

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Care 2022)
Small Group and Individual Group) DOCKET NOS. GMCB-008-21rr
Vermont Health Connect Rate Filings) GMCB-007-21rr
)
SERFF Nos. MVPH-132824927)
MVPH-132824950)

**MVP'S RESPONSES TO THE GREEN MOUNTAIN CARE BOARD'S
FIRST SET OF NON-ACTUARIAL QUESTIONS**

MVP Health Plan, Inc., ("MVP") by and through Primmer Piper Eggleston & Cramer PC hereby responds to the Green Mountain Care Board's ("GMCB" or "Board") June 18, 2021 Non-Actuarial HCA Questions pursuant to 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6) as follows:

NON-ACTUARIAL QUESTIONS

1. What is MVPHP's goal in working with OneCare Vermont? Is MVPHP's agreement with OneCare Vermont intended to reduce risk by decreasing the likelihood of cost outcomes outside of the cost target? Is it intended to lower premium costs?

Response: MVP's goal in working with OneCare Vermont is to ultimately improve overall population health, member satisfaction and cost efficiency through aligned incentives ("Triple Aim"). Currently, the arrangement is an upside only total cost of care arrangement (shared savings). MVP and OneCare will continue to discuss the potential for alternate reimbursement models in future iterations of the agreement. Such considerations include moving to downside risk and/or capitation models. The needs of the consumer are of paramount importance (including wellness, care navigation for at-risk members, access and affordability). Achieving success in these areas relies on implementing aligned financial incentives, focusing on the needs of members and jointly solving problems aimed at delivering value to consumers while driving towards the Triple Aim.

2. Provide MVPHP's 2020 supplemental health care exhibit and MVPHP's most recent quarterly financial statement.

Response: Please see MVP's 2020 Supplemental Health Care Exhibit attached as Exhibit A, and MVP's Quarterly Statement for the Quarter Ended March 31, 2021 ("Quarterly Statement") attached as Exhibit B. MVP's Quarterly Statement reflects the entire MVP entity and, therefore, incorporates New York data.

Dated: July 1, 2021

PRIMMER PIPER EGGLESTON & CRAMER PC

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EXHIBIT A

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF New York DURING THE YEAR 2020

NAIC Company Code 95521

Supp216-1 New York

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	204,669,970	27,929,642	202,329,943							1,199,503,170	121,418,688	761,911,269	2,517,762,682	X X X	2,517,762,682
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	204,669,970	27,929,642	202,329,943							1,199,503,170	121,418,688	761,911,269	2,517,762,682	X X X	2,517,762,682
1.5 Federal taxes and federal assessments	2,023,907	229,811	2,459,555							11,066,173	1,235,186	6,828,313	23,842,945		23,842,945
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)	2,245,140	201,692	1,225,686							1,145,910	976,282		5,794,710		5,794,710
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	188,810	28,648	182,072							1,079,545	109,276	685,715	2,274,066		2,274,066
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	200,212,113	27,469,491	198,462,630							1,186,211,542	119,097,944	754,397,241	2,485,850,961	X X X	2,485,850,961
1.9 Net assumed less ceded reinsurance premiums earned	(747,077)	(82,333)	(506,164)							(14,597,874)	(118,238)	(353,160)	(16,404,846)	X X X	(16,404,846)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	199,465,036	27,387,158	197,956,466							1,171,613,668	118,979,706	754,044,081	2,469,446,115	X X X	2,469,446,115
2. Claims:															
2.1 Incurred claims excluding prescription drugs	173,139,143	17,178,578	127,977,367							850,793,669	79,507,780	577,791,853	1,826,388,390	X X X	1,826,388,390
2.2 Prescription drugs	48,665,136	4,796,060	31,561,139							243,168,175	35,080,335	142,931,264	506,202,109	X X X	506,202,109
2.3 Pharmaceutical rebates	12,979,743	2,340,504	10,073,145							12,488,299	8,403,838	79,104,353	125,389,882	X X X	125,389,882
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)	8,249,899	1,159,675	5,824,987							24,575,926	3,025,301		42,835,788	X X X	42,835,788
3. Incurred medical incentive pools and bonuses	1,017,186	290,841	1,832,312							44,426,288	268,549	(5,147,682)	42,687,494	X X X	42,687,494
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	7,299	1,155	30,072							59,377	20,329	74,718	192,950		192,950
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	209,841,722	19,924,975	151,297,673							1,125,899,833	106,452,826	636,471,082	2,249,888,111	X X X	2,249,888,111
5.1 Net assumed less ceded reinsurance claims incurred	(1,276,311)	(1,324,303)	(53,703)							(10,932,641)		(160,763)	(13,747,721)	X X X	(13,747,721)
5.2 Other adjustments due to MLR calculations - Claims	6,732,539									5,284,032	370,171	(7,421,811)	4,964,931	X X X	4,964,931
5.3 Rebates Paid										X X X	X X X			X X X	
5.4 Estimated rebates unpaid prior year										X X X	X X X			X X X	
5.5 Estimated rebates unpaid current year	1,649,395									X X X	X X X	7,421,811	9,071,206	X X X	9,071,206
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	216,947,345	18,600,672	151,243,970							1,120,251,224	106,822,997	636,310,319	2,250,176,527	X X X	2,250,176,527
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	666,256	90,934	590,055							6,993,453	428,598	2,957,130	11,726,426		11,726,426
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	484,674	48,431	257,334							2,277,737	271,712	1,272,636	4,612,525		4,612,525
6.4 Wellness and health promotion activities	52,562	7,482	35,544									539,692	635,280		635,280
6.5 Health Information Technology expenses related to health improvement	337,418	39,835	206,765							1,858,564	197,067	876,352	3,516,001		3,516,001
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	1,540,910	186,682	1,089,698							11,129,754	897,377	5,645,810	20,490,232		20,490,232
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	1.056	0.732	0.768							X X X	X X X	0.851	X X X	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,662,542	371,784	2,466,464							23,638,551	2,424,889	14,837,415	48,401,645		48,401,645
8.2 All other claims adjustment expenses	1,137,529	144,114	816,516							5,024,763	737,358	3,007,354	10,867,634		10,867,634
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	5,800,071	515,898	3,282,980							28,663,314	3,162,247	17,844,769	59,269,279		59,269,279
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.029	0.019	0.017							0.024	0.027	0.024	X X X	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	592,231	141,262	760,967							13,998		848,380	2,356,838		2,356,838
10.2 Agents and brokers fees and commissions	1,722,538	1,182,400	3,091,356									4,033,782	10,030,076		10,030,076
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	14,316,114	1,551,561	7,352,755							61,728,092	8,591,552	35,223,145	128,763,219		128,763,219
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	16,630,883	2,875,223	11,205,078							61,742,090	8,591,552	40,105,307	141,150,133		141,150,133
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(41,454,173)	5,208,683	31,134,740							(50,172,714)	(494,467)	54,137,876	(1,640,056)	X X X	(1,640,056)
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,171,125	X X X	9,171,125
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(41,420)	X X X	(41,420)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,572,489	X X X	7,572,489
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies	23,114	3,676	10,188							205,397	23,685	63,960	330,020		330,020
O2. Number of Covered Lives	33,716	5,362	22,677							212,389	23,685	63,960	361,789		361,789
O3. Number of Groups	X X X	1,064	93	X X X						14		233	1,404		1,404
O4. Member Months	410,482	58,431	278,112							2,382,854	281,518	762,957	4,174,354		4,174,354

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [] No [X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 New York

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(9,537,012)	(6,459,016)	(1,390,029)	573,245
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			(989,080)	2,269,548
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received			(5,120,947)	(3,901,222)
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF New York DURING THE YEAR 2020

NAIC Company Code 95521

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written	205,423,827	28,309,646	202,474,468							1,201,106,219	124,396,450	761,939,182	2,523,649,792
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits	(5,120,947)	(3,901,222)											(9,022,169)
1.6	Reserve for rate credits current year	1,649,395									4,244,042		8,719,435	14,612,872
1.7	Reserve for rate credits prior year												2,073,858	2,073,858
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)	1,649,395									4,244,042		6,645,577	12,539,014
1.9	Premium balances written off	753,857	380,004	144,525							1,603,049	2,977,762	27,913	5,887,110
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	204,669,970	27,929,642	202,329,943							1,199,503,170	121,418,688	761,911,269	2,517,762,682
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	747,077	82,333	506,164							14,597,874	118,238	353,160	16,404,846
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	207,394,445	31,748,531	201,823,779							1,180,661,254	121,300,450	754,912,532	2,497,840,991
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	213,480,963	26,679,243	152,076,581							1,060,054,775	105,384,189	665,781,114	2,223,456,865
2.2	Direct claim liability current year	30,422,389	2,790,008	14,064,781							89,899,750	9,875,073	45,521,253	192,573,254
2.3	Direct claim liability prior year	30,486,185	5,008,027	18,876,698							73,545,001	8,080,395	45,315,624	181,311,930
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits	(5,120,947)	(3,901,222)											(9,022,169)
2.9	Reserve for rate credits current year	1,649,395									4,244,042		8,719,435	14,612,872
2.10	Reserve for rate credits prior year												2,073,858	2,073,858
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	1,017,186	290,841	1,832,312							44,426,288	268,549	(5,147,682)	42,687,494
2.11A	Paid medical incentive pools and bonuses current year	(86,990)	941,026	6,646,471							32,726,914	268,549	(6,531,482)	33,964,488
2.11B	Accrued medical incentive pools and bonuses current year	3,881,052	(362,832)	(415,317)							18,077,907		5,757,465	26,938,275
2.11C	Accrued medical incentive pools and bonuses prior year	2,776,876	287,353	4,398,842							6,378,533		4,373,665	18,215,269
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	1,121,077	925,868	(2,200,696)							(819,978)	994,591	31,013,555	31,034,417
2.12A	Healthcare receivables current year	8,632,211	1,573,206	7,345,596							8,033,059	5,718,955	84,886,533	116,189,560
2.12B	Healthcare receivables prior year	7,511,134	647,338	9,546,292							8,853,037	4,724,364	53,872,978	85,155,143
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	209,841,724	19,924,975	151,297,672							1,125,899,832	106,452,825	636,471,083	2,249,888,111
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,276,311	1,324,303	53,703							10,932,641		160,763	13,747,721
2.19	Other Adjustments due to MLR calculation - Claims	8,381,933									5,284,032	370,171		14,036,136
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	220,418,898	22,501,894	151,243,969							1,116,007,181	106,822,996	629,664,743	2,246,659,681
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	7,299	1,155	31,367							59,377	20,329	74,718	194,245

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp216.3 New York

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305
 BUSINESS IN THE STATE OF New York DURING THE YEAR 2020

NAIC Group Code 1198

NAIC Company Code 95521

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$.....0 for affiliated services)	605,007		482,333		227,402	1,314,742	2,287,592	758,588	7,730,232	12,091,154
1.2	Outsourced services	34,175		730		29,610	64,515	64,846	27,695	1,392,625	1,549,681
1.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,570		292	52,541	64,788	119,191	312,355	112,799	1,102,415	1,646,760
1.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	28				5	33	9,185	5,201	45,506	59,925
1.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
1.6	Other Expenses (incl \$.....0 for affiliated services)	25,476		1,319	21	15,613	42,429	1,988,565	233,246	4,548,419	6,812,659
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	666,256		484,674	52,562	337,418	1,540,910	4,662,543	1,137,529	14,819,197	22,160,179
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	4,024,403	4,024,403
1.10	TOTAL (Lines 1.7 to 1.9)	666,256		484,674	52,562	337,418	1,540,910	4,662,543	1,137,529	18,843,600	26,184,582
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							43,286			43,286
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$.....0 for affiliated services)	77,831		48,191		26,746	152,768	260,078	95,051	841,897	1,349,794
2.2	Outsourced services	5,123		67		4,123	9,313	7,912	3,759	174,542	195,526
2.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	331		33	7,479	6,817	14,660	36,955	14,135	111,811	177,561
2.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	9				1	10	1,063	697	4,850	6,620
2.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
2.6	Other Expenses (incl \$.....0 for affiliated services)	7,640		140	3	2,148	9,931	65,776	30,472	1,507,215	1,613,394
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	90,934		48,431	7,482	39,835	186,682	371,784	144,114	2,640,315	3,342,895
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	493,366	493,366
2.10	TOTAL (Lines 2.7 to 2.9)	90,934		48,431	7,482	39,835	186,682	371,784	144,114	3,133,681	3,836,261
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							5,349			5,349
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$.....0 for affiliated services)	523,347		255,912		144,174	923,433	1,461,758	536,439	3,796,930	6,718,560
3.2	Outsourced services	25,922		402		20,044	46,368	43,162	19,591	696,431	805,552
3.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,825		207	35,530	32,127	69,689	205,300	80,196	493,775	848,960
3.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	49				3	52	6,103	4,064	20,917	31,136
3.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
3.6	Other Expenses (incl \$.....0 for affiliated services)	38,912		813	14	10,417	50,156	750,141	176,226	5,101,003	6,077,526
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	590,055		257,334	35,544	206,765	1,089,698	2,466,464	816,516	10,109,056	14,481,734
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,737,648	3,737,648
3.10	TOTAL (Lines 3.7 to 3.9)	590,055		257,334	35,544	206,765	1,089,698	2,466,464	816,516	13,846,704	18,219,382
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							30,072			30,072

