

# **HEALTH QUARTERLY STATEMENT**

As of June 30, 2016 of the Condition and Affairs of the

# HEALTH NET HEALTH PLAN OF OREGON, INC.

NAIC Group Code1295, 1295 (Current Period) (Prior Per	NAIC Company Code	e 95800	Employer's ID Nu	mber 93-1004034
Organized under the Laws of Oregon	State of Domicile or I	Port of Entry Oregon	Country o	of Domicile US
Licensed as Business Type Health Care	Services Organization	Is HMO Federally Qualifi	ed? Yes [ ] No [	X]
Incorporated/Organized June 1, 1989		Commenced Business	September 1, 198	39
Statutory Home Office		ite 200 Tigard OR U	JS 97223-8328	
Main Administrative Office	13221 SW 68th Parkway, Sui	ite 200 Tigard OR U	JS 97223-8328	
Mail Address	13221 SW 68th Parkway, Sui	fown, State, Country and Zip Code) ite 200 Tigard OR U Town, State, Country and Zip Code)	JS 97223-8328	(Area Code) (Telephone Numb
Primary Location of Books and Records	13221 SW 68th Parkway, Sui	ite 200 Tigard OR I Town, State, Country and Zip Code)	JS 97223-8328	888-802-7001 (Area Code) (Telephone Numb
Internet Web Site Address	www.healthnet.com			50/80 X (9/20/955)
Statutory Statement Contact	Roupen (NMN) Berberian (Name)		(Area Cor	818-676-8256 de) (Telephone Number) (Extensi
	roupen.berberian@healthnet (E-Mail Address)	com	(Area coo	818-676-6521 (Fax Number)
	OFF	ICERS		
Name	Title	Name		Title
Christian David Ellertson	President & CEO	Todd Patrick Graneto #		Vice President, CFO & Treasur
Keith Harvey Williamson #	Secretary	Christopher Donald Bowers	5 #	Chairman
	A STATE OF THE PARTY OF THE PAR	THER		Carte Monthson
Steven Daniel Sickle # Cathy Aram Hughes	Assistant Secretary Vice President	Roupen (NMN) Berberian Jefferey Alan Schwaneke		Vice President Vice President
Tricia Lynn Dinkelman #	Vice President	concret vitali contraints		THOU I TOUGHT
	DIRECTORS	OR TRUSTEES		
Christian David Ellertson K	enneth Leslie Leander	Christopher Donald Bowers	#	
State of County of				
The officers of this reporting entity being duly stated above, all of the herein described asset nerein stated, and that this statement, together of all the assets and liabilities and of the condit herefrom for the period ended, and have been manual except to the extent that: (1) state law procedures, according to the best of their inforncludes the related corresponding electronic fienclosed statement. The electronic filing may	s were the absolute property of the s with related exhibits, schedules and tion and affairs of the said reporting or completed in accordance with the N may differ; or, (2) that state rules or mation, knowledge and belief, respec- lling with the NAIC, when required, the	aid reporting entity, free and clear d explanations therein contained, entity as of the reporting period st JAIC Annual Statement Instruction regulations require differences in ctively. Furthermore, the scope of hat is an exact copy (except for for	r from any liens or cla annexed or referred to ated above, and of its as and Accounting Pro- reporting not related to if this attestation by the promatting differences	nims thereon, except as o, is a full and true statement in a full and true statement is actices and Procedures to accounting practices and the described officers also
(Signature)	(Si	gnature)		(Signature)
Christian David Ellertson		trick Graneto		arvey Williamson
(Printed Name) President & CEO	AND DET 1884	ted Name) it, CFO & Treasurer		rinted Name) Secretary
(Title)		(Title)	*	(Title)
Cohoodhad and some to before an		le this an existent Ether O		Ves IVI No I I
Subscribed and sworn to before me This day of		Is this an original filing?  If no:  1. State the amendme	ent number	Yes [X] No []

