..... | \$ |
| 8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments..... | |
| 9. ACA reinsurance contributions - not reported as ceded premium..... | |
| c. Temporary ACA Risk Corridors Program | |
| Assets | |
| 1. Accrued retrospective premium due to ACA risk corridors liabilities..... | \$ |
| 2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors..... | |
| Operations (Revenue & Expense) | |
| 3. Effect of ACA risk corridors on net premium income (paid/received)..... | \$ |
| 4. Effect of ACA risk corridors on change in reserves for rate credits..... | |
| (3) 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 - None | |
| (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None | |
| (5) ACA risk corridors receivable as of reporting date - None | |

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, 2022 were \$3,060,014. As of March 31, 2023 \$2,693,145 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claims adjustment expenses; therefore, there has been \$366,867 in unfavorable prior-year development from December 31, 2022 to March 31, 2023. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Notes to the Financial Statements

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 - None

26. **Intercompany Pooling Arrangements** - No Significant Changes

27. **Structured Settlements** - No Significant Changes

28. **Health Care Receivables** - No Significant Changes

29. **Participating Policies** - No Significant Changes

30. Premium Deficiency Reserves

| | |
|---|-------------|
| 1. Liability carried for premium deficiency reserves: | \$6,975,000 |
| 2. Date of the most recent evaluation of this liability: | 03/31/2023 |
| 3. Was anticipated investment income utilized in the calculation? | NO |

31. **Anticipated Salvage and Subrogation** - No Significant Changes

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... YES
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Friday Health Plans of Texas has been noted as under liquidation order entered March 2023.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

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

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | NO | NO | NO | NO |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:.....
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... YES
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ 23,270

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? N/A
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? YES

- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:
- | 1 | 2 |
|-----------------------|--|
| Name of Custodian(s) | Custodian Address |
| Bank of Oklahoma..... | 201 S. Robert S. Kerr Ave, 4th Floor, Oklahoma City, OK 73102..... |

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:
- | 1 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

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

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

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

| 1 | 2 |
|-------------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| Comerica Securities, Inc..... | U..... |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? NO
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| 17079..... | Comerica Securities..... | 5493009QV211JEW7ZV59..... | SEC..... | NO..... |

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?YES.....
- 18.2 If no, list exceptions:
.....
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?.....NO.....
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?.....NO.....
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....NO.....

GENERAL INTERROGATORIES

PART 2 – HEALTH

| | | |
|-----|--|----------|
| 1. | Operating Percentages: | |
| 1.1 | A&H loss percent..... | 80.653 % |
| 1.2 | A&H cost containment percent..... | 1.926 % |
| 1.3 | A&H expense percent excluding cost containment expenses..... | 39.815 % |
| 2.1 | Do you act as a custodian for health savings accounts?..... | NO..... |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date..... | \$..... |
| 2.3 | Do you act as an administrator for health savings accounts?..... | NO..... |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date..... | \$..... |
| 3. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | NO..... |
| 3.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | NO..... |

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|---|----------------|---------------------|-----------------------------|-------------------------------|--------------------------------|-----------------------------|------------------------|---|--|
| Accident & Health - Non-Affiliates | | | | | | | | | |
| 23680 | 47-0698507 | 01/01/2023 | Odyssey Reinsurance Company | CT | SSL/I | CMM | Authorized | | |