Supp216.4 New York

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.5 New York

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.6 New York

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305



NAIC Group Code 1198

BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2020

NAIC Company Code 95521

Supp216.1 Vermont

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	95,650,749	114,465,157	12,671,740									26,265,447	249,053,093	X X X	249,053,093
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	95,650,749	114,465,157	12,671,740									26,265,447	249,053,093	X X X	249,053,093
1.5 Federal taxes and federal assessments	840,026	826,737	107,784									183,687	1,958,234		1,958,234
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	3,259	3,860	424									882	8,425		8,425
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	94,807,464	113,634,560	12,563,532									26,080,878	247,086,434	X X X	247,086,434
1.9 Net assumed less ceded reinsurance premiums earned	(336,110)	(450,856)	(42,632)									(20,150)	(849,748)	X X X	(849,748)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	94,471,354	113,183,704	12,520,900									26,060,728	246,236,686	X X X	246,236,686
2. Claims:															
2.1 Incurred claims excluding prescription drugs	73,665,793	81,975,379	11,502,706									21,313,528	188,457,406	X X X	188,457,406
2.2 Prescription drugs	14,356,238	20,242,801	2,216,456									3,661,517	40,477,012	X X X	40,477,012
2.3 Pharmaceutical rebates	4,883,306	4,918,088	757,954									3,226,446	13,785,794	X X X	13,785,794
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)	1,088,919	1,326,578	176,185										2,591,682	X X X	2,591,682
3. Incurred medical incentive pools and bonuses	1,097,736	1,553,036	62,376									(65,153)	2,647,995	X X X	2,647,995
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		818											818		818
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	84,236,461	98,853,128	13,023,584									21,683,446	217,796,619	X X X	217,796,619
5.1 Net assumed less ceded reinsurance claims incurred														X X X	
5.2 Other adjustments due to MLR calculations - Claims	1,693,045		(54,756)									(138,776)	1,499,513	X X X	1,499,513
5.3 Rebates Paid			54,756										54,756	X X X	54,756
5.4 Estimated rebates unpaid prior year														X X X	
5.5 Estimated rebates unpaid current year														X X X	
5.6 Fee for service and co-pay revenue												138,776	138,776	X X X	138,776
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	85,929,506	98,853,128	13,023,584									21,683,446	219,489,664	X X X	219,489,664
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	171,722	206,239	26,425									152,170	556,556		556,556
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	118,096	154,806	15,436									52,895	341,233		341,233
6.4 Wellness and health promotion activities	23,647	31,721	2,998									30,759	89,125		89,125
6.5 Health Information Technology expenses related to health improvement	111,252	143,322	15,688									42,483	312,745		312,745
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	424,717	536,088	60,547									278,307	1,299,659		1,299,659
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.893	0.875	1.041							X X X	X X X	0.842	X X X	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,088,511	1,297,883	704,865									704,865	3,796,124		3,796,124
8.2 All other claims adjustment expenses	435,891	539,847	118,111									118,111	1,211,960		1,211,960
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	1,524,402	1,837,730	822,976									822,976	5,008,084		5,008,084
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.016	0.016	0.066									0.032	X X X	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	266,449	673,705	59,075									15,515	1,014,744		1,014,744
10.2 Agents and brokers fees and commissions			190,753									280,772	471,525		471,525
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	4,317,895	5,284,632	(41,852)									1,756,085	11,316,760		11,316,760
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	4,584,344	5,958,337	207,976									2,052,372	12,803,029		12,803,029
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	2,008,385	5,998,421	(1,594,183)									1,223,627	7,636,250	X X X	7,636,250
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,636,250	X X X	7,636,250
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies	10,602	12,103	1,101									3,785	27,591		27,591
O2. Number of Covered Lives	14,796	20,631	1,889									3,785	41,101		41,101
O3. Number of Groups	X X X	1,418	11	X X X								4	1,433		1,433
O4. Member Months	184,676	247,723	23,424									42,872	498,695		498,695

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [] No [X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 Vermont

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(7,033,844)	(20,741,117)		
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			6,778,155	13,934,462
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received			(1,356,338)	(429,242)
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2020

NAIC Company Code 95521

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written	95,978,905	114,969,337	12,683,229								26,270,616	249,902,087	
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits	(1,356,338)	(429,242)	54,756									(1,730,824)	
1.6	Reserve for rate credits current year			679								223,070	223,749	
1.7	Reserve for rate credits prior year											97,044	97,044	
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)			679								126,026	126,705	
1.9	Premium balances written off	328,156	504,180	11,489								5,169	848,994	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	95,650,749	114,465,157	12,671,740								26,265,447	249,053,093	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	336,110	450,856	42,632								20,150	849,748	
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	96,670,977	114,443,543	12,573,673								26,119,271	249,807,464	
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	81,069,542	94,249,444	12,149,051								22,450,386	209,918,423	
2.2	Direct claim liability current year	14,623,777	15,176,436	1,963,917								1,755,305	33,519,435	
2.3	Direct claim liability prior year	10,157,799	10,339,496	993,989								1,185,419	22,676,703	
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits	(1,356,338)	(429,242)	54,756									(1,730,824)	
2.9	Reserve for rate credits current year			679								223,070	223,749	
2.10	Reserve for rate credits prior year											97,044	97,044	
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	1,097,736	1,553,036	62,376								(65,153)	2,647,995	
2.11A	Paid medical incentive pools and bonuses current year	1,966,574	2,566,975	67,506								(65,153)	4,535,902	
2.11B	Accrued medical incentive pools and bonuses current year	(555,883)	(684,668)	1,490									(1,239,061)	
2.11C	Accrued medical incentive pools and bonuses prior year	312,955	329,271	6,620									648,846	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	1,040,457	1,357,049	213,205								1,397,700	4,008,411	
2.12A	Healthcare receivables current year	3,253,051	3,307,809	510,653								1,397,700	8,469,213	
2.12B	Healthcare receivables prior year	2,212,594	1,950,760	297,448									4,460,802	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	84,236,461	98,853,129	13,023,585								21,683,445	217,796,620	
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates													
2.19	Other Adjustments due to MLR calculation - Claims	1,693,045											1,693,045	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	87,285,844	99,282,371	12,968,150								21,557,419	221,093,784	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		818										818	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp216.3 Vermont

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305
 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2020

NAIC Group Code 1198

NAIC Company Code 95521

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$.....0 for affiliated services)	148,254		117,377		72,696	338,327	671,701	285,718	2,489,240	3,784,986
1.2	Outsourced services	13,480		197		12,782	26,459	17,871	11,809	544,092	600,231
1.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	624		118	23,638	19,065	43,445	95,867	42,242	319,987	501,541
1.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	4				2	6	2,619	2,107	13,631	18,363
1.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
1.6	Other Expenses (incl \$.....0 for affiliated services)	9,360		404	9	6,707	16,480	300,454	94,015	982,845	1,393,794
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	171,722		118,096	23,647	111,252	424,717	1,088,512	435,891	4,349,795	6,298,915
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,077,833	1,077,833
1.10	TOTAL (Lines 1.7 to 1.9)	171,722		118,096	23,647	111,252	424,717	1,088,512	435,891	5,427,628	7,376,748
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							16,609			16,609
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$.....0 for affiliated services)	175,604		153,921		93,026	422,551	820,162	355,303	3,294,226	4,892,242
2.2	Outsourced services	17,839		253		17,064	35,156	22,096	16,106	702,393	775,751
2.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	729		137	31,708	24,308	56,882	119,079	52,428	412,869	641,258
2.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	5				2	7	3,190	2,531	17,591	23,319
2.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
2.6	Other Expenses (incl \$.....0 for affiliated services)	12,062		495	13	8,922	21,492	333,355	113,479	1,122,975	1,591,301
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	206,239		154,806	31,721	143,322	536,088	1,297,882	539,847	5,550,054	7,923,871
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,238,881	1,238,881
2.10	TOTAL (Lines 2.7 to 2.9)	206,239		154,806	31,721	143,322	536,088	1,297,882	539,847	6,788,935	9,162,752
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							20,592			20,592
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$.....0 for affiliated services)	21,446		15,343		10,037	46,826	89,648	38,964	488,114	663,552
3.2	Outsourced services	1,927		25		1,618	3,570	2,563	1,769	57,266	65,168
3.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	155		18	2,997	3,182	6,352	12,594	5,784	56,989	81,719
3.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	3					3	341	281	2,353	2,978
3.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
3.6	Other Expenses (incl \$.....0 for affiliated services)	2,894		50	1	851	3,796	2,904	12,526	320,093	339,319
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	26,425		15,436	2,998	15,688	60,547	108,050	59,324	924,815	1,152,736
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	46,970	46,970
3.10	TOTAL (Lines 3.7 to 3.9)	26,425		15,436	2,998	15,688	60,547	108,050	59,324	971,785	1,199,706
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							2,242			2,242

Supp216.4 Vermont

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.5 Vermont

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.6 Vermont

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)



REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2020

NAIC Company Code 95521

Supp216.1 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	300,320,719	142,394,799	215,001,683							1,199,503,170	121,418,688	788,176,716	2,766,815,775	X X X	2,766,815,775
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	300,320,719	142,394,799	215,001,683							1,199,503,170	121,418,688	788,176,716	2,766,815,775	X X X	2,766,815,775
1.5 Federal taxes and federal assessments	2,863,933	1,056,548	2,567,339							11,066,173	1,235,186	7,012,000	25,801,179		25,801,179
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)	2,245,140	201,692	1,225,686							1,145,910	976,282		5,794,710		5,794,710
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	192,069	32,508	182,496							1,079,545	109,276	686,597	2,282,491		2,282,491
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	295,019,577	141,104,051	211,026,162							1,186,211,542	119,097,944	780,478,119	2,732,937,395	X X X	2,732,937,395
1.9 Net assumed less ceded reinsurance premiums earned	(1,083,187)	(533,189)	(548,796)							(14,597,874)	(118,238)	(373,310)	(17,254,594)	X X X	(17,254,594)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	293,936,390	140,570,862	210,477,366							1,171,613,668	118,979,706	780,104,809	2,715,682,801	X X X	2,715,682,801
2. Claims:															
2.1 Incurred claims excluding prescription drugs	246,804,936	99,153,957	139,480,073							850,793,669	79,507,780	599,105,381	2,014,845,796	X X X	2,014,845,796
2.2 Prescription drugs	63,021,374	25,038,861	33,777,595							243,168,175	35,080,335	146,592,781	546,679,121	X X X	546,679,121
2.3 Pharmaceutical rebates	17,863,049	7,258,592	10,831,099							12,488,299	8,403,838	82,330,799	139,175,676	X X X	139,175,676
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)	9,338,818	2,486,253	6,001,172							24,575,926	3,025,301		45,427,470	X X X	45,427,470
3. Incurred medical incentive pools and bonuses	2,114,922	1,843,877	1,894,688							44,426,288	268,549	(5,212,835)	45,335,489	X X X	45,335,489
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	7,299	1,973	30,072							59,377	20,329	74,718	193,768		193,768
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	294,078,183	118,778,103	164,321,257							1,125,899,833	106,452,826	658,154,528	2,467,684,730	X X X	2,467,684,730
5.1 Net assumed less ceded reinsurance claims incurred	(1,276,311)	(1,324,303)	(53,703)							(10,932,641)		(160,763)	(13,747,721)	X X X	(13,747,721)
5.2 Other adjustments due to MLR calculations - Claims	8,425,584		(54,756)							5,284,032	370,171	(7,560,587)	6,464,444	X X X	6,464,444
5.3 Rebates Paid			54,756							X X X	X X X		54,756	X X X	54,756
5.4 Estimated rebates unpaid prior year										X X X	X X X			X X X	
5.5 Estimated rebates unpaid current year	1,649,395									X X X	X X X	7,560,587	9,209,982	X X X	9,209,982
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	302,876,851	117,453,800	164,267,554							1,120,251,224	106,822,997	657,993,765	2,469,666,191	X X X	2,469,666,191
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	837,978	297,173	616,480							6,993,453	428,598	3,109,300	12,282,982		12,282,982
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	602,770	203,237	272,770							2,277,737	271,712	1,325,531	4,953,758		4,953,758
6.4 Wellness and health promotion activities	76,209	39,203	38,542									570,451	724,405		724,405
6.5 Health Information Technology expenses related to health improvement	448,670	183,157	222,453							1,858,564	197,067	918,835	3,828,746		3,828,746
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	1,965,627	722,770	1,150,245							11,129,754	897,377	5,924,117	21,789,891		21,789,891
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	1.003	0.847	0.784							X X X	X X X	0.851	X X X	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	5,751,053	1,669,667	3,171,329							23,638,551	2,424,889	15,542,280	52,197,769		52,197,769
8.2 All other claims adjustment expenses	1,573,420	683,961	934,627							5,024,763	737,358	3,125,465	12,079,594		12,079,594
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	7,324,473	2,353,628	4,105,956							28,663,314	3,162,247	18,667,745	64,277,363		64,277,363
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.025	0.017	0.019							0.024	0.027	0.024	X X X	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	858,680	814,967	820,042							13,998		863,895	3,371,582		3,371,582
10.2 Agents and brokers fees and commissions	1,722,538	1,182,400	3,282,109									4,314,554	10,501,601		10,501,601
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	18,634,009	6,836,193	7,310,903							61,728,092	8,591,552	36,979,230	140,079,979		140,079,979
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	21,215,227	8,833,560	11,413,054							61,742,090	8,591,552	42,157,679	153,953,162		153,953,162
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(39,445,788)	11,207,104	29,540,557							(50,172,714)	(494,467)	55,361,503	5,996,194	X X X	5,996,194
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,171,125	X X X	9,171,125
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(41,420)	X X X	(41,420)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	15,208,739	X X X	15,208,739
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies	33,716	15,779	11,289							205,397	23,685	67,745	357,611		357,611
O2. Number of Covered Lives	48,512	25,993	24,566							212,389	23,685	67,745	402,890		402,890
O3. Number of Groups	X X X	2,482	104	X X X						14		237	2,837		2,837
O4. Member Months	595,158	306,154	301,536							2,382,854	281,518	805,829	4,673,049		4,673,049

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [] No [X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(16,570,856)	(27,200,133)	(1,390,029)	573,245
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			5,789,075	16,204,010
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received			(6,477,285)	(4,330,464)
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2020

NAIC Company Code 95521

Supp216.3 Grand Total

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written	301,402,732	143,278,983	215,157,697						1,201,106,219	124,396,450	788,209,798	2,773,551,879	
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits	(6,477,285)	(4,330,464)	54,756									(10,752,993)	
1.6	Reserve for rate credits current year	1,649,395		679						4,244,042		8,942,505	14,836,621	
1.7	Reserve for rate credits prior year											2,170,902	2,170,902	
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)	1,649,395		679						4,244,042		6,771,603	12,665,719	
1.9	Premium balances written off	1,082,013	884,184	156,014						1,603,049	2,977,762	33,082	6,736,104	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	300,320,719	142,394,799	215,001,683						1,199,503,170	121,418,688	788,176,716	2,766,815,775	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	1,083,187	533,189	548,796						14,597,874	118,238	373,310	17,254,594	
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	304,065,422	146,192,074	214,397,452						1,180,661,254	121,300,450	781,031,803	2,747,648,455	
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	294,550,505	120,928,687	164,225,632						1,060,054,775	105,384,189	688,231,500	2,433,375,288	
2.2	Direct claim liability current year	45,046,166	17,966,444	16,028,698						89,899,750	9,875,073	47,276,558	226,092,689	
2.3	Direct claim liability prior year	40,643,984	15,347,523	19,870,687						73,545,001	8,080,395	46,501,043	203,988,633	
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits	(6,477,285)	(4,330,464)	54,756									(10,752,993)	
2.9	Reserve for rate credits current year	1,649,395		679						4,244,042		8,942,505	14,836,621	
2.10	Reserve for rate credits prior year											2,170,902	2,170,902	
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	2,114,922	1,843,877	1,894,688						44,426,288	268,549	(5,212,835)	45,335,489	
2.11A	Paid medical incentive pools and bonuses current year	1,879,584	3,508,001	6,713,977						32,726,914	268,549	(6,596,635)	38,500,390	
2.11B	Accrued medical incentive pools and bonuses current year	3,325,169	(1,047,500)	(413,827)						18,077,907		5,757,465	25,699,214	
2.11C	Accrued medical incentive pools and bonuses prior year	3,089,831	616,624	4,405,462						6,378,533		4,373,665	18,864,115	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	2,161,534	2,282,917	(1,987,491)						(819,978)	994,591	32,411,255	35,042,828	
2.12A	Healthcare receivables current year	11,885,262	4,881,015	7,856,249						8,033,059	5,718,955	86,284,233	124,658,773	
2.12B	Healthcare receivables prior year	9,723,728	2,598,098	9,843,740						8,853,037	4,724,364	53,872,978	89,615,945	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	294,078,185	118,778,104	164,321,257						1,125,899,832	106,452,825	658,154,528	2,467,684,731	
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,276,311	1,324,303	53,703						10,932,641		160,763	13,747,721	
2.19	Other Adjustments due to MLR calculation - Claims	10,074,978								5,284,032	370,171		15,729,181	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	307,704,742	121,784,265	164,212,119						1,116,007,181	106,822,996	651,222,162	2,467,753,465	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	7,299	1,973	31,367						59,377	20,329	74,718	195,063	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305
 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2020

NAIC Group Code 1198

NAIC Company Code 95521

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$.....0 for affiliated services)	753,261		599,710		300,098	1,653,069	2,959,293	1,044,306	10,219,472	15,876,140
1.2	Outsourced services	47,655		927		42,392	90,974	82,717	39,504	1,936,717	2,149,912
1.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	2,194		410	76,179	83,853	162,636	408,222	155,041	1,422,402	2,148,301
1.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	32				7	39	11,804	7,308	59,137	78,288
1.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
1.6	Other Expenses (incl \$.....0 for affiliated services)	34,836		1,723	30	22,320	58,909	2,289,019	327,261	5,531,264	8,206,453
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	837,978		602,770	76,209	448,670	1,965,627	5,751,055	1,573,420	19,168,992	28,459,094
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	5,102,236	5,102,236
1.10	TOTAL (Lines 1.7 to 1.9)	837,978		602,770	76,209	448,670	1,965,627	5,751,055	1,573,420	24,271,228	33,561,330
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							59,895			59,895
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$.....0 for affiliated services)	253,435		202,112		119,772	575,319	1,080,240	450,354	4,136,123	6,242,036
2.2	Outsourced services	22,962		320		21,187	44,469	30,008	19,865	876,935	971,277
2.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,060		170	39,187	31,125	71,542	156,034	66,563	524,680	818,819
2.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	14				3	17	4,253	3,228	22,441	29,939
2.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
2.6	Other Expenses (incl \$.....0 for affiliated services)	19,702		635	16	11,070	31,423	399,131	143,951	2,630,190	3,204,695
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	297,173		203,237	39,203	183,157	722,770	1,669,666	683,961	8,190,369	11,266,766
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,732,247	1,732,247
2.10	TOTAL (Lines 2.7 to 2.9)	297,173		203,237	39,203	183,157	722,770	1,669,666	683,961	9,922,616	12,999,013
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							25,941			25,941
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$.....0 for affiliated services)	544,793		271,255		154,211	970,259	1,551,406	575,403	4,285,044	7,382,112
3.2	Outsourced services	27,849		427		21,662	49,938	45,725	21,360	753,697	870,720
3.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,980		225	38,527	35,309	76,041	217,894	85,980	550,764	930,679
3.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	52				3	55	6,444	4,345	23,270	34,114
3.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
3.6	Other Expenses (incl \$.....0 for affiliated services)	41,806		863	15	11,268	53,952	753,045	188,752	5,421,096	6,416,845
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	616,480		272,770	38,542	222,453	1,150,245	2,574,514	875,840	11,033,871	15,634,470
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,784,618	3,784,618
3.10	TOTAL (Lines 3.7 to 3.9)	616,480		272,770	38,542	222,453	1,150,245	2,574,514	875,840	14,818,489	19,419,088
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							32,314			32,314

Supp216.4 Grand Total

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.5 Grand Total

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.6 Grand Total



SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 1198

NAIC Company Code: 95521

Description of allocation methodology:

MVP performed a review of all Administrative expenses by cost center to determine which expenses meet the definition of Quality Improvement, per the 2020 SHCE guidelines. For each cost center that qualifies for QI, MVP then determines the allocation between QI Improve Health Outcomes, QI Prevent Hospital Readmissions, QI Improve Patient Safety and Reduce Medical Errors, QI Promote Health & Wellness, QI Health Information Technology, and Non-QI. For cost centers that are not 100% allocated to one category, MVP allocated to the various categories based on the most relevant statistic (example: count of quality reports V non-quality reports distributed during the year). Leadership cost centers for departments that have quality oversight are allocated proportionately to the cost centers it manages. QI HIT expenses related to technological infrastructure are allocated proportionately to the QI support of each cost center it is allocated to. MVP uses an internal administrative cost allocation model to distribute administrative costs across all companies, regions and group sizes for all of its business, for each cost center. This model is used to calculate how much QI MVP has for each reported company. For each company, MVP uses the NAIC annual statement (page 14) as a starting point for the Supplemental Health Care Exhibit. For each company, the total QI for each category from above is then allocated across each of the NAIC lines. Claims Adjustment expense remained intact. To accommodate the QI dollars, Cost Containment and General Admin were adjusted proportionately to its distribution of each line to. MVP mapped the 25 lines of the NAIC annual statement to the 11 lines of part 3 of the Supplemental Health Care Exhibit. Quality expenses that were mapped to NAIC tax lines were re-allocated to line 6 (other expenses) of the Supplemental Health Care Exhibit to keep QI whole. To get to the state and group size level for each company (excluding company 1 MVP Health Plan), we allocated the non-QI dollars proportionately to the distribution of total administrative dollars to each company, state, and group size from the administrative cost allocation model. We allocated the QI dollars proportionately to the distribution of QI administrative dollars to each company, state, and group size from the administrative cost allocation model. Because company 1 has Government Program business for NY and VT, we used the NAIC distribution of state and Commercial/Government Program business. For each state, we allocated to group size similarly to our method for the other companies.

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense
Improve Health Outcomes:		
All		Effective Case Management, Disease Management, Care Coordination. Oversight of these activities.
All		Quality activities such as physician profiling, performance review, clinical reporting, chart review, member and provider focused outreach. Oversight of these activities.
All		Behavioral Health administrative activities, including Functional Cost Management, Case Management, Utilization management, Quality and Value based activities as well as costs associated in working with BH vendor.
All		Worksite Health Promotions that support the deployment of the Work Well Live Well program to employer groups and Wellness Assessments.
All		Clinical Operations admin allocation, support of QI activities.
All		Medication and care compliance initiatives.
All		Medical Informatics allocation, support of QI activities.
All		Medical Affairs admin allocation, support of QI activities.
All		
All		
All		
All		
All		
All		
All		
All		
Improve Patient Safety and Reduce Medical Errors:		
All		Prospective Utilization Management; Medical & Pharmacy
All		Quality activities such as physician profiling, performance review, clinical reporting, chart review, member and provider focused outreach. Oversight of these activities
All		Clinical Operations admin allocation, support of QI activities.
All		Medical Affairs admin allocation, support of QI activities.
Wellness & Health Promotion Activities:		
All		Worksite Health Promotions that support the deployment of the Work Well Live Well program to employer groups and Wellness Assessments.
All		Health Promotional Communications.
All		
All		
All		
All		
All		
HIT Expenses for Health Care Quality Improvements:		
All		Amortization & Maintenance of Medical Management Software & Hardware; Technology that improve quality of care and provide the infrastructure to enhance current QI or make new QI initiatives possible.
All		Quality department costs associated with reporting & analysis to maintain HEDIS & NCQA accreditation. Oversight of these activities
All		Quality activities such as physician profiling, performance review, clinical reporting, chart review, member and provider focused outreach. Oversight of these activities.
All		Data analysis and support for Quality activities using software tools and systems.
All		Clinical Operations admin allocation, support of QI activities.
All		Medical Informatics allocation, support of QI activities.
All		Medical Affairs admin allocation, support of QI activities.
All		
All		
All		
All		

EXHIBIT B

**QUARTERLY STATEMENT
OF THE
MVP Health Plan, Inc.**

**of
Schenectady
in the state of
New York**

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

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

2021



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2021

Document Code: 201

QUARTERLY STATEMENT
AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
MVP Health Plan, Inc.