3. Number of pages attached

	AGGI		Current Statement Date	i	4
		1	2 Nonadmitted	Net Admitted Assets	Prior Year Net
,		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	95,970,810		95,970,810	93,827,824
2.	Stocks:			111	
	2.1 Preferred stocks			0	
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens			0	***************************************
	3.2 Other than first liens			0	***************************************
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	***************************************
	4.2 Properties held for the production of income (less \$0 encumbrances)			0	
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$10,545,482), cash equivalents (\$0)				
	and short-term investments (\$20,082,397)	30,627,879		30,627,879	32,901,512
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives			0	
8.	Other invested assets			0	
9.	Receivables for securities			0	
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets	0	0	0	
12.	Subtotals, cash and invested assets (Lines 1 to 11)	Company of the Compan	0	126,598,689	126,729,336
	Title plants less \$0 charged off (for Title insurers only)	88 82		0	120,720,000
	Investment income due and accrued	######################################		678,362	655,977
				070,302	
15.	Premiums and considerations:	97207702	22.5	10000000	
	15.1 Uncollected premiums and agents' balances in the course of collection	2,561,488	29,478	2,532,010	3,097,094
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums (\$17,205,787) and contracts subject to redetermination (\$2,704,848).	100 NOV. 101 N	208,893	19,910,635	9,175,895
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	2,695,464		2,695,464	2,469,469
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
47				161.464	
	Amounts receivable relating to uninsured plans	- MALINATON AND BURNESS OF THE SALES	National Control of the Control of t	CONTROL CONTRO	2,480,314
	Current federal and foreign income tax recoverable and interest thereon	2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		5,635,006	
	Net deferred tax asset.	NO. OCCUPATION OF CONTRACTOR OF THE PARTY OF		9,637	7,950
19.	Guaranty funds receivable or on deposit			0	***************************************
20.	Electronic data processing equipment and software			0	
21.	Furniture and equipment, including health care delivery assets (\$0)			0	***************************************
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	***************************************
23.	Receivables from parent, subsidiaries and affiliates	398,517		398,517	2,337,508
24.	Health care (\$7,500,758) and other amounts receivable	8,850,028	1,349,270	7,500,758	5,098,748
25.	Aggregate write-ins for other than invested assets	3,276,996	3,276,996	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	170,985,179	4,864,637	166,120,542	152,052,291
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28.	Total (Lines 26 and 27)	170,985,179	4,864,637	166,120,542	152,052,291
	DETAILS OF	WRITE-INS			
1101	5217.185 51.			0	
1102				0	***************************************
		A 1011-2304-036, NA NA 1-1-1-030-030-030		A STATE OF THE PROPERTY OF THE PARTY OF THE	***************************************
	Common of empirical units in fact line 11 from quarifully page				
	Summary of remaining write-ins for Line 11 from overflow page		0	0	
	. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)		0	0	
	Other Assets Nonadmitted		3,276,996	0	
2502.				0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2503.				0	
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	
2599.	. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	3,276,996	3,276,996	0	

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAFI	171271112 001	Current Period	Ť	Prior Year
		1	2	3	4
84	0	Covered	Uncovered	Total	Total
	Claims unpaid (less \$112,995 reinsurance ceded)			(V/C	44,525,462
	Accrued medical incentive pool and bonus amounts			0	
	Unpaid claims adjustment expenses		284,375	2,036,207	2,060,423
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	26.174.743		26,174,743	24,792,678
5.	Aggregate life policy reserves	·	AMONTO-ALITERATION MEDICAL	0	
	Property/casualty unearned premium reserve			0	
	Aggregate health claim reserves			1725	
				11 11 11 11 11	0.000.047
	Premiums received in advance	EN THE PROPERTY OF THE PARTY OF	The Management of the Control of the	and the control of th	3,833,917
	General expenses due or accrued	12,589,998		12,589,998	4,461,194
	Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))		, , , , , , , , , , , , , , , , , , , ,	275	500,393
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable	54,469		54,469	50,540
12.	Amounts withheld or retained for the account of others	3,932		3,932	317
13.	Remittances and items not allocated	673,553		673,553	353,612
14.	Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates			1,455,466	1,539,772
16.	Derivatives			0	
17.	Payable for securities.			0	
18.	Payable for securities lending			0	
	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified (\$0) companies	( ))	71	0	
	Net adjustments in assets and liabilities due to foreign exchange rates	es anno a section de la company de la compan		0	
	Liability for amounts held under uninsured plans.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CANCEL CONTRACTOR CONT	726,443
	96 76 19 Vo. 64 May 7-040000 19 Vo. 5004 (500 040000000) 15 C	5-409840404040	0	1,401,452	1/29/10/46/19/00/17
	Aggregate write-ins for other liabilities (including \$1,179,222 current)	A STATE OF THE PARTY OF THE PAR	197 \$455 \$255	setSchool-cov	1,124,038
	Total liabilities (Lines 1 to 23)	A MARCO AUDIO CONTRACTOR DE LA			83,968,789
	Aggregate write-ins for special surplus funds	DE PRODUCTION SOME SINGER PROCESSION OF THE PARTY.	CONTRACTOR AND	00.000.000.0000.0000.0000.000	7,200,000
26.	Common capital stock	30 - Marian Company (1980)	25.32 C. 250 AMM AND	10	10
27.	Preferred capital stock	NAME OF THE OWNER OWNER OF THE OWNER OWNE	XXX		
28.	Gross paid in and contributed surplus		XXX	134,941,401	102,949,401
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)		XXX	(64,776,400)	(42,065,909
32.	Less treasury stock, at cost:				
	32.10.000 shares common (value included in Line 26 \$0)	xxx	xxx		
	32.20.000 shares preferred (value included in Line 27 \$0)	xxx	xxx		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	xxx	xxx	70,165,011	68,083,502
	Total liabilities, capital and surplus (Lines 24 and 33)	12007020000000	xxx	166,120,542	152,052,291
	LEQUALITY CONTRACTOR OF THE PROPERTY OF THE PR	OF WRITE-INS			
2301	Payroll and Other Liabilities	A SCHOOL STORY		1,080,398	854,599
	Unclaimed Property	20 200 COLON CONTROL C	ANORES SELECTION OF SECURITION OF SECURITICAL OF SECURITION OF SECURITIO		166,617
	Post Retirement Benefit Cost.	100000000000000000000000000000000000000		Make a second	102,822
		4477	8000		
	Summary of remaining write-ins for Line 23 from overflow page	The state of the s		(1)	0
	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)				1,124,038
	Special surplus amount for estimated subsequent year health insurer fee	MARCO STOCK STOCK BOOK BOOK BOOK BOOK BOOK BOOK BOOK B	XXX		7,200,000
2502.					
2503.		A1500	55561		
2598.	Summary of remaining write-ins for Line 25 from overflow page	xxx	XXX	0	
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	xxx	XXX	0	7,200,000
3001.					
3002.					
3003.					
		54539	VVV	2	
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. STATEMENT OF REVENUE AND EXPENSES