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

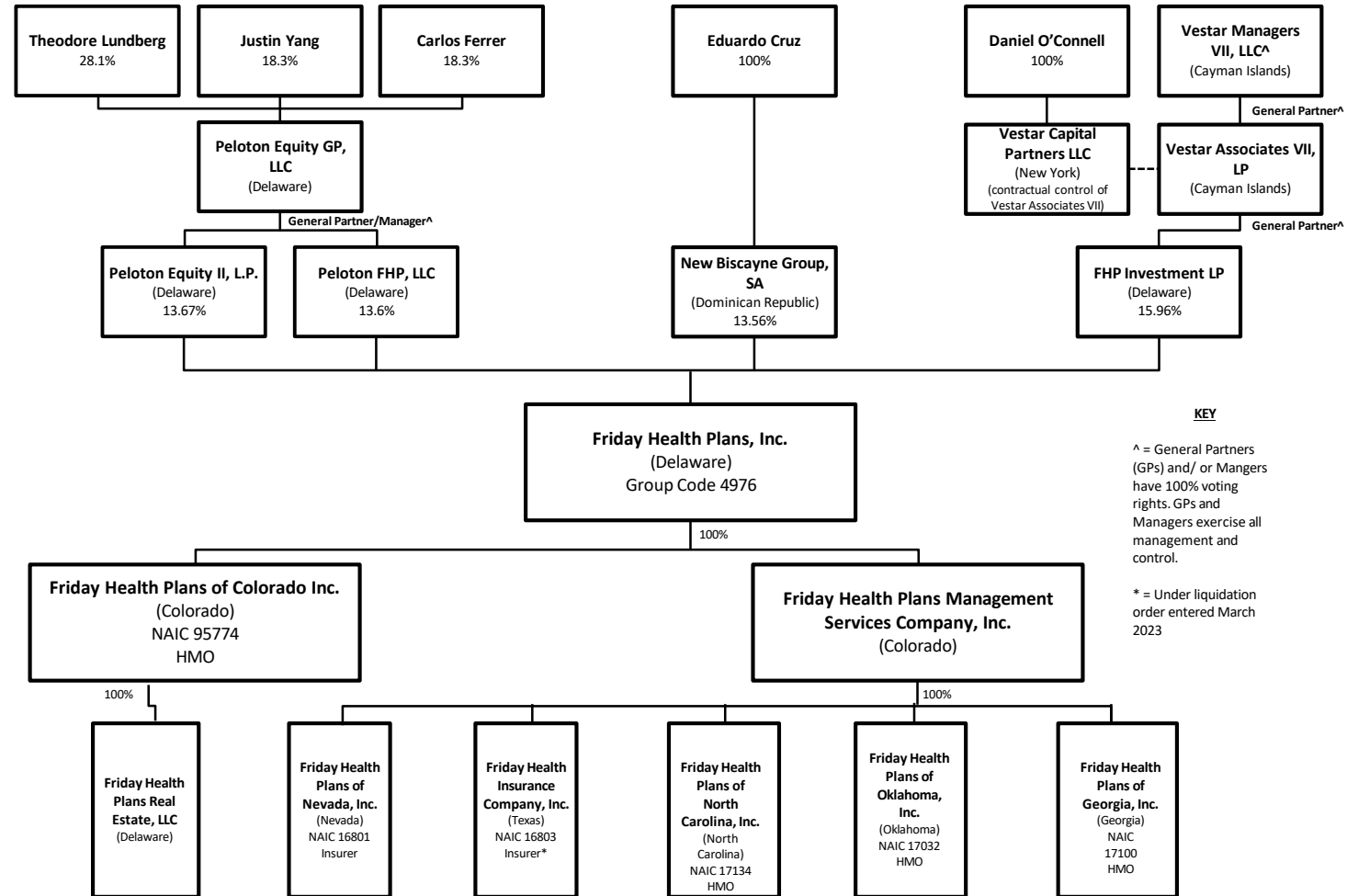
| | | Direct Business Only | | | | | | | | | |
|-----------------------------|---|----------------------|----------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|
| States, Etc. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. | Alabama | AL | N | | | | | | | | |
| 2. | Alaska | AK | N | | | | | | | | |
| 3. | Arizona | AZ | N | | | | | | | | |
| 4. | Arkansas | AR | N | | | | | | | | |
| 5. | California | CA | N | | | | | | | | |
| 6. | Colorado | CO | N | | | | | | | | |
| 7. | Connecticut | CT | N | | | | | | | | |
| 8. | Delaware | DE | N | | | | | | | | |
| 9. | District of Columbia | DC | N | | | | | | | | |
| 10. | Florida | FL | N | | | | | | | | |
| 11. | Georgia | GA | L | 29,437,467 | | | | | | 29,437,467 | |
| 12. | Hawaii | HI | N | | | | | | | | |
| 13. | Idaho | ID | N | | | | | | | | |
| 14. | Illinois | IL | N | | | | | | | | |
| 15. | Indiana | IN | N | | | | | | | | |
| 16. | Iowa | IA | N | | | | | | | | |
| 17. | Kansas | KS | N | | | | | | | | |
| 18. | Kentucky | KY | N | | | | | | | | |
| 19. | Louisiana | LA | N | | | | | | | | |
| 20. | Maine | ME | N | | | | | | | | |
| 21. | Maryland | MD | N | | | | | | | | |
| 22. | Massachusetts | MA | N | | | | | | | | |
| 23. | Michigan | MI | N | | | | | | | | |
| 24. | Minnesota | MN | N | | | | | | | | |
| 25. | Mississippi | MS | N | | | | | | | | |
| 26. | Missouri | MO | N | | | | | | | | |
| 27. | Montana | MT | N | | | | | | | | |
| 28. | Nebraska | NE | N | | | | | | | | |
| 29. | Nevada | NV | N | | | | | | | | |
| 30. | New Hampshire | NH | N | | | | | | | | |
| 31. | New Jersey | NJ | N | | | | | | | | |
| 32. | New Mexico | NM | N | | | | | | | | |
| 33. | New York | NY | N | | | | | | | | |
| 34. | North Carolina | NC | N | | | | | | | | |
| 35. | North Dakota | ND | N | | | | | | | | |
| 36. | Ohio | OH | N | | | | | | | | |
| 37. | Oklahoma | OK | N | | | | | | | | |
| 38. | Oregon | OR | N | | | | | | | | |
| 39. | Pennsylvania | PA | N | | | | | | | | |
| 40. | Rhode Island | RI | N | | | | | | | | |
| 41. | South Carolina | SC | N | | | | | | | | |
| 42. | South Dakota | SD | N | | | | | | | | |
| 43. | Tennessee | TN | N | | | | | | | | |
| 44. | Texas | TX | N | | | | | | | | |
| 45. | Utah | UT | N | | | | | | | | |
| 46. | Vermont | VT | N | | | | | | | | |
| 47. | Virginia | VA | N | | | | | | | | |
| 48. | Washington | WA | N | | | | | | | | |
| 49. | West Virginia | WV | N | | | | | | | | |
| 50. | Wisconsin | WI | N | | | | | | | | |
| 51. | Wyoming | WY | N | | | | | | | | |
| 52. | American Samoa | AS | N | | | | | | | | |
| 53. | Guam | GU | N | | | | | | | | |
| 54. | Puerto Rico | PR | N | | | | | | | | |
| 55. | US Virgin Islands | VI | N | | | | | | | | |
| 56. | Northern Mariana Islands | MP | N | | | | | | | | |
| 57. | Canada | CAN | N | | | | | | | | |
| 58. | Aggregate Other Alien | OT | XXX | | | | | | | | |
| 59. | Subtotal | XXX | 29,437,467 | | | | | | | 29,437,467 | |
| 60. | Reporting entity contributions for employee benefits plans | XXX | | | | | | | | | |
| 61. | Total (Direct Business) | XXX | 29,437,467 | | | | | | | 29,437,467 | |
| Details of Write-Ins | | | | | | | | | | | |
| 58001. | | XXX | | | | | | | | | |
| 58002. | | XXX | | | | | | | | | |
| 58003. | | XXX | | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | | | | |
| 58999. | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | | | | | | | | | |

(a) Active Status Counts

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

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

EXHIBIT B



KEY

^ = General Partners (GPs) and/ or Managers have 100% voting rights. GPs and Managers exercise all management and control.

* = Under liquidation order entered March 2023

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|---|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| | | | 47-8391343 | | | | Friday Health Plans, Inc. | CO | UDP | | | | Friday Health Plans, Inc. | NO | |
| | | | 84-3646813 | | | | Friday Health Plans Management Services Company, Inc. | CO | NIA | Friday Health Plans, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 95774 | 23-7296258 | | | | Friday Health Plans of Colorado, Inc. | CO | RE | Friday Health Plans, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| | | | 84-1772915 | | | | Friday Health Plans Real Estate, LLC | DE | DS | Friday Health Plans of Colorado, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 16801 | 81-2132766 | | | | Friday Health Plans of Nevada, Inc. | NV | IA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 16803 | 85-0957671 | | | | Friday Health Insurance Company, Inc. | TX | IA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 17032 | 86-2561908 | | | | Friday Health Plans of Oklahoma, Inc. | OK | IA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 17100 | 86-2586561 | | | | Friday Health Plans of Georgia, Inc. | GA | IA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| 4976 | Friday Health Plans Group | 17134 | 85-3160457 | | | | Friday Health Plans of North Carolina, Inc. | NC | IA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| | | | 87-1572000 | | | | Friday Health Plans of Pennsylvania, Inc. | PA | NIA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| | | | 87-3586930 | | | | Friday Health Plans of Tennessee, Inc. | TN | NIA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |
| | | | 88-0719141 | | | | Friday Health Plans of Missouri Insurance Company, Inc. | MO | NIA | Friday Health Plans Management Services Company, Inc. | Ownership, Management | 1.000 | Friday Health Plans, Inc. | NO | |

| | | | | | | | | | | | | | | | |
|----------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Asterisk | Explanation | | | | | | | | | | | | | | |
|----------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|--|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?..... | No..... |

August Filing

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

EXPLANATION:

- 1.
- 2.