NAIC Group Code 1198, 1198; NAIC Company Code 95521; Employer's ID Number 14-1640868; Organized under the Laws of New York; State of Domicile or Port of Entry NY; Country of Domicile United States of America; Licensed as business type: Life, Accident & Health; Property/Casualty; Hospital, Medical & Dental Service or Indemnity; Dental Service Corporation; Vision Service Corporation; Health Maintenance Organization; Other; Is HMO Federally Qualified? Yes; No; N/A; Incorporated/Organized 08/01/1982; Commenced Business 07/01/1983; Statutory Home Office 625 State Street, Schenectady, NY, 12305; Main Administrative Office 625 State Street, Schenectady, NY, 12305; Mail Address 625 State Street, Schenectady, NY, 12305; Primary Location of Books and Records 625 State Street, Schenectady, NY, 12305; Internet Web Site Address mvphealthcare.com; Statutory Statement Contact Jennifer Cenzano, jcenzano@mvphealthcare.com; (518)370-4793; (518)388-2411; (518)370-0830

OFFICERS

Table with 2 columns: Name, Title. Christopher Del Vecchio, President & Chief Executive Officer; Karla A. Austen, Treasurer and Chief Financial Officer; Monice Barbero Esq., Secretary

OTHERS

Alan Goldberg, Chairman of the Board

David S. Pratt M.D., MPH, Vice Chairman of the Board

DIRECTORS OR TRUSTEES

Alan Goldberg
Richard J. D'Ascoli M.D.
David S. Pratt M.D., MPH

Burt Danovitz Ph.D.
Lindsay C Farrell

Meng-Ling Hsiao Ph.D.
Kevin O'Connor

Curtis Lloyd
Kimberly Zeoli

State of New York
County of Schenectady 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.

(Signature) Christopher Del Vecchio
(Printed Name)
1.
President & Chief Executive Officer
(Title)

(Signature) Monice Barbero, Esq.
(Printed Name)
2.
Secretary
(Title)

(Signature) Karla A. Austen
(Printed Name)
3.
Treasurer and Chief Financial Officer
(Title)

Subscribed and sworn to before me this
day of , 2021

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

Yes[X] No[]

(Notary Public Signature)

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	279,083,143		279,083,143	262,304,905
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	35,303,965		35,303,965	34,033,551
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$....(17,620,379)), cash equivalents (\$.....4,894,391) and short-term investments (\$.....17,835,994)	5,110,005		5,110,005	203,463,254
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	49,064		49,064	28,325
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	116,570,373		116,570,373	116,597,951
12. Subtotals, cash and invested assets (Lines 1 to 11)	436,116,550		436,116,550	616,427,986
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,266,303		1,266,303	1,152,227
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	172,965,821		172,965,821	16,060,150
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....985,431) and contracts subject to redetermination (\$.....1,101,414)	2,086,845		2,086,845	2,084,565
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	24,121,170		24,121,170	21,910,438
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	92,914		92,914	92,914
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	14,548,642	9,228,901	5,319,741	5,696,996
21. Furniture and equipment, including health care delivery assets (\$.....0)	9,212,369	9,212,369		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	3,715,332		3,715,332	4,840,695
24. Health care (\$.....158,558,027) and other amounts receivable	158,558,027	73,103	158,484,924	154,824,675
25. Aggregate write-ins for other-than-invested assets	14,220,592	13,976,339	244,253	3,150,195
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	836,904,565	32,490,712	804,413,853	826,240,841
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	836,904,565	32,490,712	804,413,853	826,240,841
DETAILS OF WRITE-INS				
1101. Investment in Hudson Health Plan	41,570,373		41,570,373	41,597,951
1102. HSC 1307 Loan	75,000,000		75,000,000	75,000,000
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	116,570,373		116,570,373	116,597,951
2501. Prepaid Expense	13,775,502	13,775,502		
2502. Deposits	200,837	200,837		
2503. Miscellaneous Receivable	244,144		244,144	3,145,853
2598. Summary of remaining write-ins for Line 25 from overflow page	109		109	4,342
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	14,220,592	13,976,339	244,253	3,150,195

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	228,015,893		228,015,893	226,092,689
2. Accrued medical incentive pool and bonus amounts	23,308,273		23,308,273	25,699,213
3. Unpaid claims adjustment expenses	5,103,000		5,103,000	5,103,000
4. Aggregate health policy reserves, including the liability of \$.....6,009,118 for medical loss ratio rebate per the Public Health Service Act	90,756,060		90,756,060	93,228,705
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				10,778,738
9. General expenses due or accrued	16,430,786		16,430,786	18,307,037
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability	1,978,876		1,978,876	1,978,876
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	20,862,892		20,862,892	3,075,497
16. Derivatives				
17. Payable for securities	42,240		42,240	463,363
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)	769,885		769,885	23,601,122
24. Total liabilities (Lines 1 to 23)	387,267,905		387,267,905	408,328,240
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X	278,668,338	278,668,338
31. Unassigned funds (surplus)	X X X	X X X	138,477,608	139,244,264
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	417,145,946	417,912,602
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	804,413,851	826,240,842
DETAILS OF WRITE-INS				
2301. Payable to CMS	113,109		113,109	3,954,486
2302. Payable to NYS				18,593,136
2303. Preventative In-Home Assessmen	656,776		656,776	1,053,500
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	769,885		769,885	23,601,122
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001. New York State Statutory Deposit	X X X	X X X	269,129,187	269,129,187
3002. Vermont State Statutory Deposit	X X X	X X X	9,539,151	9,539,151
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X	278,668,338	278,668,338

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	1,213,656	1,129,106	4,673,049
2. Net premium income (including \$.....0 non-health premium income)	X X X	694,064,142	672,093,525	2,760,314,176
3. Change in unearned premium reserves and reserves for rate credits	X X X	2,085,882	(101,757)	(12,665,719)
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	696,150,024	671,991,768	2,747,648,457
Hospital and Medical:				
9. Hospital/medical benefits		425,999,799	412,871,928	1,603,512,097
10. Other professional services		59,070,905	73,865,998	296,582,213
11. Outside referrals				
12. Emergency room and out-of-area		17,469,434	20,360,985	61,285,789
13. Prescription drugs		117,517,072	111,654,826	407,503,444
14. Aggregate write-ins for other hospital and medical		13,643,863	13,952,413	57,347,682
15. Incentive pool, withhold adjustments and bonus amounts		12,137,420	11,764,927	45,335,486
16. Subtotal (Lines 9 to 15)		645,838,493	644,471,077	2,471,566,711
Less:				
17. Net reinsurance recoveries		4,191,572	1,565,572	13,747,721
18. Total hospital and medical (Lines 16 minus 17)		641,646,921	642,905,505	2,457,818,990
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....15,105,494 cost containment expenses		18,807,544	17,955,124	70,035,592
21. General administrative expenses		41,822,968	63,028,083	198,068,490
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(8,175,724)	(4,243,429)	15,729,182
23. Total underwriting deductions (Lines 18 through 22)		694,101,709	719,645,283	2,741,652,254
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,048,315	(47,653,515)	5,996,203
25. Net investment income earned		1,589,859	2,303,160	7,712,136
26. Net realized capital gains (losses) less capital gains tax of \$.....0		141,728	475,231	1,373,099
27. Net investment gains or (losses) (Lines 25 plus 26)		1,731,587	2,778,391	9,085,235
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses		(25,386)	14,130	85,889
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	3,754,516	(44,860,994)	15,167,327
31. Federal and foreign income taxes incurred	X X X	36,264		(41,420)
32. Net income (loss) (Lines 30 minus 31)	X X X	3,718,252	(44,860,994)	15,208,747
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. Equipment		13,205,519	13,485,691	55,281,018
1402. Contraceptive		438,344	466,722	2,066,664
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		13,643,863	13,952,413	57,347,682
2901. Other Income		(25,386)	14,130	85,889
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)		(25,386)	14,130	85,889

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	417,912,603	403,986,261	403,986,260
34. Net income or (loss) from Line 32	3,718,252	(44,860,994)	15,208,747
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	914,007	(6,019,231)	1,981,923
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(5,398,914)	(4,646,797)	(3,264,327)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	(2)		
48. Net change in capital and surplus (Lines 34 to 47)	(766,657)	(55,527,022)	13,926,343
49. Capital and surplus end of reporting period (Line 33 plus 48)	417,145,946	348,459,239	417,912,603
DETAILS OF WRITE-INS			
4701. rounding	(2)		
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)	(2)		

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	523,904,808	665,083,856	2,819,586,959
2. Net investment income	1,608,586	2,284,504	8,512,769
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	525,513,394	667,368,360	2,828,099,728
5. Benefit and loss related payments	636,149,665	622,535,328	2,441,024,546
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	62,532,149	56,561,662	271,374,641
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	36,264	(12,469)	449,131
10. TOTAL (Lines 5 through 9)	698,718,078	679,084,521	2,712,848,318
11. Net cash from operations (Line 4 minus Line 10)	(173,204,684)	(11,716,161)	115,251,410
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	32,020,422	34,737,077	125,508,156
12.2 Stocks		1,700,000	3,950,031
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	20,172		
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	32,040,594	36,437,077	129,458,186
13. Cost of investments acquired (long-term only):			
13.1 Bonds	48,755,332	40,252,957	118,870,995
13.2 Stocks	363,791	319,527	1,151,900
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	461,475	634,590	259,355
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	49,580,598	41,207,074	120,282,251
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)	(17,540,004)	(4,769,997)	9,175,936
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			
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)	(7,608,560)	481,876	(24,632,730)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(7,608,560)	481,876	(24,632,730)
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)	(198,353,248)	(16,004,282)	99,794,615
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	203,463,253	103,668,638	103,668,638
19.2 End of period (Line 18 plus Line 19.1)	5,110,005	87,664,355	203,463,253

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

20.0001				
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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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	402,890	69,532	49,441					67,745	215,054	1,118
2. First Quarter	404,310	64,598	50,749					66,125	221,839	999
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,213,656	193,633	152,480					199,182	665,344	3,017
Total Member Ambulatory Encounters for Period:										
7. Physician	1,387,274	172,882	139,729				39	386,754	684,875	2,995
8. Non-Physician	790,380	79,768	75,120				3	211,162	423,377	950
9. Total	2,177,654	252,650	214,849				42	597,916	1,108,252	3,945
10. Hospital Patient Days Incurred	83,940	4,172	2,947				32	29,815	46,842	132
11. Number of Inpatient Admissions	10,656	677	626				2	3,141	6,189	21
12. Health Premiums Written (a)	699,153,626	85,790,623	90,844,566					189,517,979	331,130,082	1,870,376
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	699,153,626	85,790,623	90,844,566					189,517,979	331,130,082	1,870,376
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	642,114,658	78,952,023	75,068,927				(71,987)	174,844,428	311,857,153	1,464,114
18. Amount Incurred for Provision of Health Care Services	645,838,495	79,605,659	75,034,403				(71,996)	174,781,401	315,025,551	1,463,477

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

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
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	63,332,787	1,191,536	471,613	129,052	133,238	65,258,226
0499999 Subtotals	63,332,787	1,191,536	471,613	129,052	133,238	65,258,226
0599999 Unreported claims and other claim reserves						158,674,630
0699999 Total Amounts Withheld						4,083,039
0799999 Total Claims Unpaid						228,015,895
0899999 Accrued Medical Incentive Pool And Bonus Amounts						23,308,273

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	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		
1. Comprehensive (hospital & medical)	89,662,917	114,237,907	16,980,154	56,068,435	106,643,071	81,463,528
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan	(58,262)		3,264		(54,998)	35,848
6. Title XVIII - Medicare	99,655,148	145,458,440	4,801,675	42,221,741	104,456,823	47,276,558
7. Title XIX - Medicaid	60,342,894	244,801,045	25,806,711	81,825,601	86,149,605	96,583,399
8. Other health	619,308	1,259,025	(73,807)	382,119	545,501	733,355
9. Health subtotal (Lines 1 to 8)	250,222,005	505,756,417	47,517,997	180,497,896	297,740,002	226,092,688
10. Healthcare receivables (a)	94,029,580	34,362,545			94,029,580	
11. Other non-health						
12. Medical incentive pools and bonus amounts	8,497,411	6,030,949	15,656,907	7,651,366	24,154,318	25,699,213
13. Totals (Lines 9 - 10 + 11 + 12)	164,689,836	477,424,821	63,174,904	188,149,262	227,864,740	251,791,901

(a) Excludes \$.....30,165,903 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of MVP Health Plan, Inc. (the Company) are presented on the basis of accounting practices prescribed by the New York State Department of Financial Services.