		Current To D		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months		536,983	478,827	954,798
	Net premium income (including \$0 non-health premium income)	ry Arienton	246,853,599	206,631,646	418,616,587
	Change in unearned premium reserves and reserve for rate credits	· · · · · · · · · · · · · · · · · · ·	(1,432,991)	76,922	224,578
	Fee-for-service (net of \$0 medical expenses)	distance	(1,402,001)	V,JEE	
	Risk revenue	41.00000			
	Aggregate write-ins for other health care related revenues	viistvina	0		
	Aggregate write-ins for other non-health revenues		0	0	
	Total revenues (Lines 2 to 7)		245,420,608	No. World Control of Control	418.841.165
	190 mg 10 16		245,420,008	206,708,568	418,841,100
	tal and Medical:	40 40 5040	105 000 515	100 550 010	200 070 10
	Hospital/medical benefits			133,553,649	269,870,434
	Other professional services		29,566,848	23,654,350	50,730,134
	Outside referrals		10,143,774	8,010,168	16,377,152
	Emergency room and out-of-area.		9,454,238	8,126,371	15,887,197
	Prescription drugs		30,682,188	25,075,298	46,721,822
	Aggregate write-ins for other hospital and medical	tions where the control of the state of the state of	0	0	
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	34,307,789	245,653,593	198,419,836	399,586,739
Less:					
17.	Net reinsurance recoveries		615,267	491,716	2,843,644
18.	Total hospital and medical (Lines 16 minus 17)	34,307,789	245,038,326	197,928,120	396,743,095
19.	Non-health claims (net)			***************************************	
20.	Claims adjustment expenses, including \$7,366,106 cost containment expenses		10,358,609	8,991,966	17,439,169
21.	General administrative expenses		32,393,936	27,840,787	50,667,196
22.	Increase in reserves for life and accident and health contracts (including		117.0	IIII HESS	1000000
	\$0 increase in reserves for life only)		(50,926)	(12,661,936)	(5,128,639
23.	Total underwriting deductions (Lines 18 through 22)	34,307,789	287,739,945	222,098,937	459,720,821
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(42,319,337)	(15,390,369)	(40,879,656
25.	Net investment income earned		1,419,032	1,236,561	2,429,113
26.	Net realized capital gains (losses) less capital gains tax of \$(38,963)		(75,127)	19,644	30,724
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,343,905	1,256,205	2,459,837
	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	0	(25,896)	32	32
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	(41,001,328)	(14,134,132)	(38,419,787
31.	Federal and foreign income taxes incurred	xxx	(11,941,912)	(7,100,549)	(13,029,154
		xxx	na sana di Santi Landidi		
	DETAILS OF V				
0001	DETRICO OF V	XXX			
0602.		XXX			
		and the same of th		***************************************	***************************************
		XXX			
	Summary of remaining write-ins for Line 6 from overflow page		0	0	
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	
V113					
J119		xxx			
0701.		xxx			
0701. 0702.		xxx			
0701. 0702. 0703.		XXX XXX XXX		0	
0701. 0702. 0703. 0798.		XXX XXX XXX		0	
0701. 0702. 0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX XXX XXX	0	SECTION OF STREET	
0701. 0702. 0703. 0798. 0799.	Summary of remaining write-ins for Line 7 from overflow page	XXX XXX XXX	0	SECTION OF STREET	
0701. 0702. 0703. 0798. 0799. 1401.	Summary of remaining write-ins for Line 7 from overflow page	XXX XXX XXX	0	SECTION OF STREET	
0701. 0702. 0703. 0798. 0799. 1401. 1402.	Summary of remaining write-ins for Line 7 from overflow page	XXX XXX XXX XXX	0	SECTION OF STREET	
0701. 0702. 0703. 0798. 0799. 1401. 1402. 1403.	Summary of remaining write-ins for Line 7 from overflow page		0	0	
0701. 0702. 0703. 0798. 0799. 1401. 1402. 1403. 1498.	Summary of remaining write-ins for Line 7 from overflow page		0	0	
0701. 0702. 0703. 0798. 0799. 1401. 1402. 1403. 1498. 1499.	Summary of remaining write-ins for Line 7 from overflow page		0	0	33
70701. 70702. 70703. 70798. 70799. 11401. 11402. 11403. 11499. 11499.	Summary of remaining write-ins for Line 7 from overflow page		0		
70701. 70702. 70703. 70798. 70799. 1401. 1402. 1403. 1498. 1499. 2901. 2902.	Summary of remaining write-ins for Line 7 from overflow page		0		33

