Pro Forma Statutory Balance Sheet

(In Thousands)

| (iii Tiiousailus) | 2020 | 2021 | 2022 |
|--|-------|--------------|-------|
| Admitted Assets | 2020 | 202 I | 2022 |
| 1. Bonds | | | |
| 2. Stock | | | |
| Real Estate/Mortgage Investments | | | |
| 4. Affiliated Investments | | | |
| 5. Affiliated Receivables | | | |
| 6. Cash/Cash Equivalents | | | |
| 7. Aggregate write in for assets | | | |
| 8. Total Assets(1+2+3+4+5+6+7) | - | - | - |
| Liabilities | | | |
| | | | |
| Losses (Unpaid Claims for Accident and Health Policies) Losses (Unpaid Claims of Lypenses) | | | |
| 10. Unpaid claims adjustment expenses11. Reserve for Accident and Health Policies | | | |
| 12. Ceded Reinsurance Payable | | | |
| 13. Payable to Parents, Subsidiaries & Affiliates | | | |
| 14. MLR rebates | | | |
| 15. Premiums received in advanced | | | |
| 16. All other Liabilites | | | |
| 17. Total Liabilities (9+10+11+12+13+14+15+16) | - | - | - |
| | | | |
| Capital and Surplus | | | |
| 18. Capital Stock | | | |
| 19. Gross Paid In and Contributed Surplus | | | |
| 20. Surplus Notes | | | |
| 21. Unassigned Surplus | | | |
| 22. Other Items(elaborate) | | | |
| 23. Total Capital and Surplus(18+19+20+21+22) | - | - | - |
| | | | |
| 24. Authorized Control Level Risk-Based Capital | | | |
| 25. Calculated Risk-Based Capital (23/24) | 0.0% | 0.0% | 0.0% |
| -0. 04.04.000 (Non Bassa Oaphai (20/2)) | 3.070 | 0.070 | 0.070 |

Pro Forma Statutory Profit & Loss Statement

(In Thousands, except Member Months, in Whole numbers)

| | 2020 | 2021 | 2022 |
|--|------|------|------|
| Member months | | | |
| 2. Net Premium Income | | | |
| 3. Fee for Service | | | |
| 4. Risk Revenue | | | |
| 5. Change in unearned premium reserves | | | |
| Aggregate write in for other health related revenue | | | |
| 7. Aggregate write in for other non-health related revenue | | | |
| 8. Total (L2+L3+L4+L5+L6+L7) | - | - | - |

Hospital and Medical:

| • | | | |
|---|---|---|---|
| 9. Hospital/Medical Benenfits | | | |
| 10. Other professional Services | | | |
| 11. Prescription Drugs | | | |
| 12. Aggregate write ins for other hospital/medical | | | |
| 13. Subtotal (L9+L10+L11+L12) | - | - | - |
| | | | |
| Less: | | | |
| 14. Reinsurance recoveries | | | |
| 15. Total hospital and Medical (L13 -L14) | - | - | - |
| 16. Non health claims | | | |
| 17. Claims adjustment expenses | | | |
| 18. General admin expenses | | | |
| 19. Increase in reserves for accident and health contacts | | | |
| 20. Total underwriting deductions (L15+L16+L17+L18+L19) | - | - | - |
| 21. Net underwriting gain or loss (L8 -L20) | - | - | - |
| 22. Net investment income earned | | | |
| 23. Aggregate write in for other income or expenses | | | |
| 24. Federal Income Taxes | | | |
| 25. Net Realized Capital Gains (Losses) | | | |
| 26. Less Capital Gains Tax | | | |
| | | | |
| 27. Net Income (L21+L22+L23-L24+L25) | - | - | - |
| | | | |

28. Prior YE Surplus

| 29. | Net Income | - | - | - |
|-----|----------------------------------|---|---|---|
| 30. | Capital Increases | | | |
| 31. | Other Increases (Decreases) | | | |
| 32. | Dividends to Stockholders | | | |
| 33. | YE Surplus (L28+L29+L30+L31-L32) | - | - | - |