The New York State Department of Financial Services recognizes only statutory accounting practices prescribed by the State of New York for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under New York State Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of New York. The state has adopted certain prescribed accounting practices that differ from those found in the NAIC SAP. There are no reconciling differences of the Company's net income and capital and surplus between the NAIC SAP and practices prescribed and permitted by the State of New York in the current report period.

Net Income		SSAP #	F/S page	F/S Line #	2021	2020
(1)	MVP Health Plan, Inc. State Basis (Page 4, Line 32, columns 2 & 3)		N/A		\$3,718,252	(\$44,860,994)
(2)	State Prescribed Practices that increase (decrease) NAIC SAP:		N/A		\$0	\$0
					\$0	\$0
					\$0	\$0
(3)	State Permitted Practices that increase (decrease) NAIC SAP:		N/A		\$0	\$0
					\$0	\$0
					\$0	\$0
(4)	NAIC SAP (1-2-3= 4)				\$3,718,252	(\$44,860,994)
Surplus						
(5)	MVP Health Plan, Inc. State Basis (Page 3, Line 33, columns 3 & 4)		N/A		\$417,145,947	\$417,912,602
(6)	State Prescribed Practices that increased/decrease NAIC SAP:		N/A		\$0	\$0
					\$0	\$0
					\$0	\$0
(7)	State Permitted Practices that increased/decrease NAIC SAP:		N/A		\$0	\$0
					\$0	\$0
					\$0	\$0
(8)	NAIC SAP (5-6-7= 8)				\$417,145,947	\$417,912,602

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

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

C. Accounting Policy

Basis of Presentation: The Company prepares its statutory based financial statements on the basis of accounting practices prescribed or permitted by the New York State Department of Financial Services. The statutory practices differ from accounting principles generally accepted in the United States of America.

Premium Revenue: The Plan recognizes revenue from premiums charged to employer groups whose employees are members. Premiums are recognized as revenue in the month coverage is provided to members. The Plan utilizes rolling quarterly premium rates. A group's effective date determines the applicable premium rate, which is guaranteed for

Notes to Financial Statement

twelve months. Premiums received prior to such period are recorded as unearned premiums. Employer contracts are on a yearly basis subject to cancellation by the employer group or the Plan upon thirty days written notice.

Claims unpaid represent claims, which have been reported to the Plan plus an estimate of claims incurred but not yet reported (IBNR). The IBNR is estimated based on the Plan's historical experience and other factors. The Plan believes that its IBNR claims estimates are adequate to satisfy its ultimate claims liabilities; however, the IBNR liability as recorded may vary significantly from actual claims amounts, both negatively or positively, and as such when changes in the estimate are deemed necessary they are included in current operations.

Health care claims (including the portion of provider fees withheld) are charged to hospital, physician and other medical expenses as incurred, and amounts withheld from providers are recorded as liabilities. Amounts to be returned to providers are reviewed on an annual basis and any amounts not returned are recorded as reductions of hospital, physician and other medical expenses, with corresponding reductions of the related liabilities for provider risk withholding.

Hospital and Medical Expenses: Hospital, physician and other medical expenses represent all other noncapitated, nonpharmacy medical expenses. Hospital, physician and other medical expenses are based in part on estimates for unprocessed, pending and unreported claims and contract settlement. Adjustments to prior period estimates are reflected in the period identified. Capitated medical expenses represent stipulated dollar amounts per member per month established to cover the cost of certain health care services for a member.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized value using the scientific method with the exception of zero coupon securities that use the straight line method.
- (2) Bonds are stated at amortized value using the scientific method
- (3) Common Stocks are stated at market value
- (4) Preferred Stocks – Not Applicable
- (5) Mortgage Loans – Not Applicable
- (6) Loan-backed Securities are stated at amortized value and use the retrospective adjustment methodology.
- (7) Non-Insurance Company and Goodwill - Not Applicable
- (8) Minor Ownership Interests in Joint Ventures - Not Applicable
- (9) All derivatives are stated at fair value -Not Applicable
- (10) Whether or not the reporting entity utilizes anticipated investment income as a factor in the premium deficiency calculation – Yes
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported.
- (12) The company has not modified its capitalization policy from the prior period.
- (13) Rebates are earned and the associated accounts receivable are estimated based on a percentage of actual scripts filled as well as additional reporting from the PBM.

D. Going Concern – Management has evaluated the reporting entities ability to continue as a going concern and has no substantial doubt as of the statement period.

(1-4) Not applicable

3. Business Combinations and Goodwill

A. Statutory Purchase Method – Not Applicable

Notes to Financial Statement

- B. Statutory Merger – Not applicable
- C. Assumption Reinsurance – Not Applicable
- D. Impairment Loss – Not Applicable

4. Discontinued Operations

(A-D) The Company did not discontinue any operations as of March 31, 2021.

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 –

1. MVP uses CPR & PSA Speeds from the Bloomberg Description Pages to determine our prepayment assumptions on Loan Backed Securities.

2. Not applicable

3 Not applicable

4. Impaired Securities

a.	The aggregate amount of unrealized losses:			
		1. Less than 12 Months		316,338
		2. 12 Months or Longer		121,101
b.	The aggregate related fair value of securities with unrealized losses:			
		1. Less than 12 Months		23,924,811
		2. 12 Months or Longer		1,008,594

5. If a security has an unrealized loss of less than 20% of the Book Value of the security regardless of how long the security has been in a loss position, no action will be taken.

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

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase / Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (a)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	147,164,309	136,374,284	10,790,025	-	147,164,309	17.58%	18.29%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets							

M. Working Capital Finance Instruments – 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

	General Account
(1) Number Of CUSIPs	2
(2) Aggregate Amount of Investment Income	30,731.17

6. Joint Ventures, Partnerships and Limited Liability Companies

Notes to Financial Statement

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A & B. All statutory reported investment income was admitted.

8. Derivative Instruments

(A-H) The Company has no derivative instruments.

9. Income Taxes

No change from the 2020 Annual Statement filed

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

- A. MVP Health Plan, Inc. makes and receives payments to/from its affiliated companies for recurring operating activities. MVP Health Plan, Inc. has a management services and consulting agreement with MVP Service Corp. ("Service Corp."), a company ultimately owned by MVP Health Care, Inc., with related Boards of Directors. Service Corp. performs certain day-to-day operations of MVP Health Plan, Inc. subject to the supervision of the Parent's Board of Directors and charges MVP Health Plan, Inc. for its share of costs based on a contractual allocation methodology. MVP Health Plan, Inc. charges related parties for non-salary expenses through a cost allocation methodology.
- B. The majority of costs amounts due to and due from are cost allocation related with the remaining amounts falling below the disclosure threshold of ½ of 1% of admitted assets
- C. Transactions with related parties who are not reported on Schedule Y – not applicable
- D. The terms of the agreement between the Company and its affiliates require that these amounts be settled within 60 days of receiving the monthly statement of costs
- E. The Company has management services and consulting agreements with Service Corp. a company owned by the Parent, with related Boards of Directors. Service Corp. performs all day to-day operations of the Plan subject to the supervision of the Parent's Board of Directors and charges the Plan for its share of costs based on a contractual allocation methodology. The Plan also provides certain management services to its affiliates and charges these nonsalary expenses based on a contractual allocation methodology.
- F. Describe the nature of the relationship to the beneficiary of any guarantees or undertakings disclosed in Note 14 – Not Applicable
- G. MVP Health Plan, Inc. (the "Plan" or the "Company") is a not-for-profit corporation licensed as a health maintenance organization to deliver health care services in New York and Vermont.
- H. The Company did not have any reductions from the value of an upstream affiliate or parent company owned in accordance with the NAIC SVO guidelines during the statement period.
- I. The Company did not have an investment in a SCA entity that exceeded 10% of admitted assets of the reporting entity.
- J. The Company did not have investments in impaired SCA entities during the statement period.

Notes to Financial Statement

- K. The Company did not have any investments in a foreign subsidiary
- L. The Company did not have any investments in a downstream non-insurance holding company
- M. The Company did not have an investment in any non-insurance SCA.
- N. Investments in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking – Not Applicable

11. Debt

(A-B) The Company had no outstanding debt with third parties or outstanding federal loan bank agreements as of March 31, 2021.

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

- A. Defined Benefit Plan – Not Applicable
- B. Description of investment policies and strategies for defined benefit plan – Not Applicable
- C. Fair value of plan assets for defined benefit plan – Not Applicable
- D. Basis used for determining the overall expected long-term rate-of-return-on plan assets of defined benefit plan– Not Applicable
- E. Defined Contribution Plans – Not Applicable
- F. Multiemployer plans – Not Applicable
- G. Consolidated/Holding Company Plans – Not Applicable
- H. Postemployment Benefits and Compensated Absences – Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – Not Applicable

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

- A. Capital Stock - Not Applicable
- B. Preferred Stock Issues - Not applicable
- C. Dividend Restrictions - Not applicable
- D. Dividends Paid - Not applicable
- E. Company Profits paid as dividends to Stockholders - Not applicable
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Advances to Surplus not paid - Not applicable
- H. Stocks held by the Company for Conversion of Preferred Stock, Employee Stock Options, Stock purchase warrants - Not applicable
- I. Special Surplus Funds - Not applicable
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and loss is \$4,321,291.
- K. Surplus Notes

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
12/31/2014	0.15%	\$ 40,000,000	\$ 40,000,000	\$ -	\$ -	3,050,350	
03/24/2016	0.12%	\$ 35,000,000	\$ 35,000,000			2,871,005	
1311999 Total		\$ 75,000,000	\$ 75,000,000	\$ -	\$ -	5,921,355	

Notes to Financial Statement

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Rate Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year*	Unapproved Interest And/Or Principal
0001	12/31/2014	1.61%	\$ 40,000,000	Y	\$ 40,000,000	\$ 40,000,000	3,050,350
0002	03/24/2016	2.57%	\$ 35,000,000	Y	\$ 35,000,000	\$ 35,000,000	2,871,005
	1311999 Total		\$ 75,000,000	xxx	\$ 75,000,000	\$ 75,000,000	\$ 5,921,355

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-to-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider).	Current Year Principal Paid	Life-to-Date Principal Paid	Date of Maturity
0001	0	0	0	0	0	
0002	0	0	0	0	0	

1	15	16	17	18	19
Item Number	Are Surplus Note payments contractually linked (Y/N)?	Surplus Note payments subject to administrative Offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note (Y/N)?	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance
0001	N	N	N	N	N/A
0002	N	N	N	N	N/A

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
0001	N/A	N/A	N
0002	N/A	N/A	N

MVP Health Plan Inc. issued a Surplus Note to the HSC in the amount of \$40 million pursuant to Section 1307 of the New York State Insurance Law per the executed loan agreement dated December 31, 2014.

In 2015, the Company received approval from the Superintendent of the NYSDFS for issuance of a \$35 million note payable to HSC, pursuant to Section 1307 of the New York Insurance Law. The funding transfer was completed on March 24, 2016.

The notes are payable to the Plan on demand, provided that such repayment and interest payable on the loan shall only be paid out of future free divisible surplus of HSC. All such amounts to be paid or repaid will be subject to the prior approval of the Superintendent of the NYSDOI, whenever, in the judgment of the Superintendent, the financial condition of HSC warrants such action. Repayment of the note and accrued interest will be subordinate to all other liabilities of HSC.