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	1 Current Year	2 Prior Year	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT	to Date	To Date	Ended December 31
33.	Capital and surplus prior reporting year	68,083,502	55,747,288	55,747,288
34.	Net income or (loss) from Line 32	(29,059,416)	(7,033,583)	(25,390,633
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$(3,082)	(8,805)	10,498	10,496
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	1,687	(4,228,994)	(10,740,795
39.	Change in nonadmitted assets	(848,472)	253	1,465,116
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	32,000,000	10,000,000	47,006,794
	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	(3,485)	(7,327)	(14,764
48.	Net change in capital and surplus (Lines 34 to 47)	2,081,509	(1,259,153)	12,336,214
49.	Capital and surplus end of reporting period (Line 33 plus 48)	70,165,011	54,488,135	68,083,502
	DETAILS OF WRITE-INS	1000000		
4701.	Prior Period Adjustment for Post Retirement Benefits Net of Tax	(3,485)	(7,327)	(14,764
4702.	Addition to special surplus for estimated subsequent year health insurer fee		3,550,000	7,200,000
4703.	Deduction from unassigned surplus for estimated subsequent year health insurer fee		(3,550,000)	(7,200,000
	Summary of remaining write-ins for Line 47 from overflow page			0
	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	95-000		

		1 Current Year to Date	Prior Year To Date	Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	239,110,878	204,877,129	414,331,414
2.	Net investment income	1,646,608	1,719,730	3,348,287
3.	Miscellaneous income	1,854,685	933,772	140,951
4.	Total (Lines 1 through 3).	242,612,171	207,530,631	417,820,652
5.	Benefit and loss related payments	244,255,565	192,312,872	386,135,593
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			***************************************
7.	Commissions, expenses paid and aggregate write-ins for deductions	35,963,488	29,183,224	68,780,256
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$(38,963) tax on capital gains (losses)	(5,845,476)	(7,177,999)	(14,702,263
10.	Total (Lines 5 through 9)	274,373,577	214,318,097	440,213,586
11.	Net cash from operations (Line 4 minus Line 10)	(31,761,406)		
12.	CASH FROM INVESTMENTS Proceeds from investments sold, matured or repaid:	,	No.	<b>.</b>
	12.1 Bonds	6,574,873	5,989,351	11,815,754
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,574,873	5,989,351	11,815,754
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	9,090,714	7,435,414	14,639,564
	13.2 Stocks			***************************************
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)	9,090,714	7,435,414	14,639,56
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)	111 111 111	(1,446,063)	(2.823.81)
	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.	32,000,000	10,000,000	47,000,00
	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).	3,614	(308)	6,80
17.		32,003,614	9,999,692	47.006.80
		32,003,014	9,999,092	47,000,00
	ECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	/c === = c = :	,	
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(2,273,633)	1,766,163	21,790,05
19.			*****	2222
	19.1 Beginning of year	32,901,512	- Comment of the Comment	11,111,45
	19.2 End of period (Line 18 plus Line 19.1)	30,627,879	12,877,616	32,901,51