BARCODES:



2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|--|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 1,027,276 | 1,034,167 |
| 2. Cost of bonds and stocks acquired..... | | |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration for bonds and stocks disposed of..... | | |
| 7. Deduct amortization of premium..... | 1,742 | 6,891 |
| 8. Total foreign exchange change in book / adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | 1,025,534 | 1,027,276 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 1,025,534 | 1,027,276 |

SCHEDULE D – PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book / Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book / Adjusted Carrying Value End of First Quarter | 6 Book / Adjusted Carrying Value End of Second Quarter | 7 Book / Adjusted Carrying Value End of Third Quarter | 8 Book / Adjusted Carrying Value December 31 Prior Year |
|-----------------------------------|---|---|---|---|--|---|--|---|
| Bonds | | | | | | | | |
| 1. NAIC 1 (a) | 4,974,200 | 6,969,407 | 6,945,903 | 8,551 | 5,006,255 | | | 4,974,200 |
| 2. NAIC 2 (a) | | | | | | | | |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 4,974,200 | 6,969,407 | 6,945,903 | 8,551 | 5,006,255 | | | 4,974,200 |
| Preferred Stock | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 4,974,200 | 6,969,407 | 6,945,903 | 8,551 | 5,006,255 | | | 4,974,200 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$ 3,980,720; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|-----------------------|--------------------------------|-----------|-------------|---------------------------------|--|
| | Book / Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 770999999 Total | 996,915 | XXX | 982,500 | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 3,946,924 | |
| 2. Cost of short-term investments acquired | | 5,923,425 |
| 3. Accrual of discount | 9,450 | 4,965 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 2,959,459 | 1,981,466 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book / adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 996,915 | 3,946,924 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 996,915 | 3,946,924 |

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|--|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 23,929 | |
| 2. Cost of cash equivalents acquired..... | 6,969,650 | 3,015,770 |
| 3. Accrual of discount..... | 843 | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 3,986,444 | 2,991,841 |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book / adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 3,007,978 | 23,929 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 3,007,978 | 23,929 |

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

(E-03) Schedule BA - Part 2

NONE

(E-03) Schedule BA - Part 3

NONE

(E-04) Schedule D - Part 3

NONE

(E-05) Schedule D - Part 4

NONE

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|---|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| BOK Financial #8097670053 - | | | | | 24,591,603 | 32,254,018 | 59,073,086 | XXX |
| 0199998 - Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | | | | XXX |
| 0199999 - Total Open Depositories | | | | | 24,591,603 | 32,254,018 | 59,073,086 | XXX |
| 0299998 - Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 - Total Suspended Depositories | | | | | | | | XXX |
| 0399999 - Total Cash on Deposit | | | | | 24,591,603 | 32,254,018 | 59,073,086 | XXX |
| 0499999 - Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 - Total | | | | | 24,591,603 | 32,254,018 | 59,073,086 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|---|------|---------------|------------------|---------------|--------------------------------|------------------------------------|-----------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| Bonds, U.S. Governments, Issuer Obligations | | | | | | | | |
| XXX | UNITED STATES TREAS BILLS | | 03/28/2023 | | 04/25/2023 | 997,149 | 406 | |
| XXX | UNITED STATES TREAS BILLS | | 03/02/2023 | | 04/04/2023 | 996,022 | 3,615 | |
| XXX | UNITED STATES TREAS NTS | | 03/14/2023 | 2.750 | 04/30/2023 | 990,634 | 11,455 | 843 |
| 0019999999 | – Bonds, U.S. Governments, Issuer Obligations | | | | | 2,983,805 | 15,476 | 843 |
| 0109999999 | – Subtotals – Bonds, U.S. Governments | | | | | 2,983,805 | 15,476 | 843 |
| 2419999999 | – Subtotals – Bonds, Issuer Obligations | | | | | 2,983,805 | 15,476 | 843 |
| 2509999999 | – Subtotals – Total Bonds | | | | | 2,983,805 | 15,476 | 843 |
| Exempt Money Market Mutual Funds – as Identified by SVO | | | | | | | | |
| 94975H-29-6 | ALLSPRING FUNDS TR | | 03/01/2023 | | XXX | 24,173 | | 244 |
| 8209999999 | – Exempt Money Market Mutual Funds – as Identified by SVO | | | | | 24,173 | | 244 |
| 8609999999 | – Total Cash Equivalents | | | | | 3,007,978 | 15,476 | 1,087 |