- L. Impact of restatement in a quasi-reorganization - Not Applicable
- M. Effective Date of a quasi-reorganization - Not Applicable

Notes to Financial Statement

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – Not Applicable
- B. Assessments – Not Applicable
- C. Gain Contingencies – Not Applicable
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits – Not Applicable
- E. Joint and Several Liabilities – Not Applicable
- F. All Other Contingencies – The Company had admitted assets of \$172,965,821 in premiums receivable as of March 31, 2021. The Company routinely assesses whether those receivables are collectible and creates an allowance for uncollectible balances.

15. Leases

- A. Lessee Operating Leases – No change from Annual Statement filed
- B. Lessor Leases

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

(1-4) The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

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

- A. Transfers of Receivables Reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets – Not Applicable
- C. Wash Sales – Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans - Not Applicable
- B. ASC Plans - Not Applicable
- C. Medicare or Similarly Structure Cost Based Reimbursement Contract

(1-4) The Company is fully reimbursed by CMS for costs incurred under the Medicare Part D Program for the catastrophic reinsurance subsidy and the low income member cost sharing subsidy. The Patient Protection and Affordability Care Act mandates consumer discounts on brand name prescription drugs for Part D participants in the coverage gap discount program ("CGDP"). These discounts are pre-funded by CMS and ultimately reimbursed by pharmaceutical manufacturers.

The Company recorded a receivable as of March 31, 2021 of \$22,908,050 for cost reimbursements under the Medicare Part D program for the catastrophic reinsurance and low-income member cost sharing subsidies.

The Company also recorded a receivable of \$5,003,530 and a payable of \$113,109 as of March 31, 2021 for the Medicare Part D Coverage Gap Discount Program.

As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues or receivables.

The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior year.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators.

20. Fair Value Measurements

- A1. Assets Measured at Fair Value on a Recurring Basis

Notes to Financial Statement

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
a. Assets at fair value					
Cash Equivalent (E-2)					
Other MM Mutual Fund	-	-	-	4,894,391	4,894,391
Total Cash Equivalent (E-2)	-	-	-	4,894,391	4,894,391
Long Term (D-1)					
Indust. & Misc.	-	169,801.53	-	-	169,801.53
Total Long Term (D-1)	-	169,801.53	-	-	169,801.53
Common Stock (D-2.2)					
Indust. & Misc.	-	-	-	7,344,989.82	7,344,990
Mutual Funds	-	-	-	27,958,975	27,958,975
Total Common Stock (D-2.2)	-	-	-	35,303,965	35,303,965
Separate account assets	---	---	---	---	---
Total assets at fair value	-	169,801.53	-	40,198,355.28	40,368,156.80
b. Liabilities at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

A2. For fair value measurements using significant unobservable inputs (Level 3), a reconciliation of the beginning and ending balances - Not Applicable

A3. When it is discovered that a change in leveling should occur for a particular security, these changes will occur on the last day of the month within the current open reporting period.

A4. Custodian prices are used to determine the valuation of each level 2 security. Our Custodian, Bank of New York Mellon uses IDC and numerous other pricing sources to determine the final market price.

A5. Disclosure related to derivative assets and liabilities – Not Applicable

B. Not Applicable

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and Cash Equivalents	4,894,391	4,894,391	-	-	-	4,894,391	
Short Term	23,985,624	23,985,994		23,985,624			
Bond	283,246,591	279,083,143	58,392,463	224,567,378			286,751
Common Stock	35,303,965	35,303,965				35,303,965	
	347,430,570	343,267,492	58,392,463	248,553,002	-	40,198,355	286,751

D.

Type of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Bond - Yellowstone Energy LP	286,751	5.74686	12/31/2026	Private Placement - Not Freely Traded

E. The Company did not have any investments measured using the NAV practical expedient pursuant to SSAP No. 100R – Fair Value.

21. Other Items

- A. Unusual or Infrequent Items– Not Applicable
- B. Troubled Debt Restructuring – Not Applicable
- C. Other Disclosures– Not Applicable
- D. Business Interruption Insurance Recoveries – Not Applicable
- E. State Transferable and Non-transferrable Tax Credits – Not Applicable
- F. Subprime Mortgage Related Risk Exposure – Not Applicable
- G. Retained Assets – Not Applicable
- H. Insurance Linked Securities (ILS) Contracts – Not Applicable

22. Events Subsequent

Type I Recognized Subsequent Events:

Subsequent events have been considered through 04/21/2021 for the statutory statement issued on 05/15/2021.

Type II Non recognized Subsequent Events:

Subsequent events have been considered through 04/21/2021 for the statutory statement issued on 05/15/2021.

COVID19 continues to be a concern, the impact of which cannot be determined for 2021.

Notes to Financial Statement

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	Yes
B. ACA fee assessment payable for the upcoming year	\$0	\$0
C. ACA Fees assessment paid		\$25,341,845
D. Premium written subject to ACA 9010 assessment	\$699,153,625	\$2,777,568,770
E. Total adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$417,145,946	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$417,145,946	
G. Authorized Control Level (Five-Year Historical Line 15)		
H. Would reporting the ACA assessment as of year end have triggered an RBC action level (YES/NO)?	No	

23. Reinsurance**A. Ceded Reinsurance Report**

Sections 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.

No

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 an insured or any other person not primarily engaged in the insurance business.

No

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 or premium or other similar credit?

No

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 reinsurance policies?

No

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 payments 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?

\$0

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?

No

B. Uncollectible Reinsurance

Describe the uncollectible reinsurance written off during the year reported in the following annual statement classifications, including the names or names of the reinsurer(s): - Not applicable

C. Commutation of Ceded Reinsurance

Notes to Financial Statement

Describe commutation of ceded reinsurance during the year reported in the following annual statement classifications, including the name or names of the reinsurer(s): - Not applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business through a comparison of the actual medical loss ratio to the targeted medical loss ratio using the Underwriting department rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The Company had \$299,319 of net premiums written that are subject to retrospective rating features as of March 31, 2021 and this represents 0.04% of total premiums written.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss rebates incurred	\$1,649,395	\$0	\$54,756	\$7,560,587	\$9,264,738
(2) Medical loss ratio rebates paid	\$0	\$0	\$54,756	\$0	\$54,756
(3) Medical loss ratio rebates unpaid	\$1,649,395	\$0	\$0	\$7,560,587	\$9,209,982
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$9,209,982
Current Reporting Year-to-Date					
(7) Medical loss rebates incurred	\$0	\$0	\$0	(\$3,200,864)	(\$3,200,864)
(8) Medical loss ratio rebates paid	\$0	\$0	\$0	\$0	\$0
(9) Medical loss ratio rebates unpaid	\$1,649,395	\$0	\$0	\$4,359,723	\$6,009,118
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$6,009,118

E. Risk Sharing Provisions of the Affordable Care Act

	(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions)YES/NO)?	YES
	(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.	

Notes to Financial Statement

		AMOUNT
	a. Permanent ACA Risk Adjustment Program	
	Assets	
a	1. Premium adjustments receivable due to ACA Risk Adjustment Liabilities (including high-risk pool payments)	\$1,101,414
b	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$216,660
	3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium Operations (Revenue & Expense))	\$55,274,801
c	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(\$9,707,666)
d	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$53,408
	b. Transitional ACA Reinsurance Program	
	Assets	
e	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$0
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
	Liabilities	
f	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0
g	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
	Operations (Revenue & Expense)	
h	7. Ceded reinsurance premiums due to ACA Reinsurance	\$0
i	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$0
k	9. ACA Reinsurance contributions – not reported as ceded premium	\$0
	c. Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors Liabilities	\$0
	Liabilities	
l	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		To Prior Year Balances	To Prior Year Balances	Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year		7	8			9	10
					Accrued Less Payments (Col 1 - 3)	Accrued Less Payments (Col 2 - 4)							Cumulative Balance From Prior Years (Col 1 - 3 + 7)	Cumulative Balance From Prior Years (Col 2 - 4 + 8)
a. Permanent ACA Risk Adjustment Program	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
1. Premium adjustments receivable (including high-risk pool payments)	\$1,101,414	\$0			\$1,101,414				A	\$1,101,414	\$0	
2. Premium adjustments (payable) (including high-risk pool premium)	\$0	\$45,689,188		\$1,918,705	\$43,770,483		\$506	B	\$0	\$43,770,989		
3. Subtotal ACA Permanent Risk Adjustment Program	\$1,101,414	\$45,689,188	\$0	\$1,918,705	\$1,101,414	\$43,770,483	\$0	\$506		\$1,101,414	\$43,770,989	
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0	
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0	
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0	
5. Ceded reinsurance premiums payable	\$0	\$0			\$0	\$0	\$0	\$0	G	\$0	\$0	
6. Liability for amounts held under uninsured plans	\$0	\$0			\$0	\$0	\$0	\$0	H	\$0	\$0	
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	\$0	\$0	\$0		\$0	\$0	\$0	\$0	I	\$0	\$0	
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0			\$0	\$0	\$0	\$0	J	\$0	\$0	
3. Subtotal ACA Risk Corridors Program	\$0	\$0			\$0	\$0	\$0	\$0	K	\$0	\$0	
d. Total for ACA Risk Sharing Provisions	\$1,101,414	\$45,689,188	\$0	\$1,918,705	\$1,101,414	\$43,770,483	\$0	\$506	\$0	\$1,101,414	\$43,770,989	

Explanations of Adjustments

A ...
 B ...this adjustment reflects \$506 true up to 2018 program year

Notes to Financial Statement

(4) Roll forward of Risk Corridor Asset and Liability Balances to Program Benefit Year

Risk Corridor Program Year	1 Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	2 Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	3 Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		8 To Prior Year Balances	9 To Prior Year Balances	Unsettled Balances as of the Reporting Date	
				4 Prior Year Accrued Less Payments (Col 1 - 3)	5 Prior Year Accrued Less Payments (Col 2 - 4)	6 To Prior Year Balances	7 To Prior Year Balances			10 Cumulative Balance From Prior Years (Col 1 - 3 + 7)	11 Cumulative Balance From Prior Years (Col 2 - 4 + 8)
a. 2014											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0		A	\$0	\$0
2. reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
b. 2015											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
c. 2016											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
2. reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
d. Total for Risk Corridors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

(5) ACA Risk Corridor Receivable as of Reporting Date

Risk Corridor Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance Gross of Non-admission (1-2-3)	5 Non-admitted Amount	6 Net Admitted Assets (4-5)
a. 2014	\$0	\$0	\$0	\$0	\$0	\$0
b. 2015	\$0	\$0	\$0	\$0	\$0	\$0
c. 2016	\$0	\$0	-	\$0	\$0	\$0
d. Total for Risk Corridors	\$0	\$0	\$0	\$0	\$0	\$0

25. Change in Incurred Claims and Claim Adjustment Expenses

As part of the normal course of business, as more information becomes available, original estimates established for prior years will differ from the actual payments and remaining estimated outstanding liability attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

(A-G) The Company did not have any intercompany pooling arrangements as of March 31, 2021.

27. Structured Settlements – Not Applicable

28. Healthcare Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days after Invoicing/ Confirmation
03/31/2021	25,938,909	25,938,909			
12/31/2020	28,166,309	28,600,141	433,832		
09/30/2020	24,052,574	27,554,281	19,001,185		
06/30/2020	24,114,115	27,579,608	24,782,318		
03/31/2020	25,662,440	28,016,043	26,722,297		
12/31/2019	24,729,671	26,393,491	26,362,988		
09/30/2019	23,736,621	25,084,910	24,900,553		
06/30/2019	16,055,920	25,708,445	25,001,946		
03/31/2019	17,416,443	24,937,181	24,627,068		
12/31/2018	23,000,737	23,892,832	23,948,745		
09/30/2018	19,117,768	23,283,767	23,352,199		
06/30/2018	20,060,142	22,982,760	23,238,201		

Please note that the pharmacy rebate amounts are not due to the Plan until sixty days after they have been received by the PBM.

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year End	Risk Sharing Receivable as Estimated and Reported in the Prior Year	Risk Sharing Receivable as Estimated and Reported in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
2021	2021	-	-	-	-	-	-	-	-
	2022	XXX	-	XXX	XXX	XXX	XXX	XXX	XXX
2020	2020	-	13,558,565	8,699,649	4,858,916	-	-	-	-
	2021	XXX	-	XXX	XXX	XXX	XXX	XXX	XXX
2019	2019	-	8,067,256	5,496,444	2,570,812	2,641,531	1,065,614	812,454	-
	2020	XXX	-	XXX	-	XXX	XXX	XXX	XXX

29. Participating Policies

The Company did not have any participating policies as of March 31, 2021.