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

EXHIBIT OF PREMIUMS, ENROLLIMENT AND UTILIZATION  1 Comprehensive (Hospital & Medical) 4 5 6 7 8 9									8	9	10
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
To	otal Members at End of:										
1.	Prior Year	80,293	1,413	45,836	2,277	3,874	996		25,897		
2.	First Quarter	89,613	841	48,257	2,034	5,236	1,253		31,992		
3.	Second Quarter	90,776	816	48,899	1,955	5,072	1,265		32,769		
4.	Third Quarter	0									
5	. Current Year	0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6	. Current Year Member Months	536,983	5,105	292,403	12,169	27,616	6,889		192,801		
To	otal Member Ambulatory Encounters for Period:										
7	. Physician	255,281	2,671	82,000	11,996				158,614		
	Non-Physician	218,597	2,482	65,441	13,060				137,614		
9	. Total	473,878	5,153	147,441	25,056	0	0	0	296,228	0	0
10	). Hospital Patient Days Incurred	17,213	216	3,503					13,494		100000000000000000000000000000000000000
11	Number of Inpatient Admissions	4,197	187	869					3,141		
12	2. Health Premiums Written (a)	246,871,773	2,211,943	106,847,930	2,263,058	844,507	392,366		134,311,969		
13	3. Life Premiums Direct	0									
14	Property/Casualty Premiums Written	0									
15	5. Health Premiums Eamed	245,438,782	2,211,943	106,760,999	2,263,058	844,507	392,366		132,965,909		
16	Property/Casualty Premiums Earned	0			***************************************						
17	7. Amount Paid for Provision of Health Care Services	244,840,140	8,670,935	106,158,761	2,516,270	387,946	278,557		126,827,671		
18	B. Amount Incurred for Provision of Health Care Services	245,653,593	7,067,852	94,879,433	2,420,213	387,946	271,759		140,626,390		

<sup>(</sup>a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....134,311,969.

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	A	iging Analysis of Unpaid C	Claims			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)	**				a succession consistence of	
0299999. Aggregate Accounts Not Individually Listed-Uncovered	478,982					478,982
0399999. Aggregate Accounts Not Individually Listed-Covered	2,950,668					2,950,668
0499999. Subtotals	3,429,650	0	0	0	0	3,429,650
0599999. Unreported Claims and Other Claim Reserves						44,150,711
0799999. Total Claims Unpaid.						47.580.361

# UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

	T treaty	Claims Paid			Current Quarter	5	6
3	Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	20,233,020	93,786,105	1,327,825	6,449,911	21,560,845	19,978,448
2.	Medicare Supplement	542,219	1,974,051	19,025	516,264	561,244	631,326
3.	Dental only	10,845	267,712	260	23,966	11,105	31,024
4.	Vision only		387,946			0	
5	Federal Employees Health Benefits Plan					0	
6	Title XVIII - Medicare	21,719,697	105,107,975	348,989	38,781,126	22,068,686	23,884,664
7	Title XIX - Medicaid					0	
8	Other health					0	
9	Health subtotal (Lines 1 to 8)	42,505,781	201,523,789	1,696,099	45,771,267	44,201,880	44,525,462
	. Healthcare receivables (a)	301,347	1,428,714	254,410	6,865,557	555,757	6,916,880
11	Other non-health					0	
12	Medical incentive pools and bonus amounts					0	
13	Totals (Lines 9-10+11+12)	42,204,434	200,095,075	1,441,689	38,905,710	43,646,123	37,608,582

<sup>(</sup>a) Excludes \$....... loans or advances to providers not yet expensed.

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

#### A. Accounting Practices

Health Net Health Plan of Oregon, Inc. (The Company) prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the Oregon Division of Financial Regulation (the Department). The Department requires that insurance companies domiciled in the State of Oregon prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the State of Oregon insurance commissioner.

	State of Domicile		Current Period		Prior Year
NET INCOME	11111		1180111		111111111111111111111111111111111111111
<ol> <li>HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 4, Line 32, Columns 2 &amp; 4)</li> </ol>	OR	\$	(29.059.416)	s	(25.390.633)
(2) State Prescribed Practices that increase/decrease NAIC SAP	Y				
(3) State Permitted Practices that increase/decrease NAIC SAP		<u> </u>			
(4) NAIC SAP (1-2-3=4)	OR	\$	(29,059,416)	\$	(25,390,633)
SURPLUS					
<ul><li>(5) HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 3, line 33, Columns 3 &amp; 4)</li></ul>	OR	\$	70,165,011	s	68,083,502
(6) State Prescribed Practices that increase/decrease NAIC SAP				,	
(7) State Permitted Practices that increase/decrease NAIC SAP	i i				
(8) NAIC SAP (5 – 6 – 7 = 8)	OR	\$	70,165,011	\$	68,083,502

#### C. Accounting Policy

(6) Loan-backed Securities – Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

In accordance with SSAP No. 43R – Loan-Backed and Structured Securities, if the fair value of a loan-backed or structured security is less than its amortized cost basis, then the Company will record an other-than-temporary impairment, if it intends to sell the security, if the Company does not intend to sell the security but it does not have the intent nor the ability to retain the security for the time sufficient to recover the amortized cost basis; or if the present value of the cash flows expected to be collected from the security are less than its amortized cost basis.