^{*}Itemize in Assumptions

Pro Forma Statutory Cash Flow Statement

(In Thousands)

| • | 2020 | 2021 | 2022 |
|--|------|------|------|
| Cash From Operations | | | |
| Premiums Collected Net of Reinsurance | | | |
| 2. Benefits Paid | | | |
| Underwriting Expenses Paid | | | |
| 4. Total Cash From Underwriting (L1-L2-L3) | - | - | - |
| 5. Net Investment Income | | | |
| 6. Other Income | | | |
| 7. Dividends to Policyholders | | | |
| 8. Federal and Foreign Income Taxes (Paid) Recovered | | | |
| 9. Net Cash From Operations (L4+L5+L6-L7+L8) | - | - | - |
| Cash From Investments 10. Net Cash from Investments | | | |
| Cash From Financing and Misc Sources | | | |
| 11. Capital and paid in Surplus | | | |
| 12. Surplus Notes | | | |
| 13. Borrowed Funds | | | |
| 14. Dividends | | | |
| 15. Other Cash Provided (Applied) | | | |
| 16. Net Cash from Financing and Misc Sources | | | |
| (L11+L12+L13-L14+L15) | - | - | - |
| | | | |
| 17. Net Change in Cash, Cash Equivalents and Short -Term | | | |
| Investments (L9+L10+L16) | | | |

Preliminary MLR Statement

(In Thousands)

Revenue and New Enrollee Adjustments

| November and New Enrolled Adjustments | | | | |
|---------------------------------------|--|----|---|---------|
| 1 | Total YTD Capitation | \$ | - | \$ - |
| | Premium Tax Component of Reported Revenue | | | |
| 2 | Less: Health Insurer Tax | \$ | - | \$ - |
| 3 | Less: Allocation for premium taxes and other revenue-based assessments | \$ | - | \$ - |
| 4 | NET Current YTD MLR Revenue | \$ | - | \$ - |

2020

2021

MLR Medical and Administrative Expense Adjustments

| 8 | Total Net Medical Expenses from Income Statement | \$ - | \$ - |
|----|--|---------|---------|
| | MLR Expense Adjustments defined in Exhibit C | | |
| 9 | Incurred claim adjustment additions | \$ | \$ - |
| 10 | Incurred claim adjustment deductions | \$ - | \$ - |
| 11 | Incurred claim adjustment exclusions | \$ - | \$ _ |
| 12 | Adjusted Net Medical Expenses | \$ - | \$ - |
| | Health care quality improvement (HCQI) and health care information | | |
| | technology meaningful use expenses | | |
| 13 | HCQI and HIT administrative expenses from Income Statement | \$ - | \$ - |
| 14 | Adjustments or exclusions to HCQI/HIT meaningful use expenses | \$ - | \$ - |
| 15 | Adjusted HCQI/HIT expenses | \$ - | \$ - |
| 16 | Other Non-Claims Costs (FOR REPORTING PURPOSES ONLY. NOT INCLUDED IN NUMERATOR.) | \$ - | \$ - |
| 17 | Total Adjusted Current YTD MLR Expenditures | \$ - | \$ - |
| 21 | MLR percentage achieved | 0.0% | 0.0% |
| 22 | MLR percentage requirement for rebate calculation | 85.0% | 85.0% |
| 23 | Percentage below 85% Requirement | 85.0% | 85.0% |
| 24 | Dollar Amount of Rebate Requirement | N/A | N/A |

| \$ | - |
|----|---|
| Ψ | |
| Ф | |
| \$ | - |
| \$ | - |
| \$ | - |

| \$ | - |
|----------|-------|
| | |
| \$ | • |
| \$ | - |
| \$ | - |
| \$ | - |
| | |
| | |
| \$ | - |
| \$ \$ | - |
| \$ | - |
| \$ | |
| Ф | - |
| \$ | - |
| | 0.0% |
| | 85.0% |
| | 85.0% |
| | N/A |

Company Name: Statement of Assumptions

List below all of the relevant assumptions used to create the proforma statements.