Notes to Financial Statement

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$24,527,172
2. Date of the most recent evaluation of this liability 02/15/2021
3. Was anticipated investment income utilized in the calculation? Yes No

31. Anticipated Salvage and Subrogation

The Company did not have any anticipated salvage and subrogation as of March 31, 2021.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 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? Yes[] No[X] N/A[]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019
- 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. 12/31/2016
- 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). 10/22/2018
- 6.4 By what department or departments?
New York State Department of Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 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[X] No[]
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
There were minor edits to the code.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

INVESTMENT

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

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other	41,597,951	41,570,373
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	41,597,951	41,570,373
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
16.3 Total payable for securities lending reported on the liability page	\$	0

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

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

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	500 Grant Street, Pittsburgh, PA 15258

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 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[] No[X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
BlackRock Financial Management, Inc	U
Income Research & Management	U
Asset Allocation & Management Company, LLC	U
The Vanguard Group, Inc	U
Eaton Vance Management	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? Yes[X] 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? Yes[] No[X]

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105	BlackRock Financial Management, Inc.	549300LVXYIVJKE13M84	SEC	NO
104863	Income Research + Management	NA	SEC	NO
109875	Asset Allocation & Management Company, LLC	NA	SEC	NO
105958	The Vanguard Group, Inc.	NA	SEC	NO
104859	Eaton Vance Management	549300RJOC5L5M1B7J96	SEC	NO

GENERAL INTERROGATORIES (Continued)

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 92.020%
1.2 A&H cost containment percent	..... 2.170%
1.3 A&H expense percent excluding cost containment expenses	..... 6.540%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] 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?	Yes[] 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
			NONE						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status (a)	Direct Business Only								
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1.	Alabama (AL)	N									
2.	Alaska (AK)	N									
3.	Arizona (AZ)	N									
4.	Arkansas (AR)	N									
5.	California (CA)	N									
6.	Colorado (CO)	N									
7.	Connecticut (CT)	N									
8.	Delaware (DE)	N									
9.	District of Columbia (DC)	N									
10.	Florida (FL)	N									
11.	Georgia (GA)	N									
12.	Hawaii (HI)	N									
13.	Idaho (ID)	N									
14.	Illinois (IL)	N									
15.	Indiana (IN)	N									
16.	Iowa (IA)	N									
17.	Kansas (KS)	N									
18.	Kentucky (KY)	N									
19.	Louisiana (LA)	N									
20.	Maine (ME)	N									
21.	Maryland (MD)	N									
22.	Massachusetts (MA)	N									
23.	Michigan (MI)	N									
24.	Minnesota (MN)	N									
25.	Mississippi (MS)	N									
26.	Missouri (MO)	N									
27.	Montana (MT)	N									
28.	Nebraska (NE)	N									
29.	Nevada (NV)	N									
30.	New Hampshire (NH)	N									
31.	New Jersey (NJ)	N									
32.	New Mexico (NM)	N									
33.	New York (NY)	L	102,146,448	182,447,471	331,130,082	15,767,216				631,491,217	
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)	L	60,591,901	7,070,508						67,662,409	
47.	Virginia (VA)	N									
48.	Washington (WA)	N									
49.	West Virginia (WV)	N									
50.	Wisconsin (WI)	N									
51.	Wyoming (WY)	N									
52.	American Samoa (AS)	N									
53.	Guam (GU)	N									
54.	Puerto Rico (PR)	N									
55.	U.S. Virgin Islands (VI)	N									
56.	Northern Mariana Islands (MP)	N									
57.	Canada (CAN)	N									
58.	Aggregate other alien (OT)	X X X									
59.	Subtotal	X X X	162,738,349	189,517,979	331,130,082	15,767,216				699,153,626	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	Total (Direct Business)	X X X	162,738,349	189,517,979	331,130,082	15,767,216				699,153,626	
DETAILS OF WRITE-INS											
58001.		X X X									
58002.		X X X									
58003.		X X X									
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

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

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

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

2

R – Registered - Non-domiciled RRGs

Q – Qualified - Qualified or accredited reinsurer

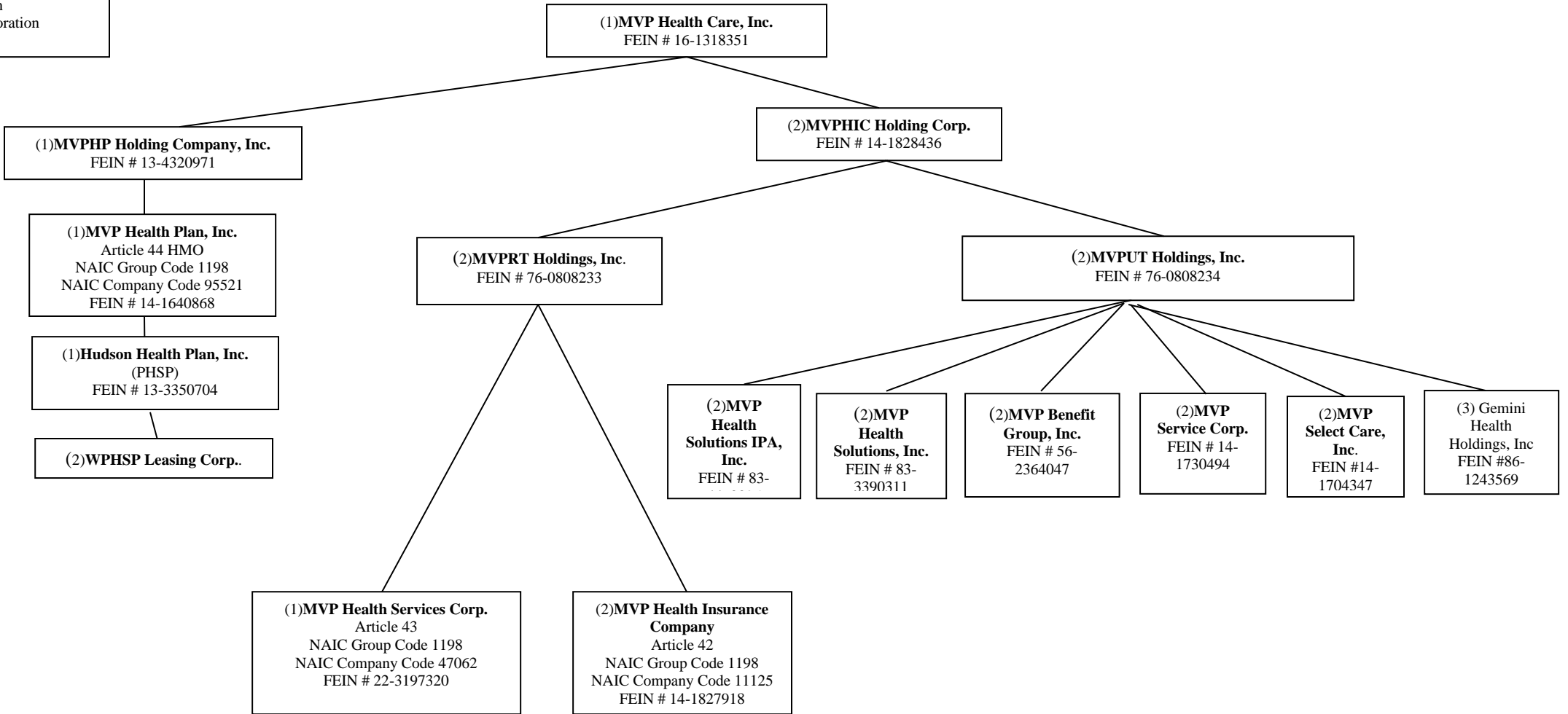
55

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Key:
 (1) New York not-for-profit corporation
 (2) New York corporation
 (3) New Hampshire corporation
 (4) Delaware corporation



Q15

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	MVP Group	0	16-1318351	003584640 .....	.....	.....	MVP Health Care, Inc.	NY	UIP .....	.....	.....	.....	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	13-4320971 .....	.....	.....	.....	MVPHHP Holding Company, Inc.	NY	UDP	MVP Health Care, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	76-0808233 .....	.....	.....	.....	MVPRT Holdings, Inc.	NY	NIA	MVPHIC Holding Corp.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
1198 ..	MVP Group	47062 ..	22-3197320 .....	.....	.....	.....	MVP Health Services Corp.	NY	IA	MVPRT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
1195 ..	MVP Group	11125 ..	14-1827918 .....	.....	.....	.....	MVP Health Insurance Company	NY	IA	MVPRT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	14-1828436 .....	.....	.....	.....	MVPHIC Holding Corp.	NY	NIA	MVP Health Care, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	76-0808234 .....	.....	.....	.....	MVPUT Holdings, Inc.	NY	NIA	MVP HIC Holding Corp.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	56-2364047 .....	.....	.....	.....	MVP Benefit Group, Inc.	NY	NIA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	14-1730494 .....	.....	.....	.....	MVP Service Corp.	NY	NIA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	14-1704347 .....	.....	.....	.....	MVP Select Care, Inc.	NY	IA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
1198 ..	MVP Group	95521 ..	14-1640868 .....	.....	.....	.....	MVP Health Plan, Inc.	NY	RE	MVPHHP Holding Company, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	13-3350704 .....	.....	.....	.....	Hudson Health Plan, Inc.	NY	DS	MVP Health Plan, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	0	13-3675430 .....	.....	.....	.....	WPHSP Leasing Corp.	NY	NIA	Hudson Health Plan, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	00000 ..	83-3390311 .....	.....	.....	.....	MVP Health Solutions, Inc.	NY	NIA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	00000 ..	83-4462095 .....	.....	.....	.....	MVP Health Solutions IPA, Inc.	NY	NIA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....
.....	MVP Group	00000 ..	86-1243569 .....	.....	.....	.....	Gemini Health Holdings, Inc.	DE	NIA	MVPUT Holdings, Inc.	Ownership	100.0	MVP Health Care, Inc.	N .....	.....

016

Asterisk	Explanation
0000001	Footnote

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?

Yes

Explanations:

Bar Codes:

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. IPA Receivables	109		109	4,342
2505.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	109		109	4,342

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X			
1404.				
1405.				
1406.				
1407.				
1408.				
1409.				
1410.				
1411.				
1412.				
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2904.				
2905.				
2906.				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704.			
4705.			
4706.			
4707.			
4708.			
4709.			
4710.			
4711.			
4712.			
4713.			
4714.			
4715.			
4716.			
4717.			
4718.			
4719.			
4720.			
4721.			
4722.			
4723.			
4724.			
4725.			
4726.			
4727.			
4728.			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 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 Year To Date	2 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		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

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

	1 Year To Date	2 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	296,338,456	302,930,362
2. Cost of bonds and stocks acquired	49,119,123	120,022,895
3. Accrual of discount	29,973	261,070
4. Unrealized valuation increase (decrease)	921,413	1,908,622
5. Total gain (loss) on disposals	161,341	1,403,530
6. Deduct consideration for bonds and stocks disposed of	32,051,153	129,553,266
7. Deduct amortization of premium	162,777	729,837
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	30,731	95,079
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	314,387,108	296,338,456
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	314,387,108	296,338,456

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)	282,896,350	53,026,627	39,823,192	(1,585,325)	294,514,460			282,896,350
2. NAIC 2 (a)	1,694,864		878,417	1,418,428	2,234,875			1,694,864
3. NAIC 3 (a)	161,513		6,472	(155,041)	0			161,513
4. NAIC 4 (a)				169,802	169,802			
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	284,752,727	53,026,627	40,708,081	(152,137)	296,919,136			284,752,727
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	284,752,727	53,026,627	40,708,081	(152,137)	296,919,136			284,752,727

(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 \$.....17,835,994; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	17,835,994	X X X	17,915,379	12,994	3,861

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	20,448,559	9,973,667
2. Cost of short-term investments acquired	4,271,295	26,917,653
3. Accrual of discount	5,521	58,306
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		29
6. Deduct consideration received on disposals	6,849,000	16,389,867
7. Deduct amortization of premium	40,382	111,229
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)	17,835,994	20,448,559
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	17,835,994	20,448,559

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	160,995,999	88,781,900
2.	Cost of cash equivalents acquired	200,391,690	1,348,281,648
3.	Accrual of discount	738	11,467
4.	Unrealized valuation increase (decrease)	20,172	(20,172)
5.	Total gain (loss) on disposals	(20,172)	(30,224)
6.	Deduct consideration received on disposals	356,494,036	1,276,028,620
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)	4,894,391	160,995,999
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	4,894,391	160,995,999