#### D. Going Concern

After considering management's plans, there is no doubt about the Company's ability to continue as a going concern.

#### NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

#### NOTE 3 - BUSINESS COMBINATIONS AND GOODWILL

None

#### NOTE 4 - DISCONTINUED OPERATIONS

None

#### NOTE 5 - INVESTMENTS

- D. Loan-Backed Securities
  - (1) Significant changes in prepayment assumptions are accounted for using the prospective method, based upon prepayment assumptions obtained from independent publishers of such financial data, which are consistent with the current interest rate and economic environment.
  - No other-than temporary impairments were recognized in 2016.
  - (3) No other-than temporary impairments were recognized in 2016.
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$ (7,703)
	William McCow Mitter and an action of	2.	12 Months or Longer	\$ 0
b.	The aggregate related fair value of securities with	1.	Less than 12 Months	\$ 1,766,319
1800	unrealized losses:	2.	12 Months or Longer	\$ 0

E. Repurchase Agreements and/or Securities Lending Transactions

None

Restricted Assets
(1) Restricted Assets (including Pledged)

		1	2	3	4	5	6
	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
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	427,573	430,648	(3,075)	427,573	0.250%	0.257%
k.	On deposit with other regulatory bodies			4. 10.			
L	Pledged collateral to FHLB (including assets backing funding agreements)						
m.	Pledged as collateral not captured in other categories						7
n.	Other restricted assets		ji ji				
0.	Total Restricted Assets	427,573	430,648	(3,075)	427,573	0.250%	0.257%

Working Capital Finance Investments

Offsetting and Netting of Assets and Liabilities

None

### NOTE 6 - JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None

### NOTE 7 - INVESTMENT INCOME

All investment income due and accrued, on the accompanying financial statements, was treated as an admitted asset, because there were no collection uncertainties.

#### NOTE 8 - DERIVATIVE INSTRUMENTS

None

#### NOTE 9 - INCOME TAXES

	Components of deferred tax assets (DTAs) and deferred tax lia									
(1)	DTA/DTL Components		2016			2015			Change	
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	9,193,877	9,637	9,203,514	9,144,228	7,950	9,152,178	49,649	1,687	51,336
(b)	Statutory valuation allowance adjustment (enter as "-")	(9,193,877)	0	(9.193,877)	(9,144,228)	0	(9,144,228)	(49,649)	0	(49,649
(c)	Adjusted gross deferred tax assets	0	9,637	9,637	0	7,960	7,950	0	1,687	1,687
(d)	Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
(e)	Subfotal net admitted deferred lax asset	0	9,637	9.637	0	7,950	7.950	0	1,587	1,687
(1)	Gress deterred tax liabilities	0	0	0			0	0	. 0	O O
(g)	Not admitted deferred tax asset/(not deferred tax liability)	0	9,637	9,637	0	7,960	7,950	.0	1,687	1,687
(2)	Admission calculation components:									
			2016			2015			Change	
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Admission calculation components SSAP No. 101 (§11)									
	Federal Income Taxes Pard in Prior Years Recoverable									
(a)	Through Loss Carrybacks.		9,637	9,037	0	7,950	7,950	.0	1,687	1,687
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From a, above) After Application of the Threshold Limitation. (The Lesser of b.; and b.ii. Below)	0	0	0	0	0	0	0	0	o
						-			27.7	
Chin	Adjusted Gross Deferred Tax Assets Expected to be Realized	NA	MA	WA	NA	NA	0	MA	NA	0
(b)(	) Following the Balance Sheet Date	NA.	NA	NA	NA	NA	0	NA.	NA	0
	Following the Balance Sheet Date     Adjusted Gross Deferred Tax Assets Allowed per Limitation									
	0 Following the Belance Sheet Date  Adjusted Gross Deferred Tax Assets Allowed per Limitation  (Threshold,  Adjusted Cross Deferred Tax Assets (Excluding The Amount	NA NA	NA NA	NA NA	NA NA	NA NA	0	NA NA	NA NA	
(b)(d)	I Following the Belence Stinet Date. Adjusted Gross Deterred Tax Assets Allowed per Limitation I Threshold. Adjusted Cross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From a. and b. above) Offsel by	NA	NA	NA	NA	NA	0	NA	NA	0
	0 Following the Belance Sheet Date  Adjusted Gross Deferred Tax Assets Allowed per Limitation  (Threshold,  Adjusted Cross Deferred Tax Assets (Excluding The Amount									