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
912828X70	UNITED STATES TREASURY		03/16/2021	CITADEL SECURITIES LLC	X X X	10,086,000	9,600,000	72,663	1.A
912828ZY9	UNITED STATES TREASURY		01/22/2021	DEUTSCHE BANK SECURITIES, INC.	X X X	608,738	609,000	21	1.A
91282CBE0	UNITED STATES TREASURY		03/30/2021	Various	X X X	16,089,255	16,143,000	1,661	1.A
0599999	Subtotal - Bonds - U.S. Governments				X X X	26,783,993	26,352,000	74,345	X X X
Bonds - U.S. States, Territories and Possessions									
97705MUH6	WISCONSIN ST		02/18/2021	MERRILL LYNCH PIERCE FENNER & SMITH INC.	X X X	500,000	500,000		1.C FE
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions				X X X	500,000	500,000		X X X
Bonds - U.S. Special Revenue, Special Assessment									
20775HFT5	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN		02/11/2021	CITIGROUP GLOBAL MARKETS INC.	X X X	30,000	30,000		1.A FE
31288QF21	FH 841085 - RMBS		02/02/2021	BNP Paribas	X X X	522,603	500,323	75	1.A
31288QFZ8	FH 841084 - RMBS		03/08/2021	BNP Paribas	X X X	319,919	305,891	190	1.A
35564CGQ4	SLST 2020-2 A1C - CMO/RMBS		01/27/2021	Citigroup (SSB)	X X X	996,495	957,018	1,489	1.A
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	1,869,017	1,793,232	1,754	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
037833EB2	APPLE INC		02/01/2021	GOLDMAN	X X X	352,206	353,000		1.B FE
037833ED8	APPLE INC		02/01/2021	GOLDMAN	X X X	174,951	175,000		1.B FE
05591RAB0	BMWLT 2021-1 A2 - ABS		03/02/2021	MIZUHO SECURITIES USA/FIXED INCOME	X X X	909,992	910,000		1.A FE
12530MAE5	SORT 2021-1 A1 - ABS		03/24/2021	GOLDMAN	X X X	140,098	140,000	48	1.D FE
14315PAD7	CARMX 2019-3 A3 - ABS		03/29/2021	TORONTO DOMINION SECS USA INC	X X X	1,275,928	1,250,000	1,211	1.A FE
14316NAB5	CARMX 2021-1 A2A - ABS		01/20/2021	MITSUBISHI UFJ SECURITIES	X X X	1,049,990	1,050,000		1.A FE
14316NAC3	CARMX 2021-1 A3 - ABS		01/20/2021	MITSUBISHI UFJ SECURITIES	X X X	644,873	645,000		1.A FE
14913R2J5	CATERPILLAR FINANCIAL SERVICES CORP		02/22/2021	Citigroup (SSB)	X X X	1,498,710	1,500,000		1.F FE
22533B2H7	CREDIT AGRICOLE CORPORATE AND INVE	C	01/12/2021	CREDIT AGRICOLE	X X X	1,200,000	1,200,000		1.E FE
22550L2E0	CREDIT SUISSE AG (NEW YORK BRANCH)		01/26/2021	CREDIT SUISSE SECURITIES (USA)	X X X	535,000	535,000		1.E FE
33767JAA0	FKH 2020-SFR2 A - RMBS		02/05/2021	BARCLAYS CAPITAL INC	X X X	151,617	150,000	42	1.A FE
34532QAC2	FORDL 2021-A A3 - ABS		01/20/2021	Citigroup (SSB)	X X X	149,982	150,000		1.A FE
361886CD4	GFORT 192 A - ABS		03/24/2021	MITSUBISHI UFJ SECURITIES	X X X	129,295	121,000	107	1.A FE
36250VAD4	GSMS 2015-GC34 A4 - CMBS		03/16/2021	GOLDMAN	X X X	317,641	290,000	480	1.D FM
41284NAC4	HDMOT 2021-A A3 - ABS		02/09/2021	J P MORGAN SECURITIES	X X X	799,811	800,000		1.A FE
43815NAC8	HAROT 2019-3 A3 - ABS		03/17/2021	BANC OF AMERICA/FIXED INCOME	X X X	547,256	540,000	107	1.A FE
459200KJ9	INTERNATIONAL BUSINESS MACHINES CORP		03/12/2021	GOLDMAN	X X X	486,135	500,000	3,277	1.F FE
46647PBY1	JPMORGAN CHASE & CO		02/09/2021	J P MORGAN SECURITIES	X X X	354,000	354,000		1.F FE
46647PBZ8	JPMORGAN CHASE & CO		03/09/2021	J P MORGAN SECURITIES	X X X	213,000	213,000		1.F FE
6174468W2	MORGAN STANLEY		01/20/2021	MORGAN STANLEY & COMPANY	X X X	350,000	350,000		1.F FE
63743HEU2	NATIONAL RURAL UTILITIES COOPERATIVE FIN		02/01/2021	RBC CAPITAL MARKETS	X X X	149,897	150,000		1.F FE
63935BAA1	NAVSL 20H A - ABS		01/14/2021	RBC CAPITAL MARKETS	X X X	140,329	138,639	20	1.A FE
63942BAA2	NAVSL 21A A - ABS		01/19/2021	BARCLAYS CAPITAL INC	X X X	167,976	168,000		1.A FE
69371RR24	PACCAR FINANCIAL CORP		01/28/2021	MITSUBISHI UFJ SECURITIES	X X X	484,437	485,000		1.E FE
6944PL2D0	PACIFIC LIFE GLOBAL FUNDING II		01/12/2021	GOLDMAN	X X X	739,704	740,000		1.D FE
74331FAA9	PROG 21SFR1 A - RMBS		02/11/2021	BARCLAYS CAPITAL INC	X X X	200,996	201,000		1.A FE
749350AA2	RCKT 2021-1 A1 - CMO/RMBS		03/11/2021	BANC OF AMERICA/FIXED INCOME	X X X	766,641	750,000	885	1.A FE
78433LAA4	SCE RECOVERY FUNDING LLC		03/23/2021	BARCLAYS CAPITAL INC FIXED INC	X X X	291,627	300,000	222	1.A FE
80286TAC7	SRT 21A A3 - ABS		03/16/2021	WELLS FARGO SECURITIES LLC	X X X	701,890	702,000		1.A FE
808513BN4	CHARLES SCHWAB CORP		03/16/2021	CREDIT SUISSE SECURITIES	X X X	383,808	384,000		1.F FE
81747KAA1	SEQUOIA MORTGAGE TRUST 2021-1 - CMO		02/12/2021	BANC OF AMERICA/FIXED INCOME	X X X	505,537	485,000	808	1.A FE
87305QCH2	TTX CO		03/22/2021	MERRILL LYNCH PIERCE FENNER & SMITH INC.	X X X	273,203	250,000	1,725	1.F FE
88161FAC0	TESLA 21A A3 - ABS		03/25/2021	CREDIT SUISSE SECURITIES	X X X	649,979	650,000		1.A FE

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SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
892331AL3	TOYOTA MOTOR CORP	C	03/18/2021	J P MORGAN SECURITIES	X X X	547,000	547,000		1.E FE
89236THU2	TOYOTA MOTOR CREDIT CORP		01/06/2021	Citigroup (SSB)	X X X	124,993	125,000		1.E FE
902674YC8	UBS AG	C	02/02/2021	UBS SECURITIES LLC	X X X	1,500,000	1,500,000		1.D FE
90349DAD4	UBSBB 2012-C3 A4 - CMBS		01/25/2021	BANC OF AMERICA/FIXED INCOME	X X X	339,846	328,651	734	1.D FM
98164EAC9	WOART 2021-A A3 - ABS		02/03/2021	MIZUHO SECURITIES USA/FIXED INCOME	X X X	353,976	354,000		1.A FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	19,602,321	19,484,290	9,667	X X X
8399997	Subtotal - Bonds - Part 3				X X X	48,755,332	48,129,522	85,766	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	48,755,332	48,129,522	85,766	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded									
921943858	VANGUARD DEV MKT ETF		03/25/2021	BNY CAPITAL MARKETS, INC.	709.000	34,399	X X X		
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded				X X X	34,399	X X X		X X X
Common Stocks - Mutual Funds									
27826A730	EATON VANCE FLT RT R6		03/31/2021	Bank of New York Mellon	6,239.035	54,879	X X X		
922031760	VANGUARD HY CORP ADM		03/31/2021	Bank of New York Mellon	11,777.518	69,921	X X X		
922040100	VANGUARD INSTL INDX INST		03/23/2021	Bank of New York Mellon	602.431	204,592	X X X		
9499999	Subtotal - Common Stocks - Mutual Funds				X X X	329,392	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	363,791	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	363,791	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	363,791	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	49,119,123	X X X	85,766	X X X

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SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	14,282,171	14,249,877	14,357,811	13,958,294	1,025	(3,398)		(2,373)		14,242,877		8,563	8,563	170,144	XXX	XXX	
8399997	Subtotal - Bonds - Part 4				XXX	32,051,153	31,786,937	32,017,656	30,435,399	1,025	(3,593)		(2,568)		31,859,081		161,341	161,341	222,564	XXX	XXX	
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX	32,051,153	31,786,937	32,017,656	30,435,399	1,025	(3,593)		(2,568)		31,859,081		161,341	161,341	222,564	XXX	XXX	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX		XXX													XXX	XXX	
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX		XXX													XXX	XXX	
9899999	Subtotal - Preferred and Common Stocks				XXX		XXX													XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks				XXX	32,051,153	XXX	32,017,656	30,435,399	1,025	(3,593)		(2,568)		31,859,081		161,341	161,341	222,564	XXX	XXX	

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets 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	
open depositories									
Standard Chartered Bank	New York Branch	08/24/2021	0.200	680	244	750,000	750,000	750,000	X X X
Citibank, N.A.	New York Branch	09/08/2021	0.180		1,424	1,000,000	1,000,000	1,000,000	X X X
Commonwealth Bank of Australia	New York Branch	10/15/2021	0.162	273	238	400,000	400,000	400,000	X X X
Bank of Nova Scotia	Houston Branch	11/24/2021	0.200		988	1,000,000	1,000,000	1,000,000	X X X
Skandinaviska Enskilda Banken AB	New York Branch	08/04/2021	0.170		556	1,000,000	1,000,000	1,000,000	X X X
Mizuho Bank Ltd.	New York Branch	11/03/2021	0.200		380		1,000,000	1,000,000	X X X
Crédit Industriel et Commercial	New York Branch	03/24/2022	0.262		53			1,000,000	X X X
JP Morgan Chase	4 New York Plaza, New York, NY 10005					(21,893,782)	(20,959,396)	(23,771,273)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X			3,998,525	983,048	0	X X X
0199999 Totals - Open Depositories		X X X	X X X	953	3,882	(13,745,257)	(14,826,349)	(17,621,273)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	953	3,882	(13,745,257)	(14,826,349)	(17,621,273)	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X	894	894	894	X X X
0599999 Total Cash		X X X	X X X	953	3,882	(13,744,363)	(14,825,455)	(17,620,379)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
. 09248U700	BLKRK LQ:FEDFUND INSTL		03/29/2021	0.040	X X X	3,151,930		157
. 09248U700	BLKRK LQ:FEDFUND INSTL	SD	03/30/2021	0.040	X X X	1,742,460		86
. 4812A0367	JPMORGAN:PRIME MM CAP		02/26/2021	0.100	X X X		3,371	19,858
. 4812A2603	JPMORGAN:PRIME MM INST		02/01/2021	0.090	X X X		2,807	11,175
8699999	Subtotal - All Other Money Market Mutual Funds					4,894,391	6,178	31,276
9999999	Total Cash Equivalents					4,894,391	6,178	31,276



MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 1198

NAIC Company Code: 95521

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		X X X	542,434	X X X	542,434
2. Earned Premiums		X X X	542,434	X X X	X X X
3. Claims Paid		X X X	808,519	X X X	808,519
4. Claims Incurred		X X X	808,519	X X X	X X X
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	X X X		X X X	(42,063)	(42,063)
6. Aggregate Policy Reserves - change		X X X		X X X	X X X
7. Expenses Paid		X X X	8,694	X X X	8,694
8. Expenses Incurred		X X X	8,694	X X X	X X X
9. Underwriting Gain or Loss		X X X	(274,779)	X X X	X X X
10. Cash Flow Results	X X X	X X X	X X X	X X X	(232,716)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....42,063 due from CMS or \$.....0 due to CMS