(3)	Used in ¶11b	2016 Percentage	2015 Percentage
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	380%	368%
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation	70,155,374	68,075,552

(4)	Impact of tax planning strategies						
		2016		2	)15	Chan	ge
	Description	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	Determination of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax character As A Percentage						
(1)	Adjusted Gross DTAs Amount from Note 9A1( c)	0	9,637	0	7,950		1,687
(2)	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	09
(3)	Net Admitted Adjusted Gross DTAs Amount From Note 9A1 (e)	9	9,637		7,950	*	1,687
(4)	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact of Tax Planning Strategies	0%	046	0%	0%	0%	09
	Done the agreement toy alonging startening include the use of misses		Voc	No. V			

В.	Deferred tax liabilities that are not recognized:	None		
c.	Current tax and change in deferred tax:			
(1)	Current income taxes incurred consist of the following major co	omponents:		
		June 30,	June 30,	
	Description	2016	2015	Change
(a)	Current federal income tax expense	(11,941,912)	(7,100,549)	(4,841,363)
(b)	Foreign taxes	0	0	0
(c)	Subtotal	(11,941,912)	(7,100,549)	(4,841,363)
(d)	Tax on capital gains/(losses)	(38,963)	10,578	(49,541)
(e)	Utilization of capital loss carryforwards	0	0	0
(f)	Other, including prior year underaccrual (overaccrual)	0	0	0
(g)	Federal and foreign income taxes incurred	(11,980,875)	(7,089,971)	(4,890,904)
	The tax effects of temporary differences that give rise to signifi	cant portions of the deferre	d tax	
	assets and liabilities are as follows:			

2)	DTAs Resulting From	June 30,	December 31,	
	Book/Tax Differences In	2016	2015	Change
(a)	Ordinary			
(1)	Discounting of unpaid losses and LAE	143,718	135,267	8,451
(2)	Unearned premiums	295,557	272,556	23,001
(3)	Policyholder reserves	0	0	0
(4)	Investments	0	0	0
(5)	Deferred acquisition costs	0	0	0
(6)	Policyholder dividends accrued	0	0	0
(7)	Fixed assets	0	0	0
(8)	Compensation and benefit accruals	216,423	180,768	35,655
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	0	0	0
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13)	Premium deficiency reserve	8,507,811	8,525,269	(17,458
(13)	Other	30,368	30,368	
	Gross ordinary DTAs	9,193,877	9,144,228	49,649
(b)	Statutory valuation adjustment - ordinary (-)	(9,193,877)	(9,144,228)	(49,649
(c)	Nonadmitted ordinary DTAs (-)	0		0
(d)	Admitted ordinary DTAs	0	0	0
(e)	Capital			
(1)	Investments	9,637	7,950	1,687
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4)	Other	0	0	
	Gross capital DTAs	9,637	7,950	1,687
(f)	Statutory valuation adjustment - capital (-)	0	0	0
(g)	Nonadmitted capital DTAs (-)	0	0	
(h)	Admitted capital DTAs	9,637	7,950	1,687

(3)	DTLs Resulting From	June 30,	December 31,	
	Book/Tax Differences In	2016	2015	Change
(a)	Ordinary			
(1)	Investments	0	0	(
(2)	Fixed assets	0	0	(
(3)	Deferred and uncollected premiums	0	0	(
(4)	Policyholder reserves/salvage and subrogation	0	0	(
(5)	Other	0	0	(
	Ordinary DTLs	0	0	1
(b)	Capital			
(1)	Investments	0	0	
(2)	Real estate	0	0	
(3)	Other	0	0	
	Capital DTLs	0	0	
(c)	DTLs		0	
(4)	Net deferred tax assets/liabilities	9,637	7,950	1,68

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

		June 30.	December 31,	
		2016	2015	Change
Total deferred tax assets		9,203,514	9,152,178	51,336
Total deferred tax liabilities		0	0	0
Net deferred tax assets/liabilities		9,203,514	9,152,178	51,336
Statutory valuation allowance adjustment (*see explanation below)		(9,193,877)	(9,144,228)	(49,649
Net deferred tax assets/liabilities after SVA		9,637	7,950	1,687
Tax effect of unrealized gains/(losses)		(9,637)	(7,950)	(1,687
Statutory valuation allowance adjustment allocated to unrealized (	+)	0	0	0
Change in net deferred income tax [(charge)/benefit]		0	0	0

## \*Statutory valuation allowance

A valuation allowance adjustment has been recognized at year end, as management does not believe its deferred tax assets are more likely than not realizable, based on the criteria established by SSAP 101.

D.	Reconciliation of federal income tax rate to actual effective rate:				
	The provision for federal income taxes incurred is different from that which w	ould be obta	ained		
	by applying the statutory federal income tax rate to income before income taxes. The				
	significant items causing this difference are as follows:				
				Effective Tax	
	B.//doi.in.p./	11.00 E-10.00	TOPECON		

			Effective Tax
Description	Amount	Tax Effect	Rate
Income Before Taxes	(41,040,294)	(14,364,101)	35.00%
Tax-Exempt Interest	(753,803)	(263,831)	0.64%
Change in Valuation Allowance	C-V-31-3	49,649	-0.12%
Health Insurer Fee	7,330,609	2,565,713	-6.25%
Non deductible compensation	0	0	0.00%
Meals and Entertainment	30,738	10,758	-0.03%
Fines, Penalties, Other	59,820	20,937	-0.05%
Total	(34,372,930)	(11,980,875)	29.19%
Federal income taxed incurred [expense/(benefit)]		(11,941,912)	29.10%
Tax on capital gains/(losses)		(38,963)	0.09%
Change in net deferred income tax [charge/(benefit)]		0	0.00%
Total statutory income taxes		(11,980,875)	29.19%

E.	Carryforwards, recoverable taxes, and IRC §6603 deposits:					
	At December 31, 2016, the Company had net operating loss carr	yforwards expiring throug	the year			
	2036 of:	\$0				
	At December 31, 2016, the Company had capital loss carryforwards expiring through the year					
	2021 of:	\$0				
	At December 31, 2016, the Company had an AMT credit carryforwards, which does not expire, in the					
	amount of:	\$0				
		22.12				
	The following is income tax expense that is available for recoupm	ent in the				
	event of future net losses:					
	Year	Ordinary	Capital	Total		
	2014	NA	34,683	34,683		
	2015	0	16,544	16,544		
	2016	0	0	C		
	Total	0	51.227	51,227		

(1)	The Company's Federal Income Tax return is consolidated v	with the following ent	ities:
	Foundation Health Facilities, Inc.		
	FH Assurance Company		
	FH Surgery Centers, Inc.		
	FH Surgery Limited, Inc.		
	Health Net of Arizona, Inc.		
	Health Net of Arizona Administrative Services, Inc.		
	Health Net of California, Inc.		
	Health Net, Inc		
	Health Net Community Solutions, Inc.		
	Health Net of California Real Estate Holdings, Inc.		
	QualMed, Inc. Qualmed Plans for Health of Colorado, Inc.		
	Health Net Life Insurance Company		
	Health Net Life Reinsurance Company		
	Health Net Health Plan of Oregon, Inc. (the company)		
	Qualmed Plans for Health of Pennsylvania, Inc.		
	National Pharmacy Services, Inc.		
	Integrated Pharmacy Systems, Inc.		
	HSI Advantage Health Holdings, Inc.		
	QualMed Plans For Health of Western Pennsylvania, Inc.		
	Pennsylvania Health Care Plan, Inc.		
	Managed Health Network, Inc.		
	MHN Services		
	Managed Health Network		
	MHN Services IPA, Inc.		
	Catalina Behavioral Health Services, Inc.		
	MHN Government Services, Inc.		
	Health Net Pharmaceutical Services Health Net Services, Inc.		
	Health Net One Payment Services, Inc.		
	MHN Global Services, Inc.		
	MHN Government Services - Belgium, Inc.		
	MHN Government Services - Djibouti, Inc.		
	MHN Government Services - Germany, Inc.		
	MHN Government Services - Guam, Inc.		
	MHN Government Services - Italy, Inc.		
	MHN Government Services - Japan, Inc.		
	MHN Government Services - Puerto Rico, Inc.		
	MHN Government Services - International, Inc.		
	MHN Government Services - Turkey, Inc.		
	MHN Government Services - United Kingdom, Inc.		
	Health Net Access, Inc.		
	Absolute Total Care, Inc.		
	AECC Total Vision Health Plan of Texas, Inc.		
	Bankers Reserve Life Insurance Company of Wisconsin Buckeye Community Health Plan, Inc.		
	California Health & Wellness Plan		
	Cenpatico of Arizona, Inc.		
	CeltiCare Health Plan of Massachusetts, Inc.		
	Coordinated Care Corporation		
	Coordinated Care of Washington, Inc.		
	Fidelis SecureCare of Michigan Inc.		
	Granite State Health Plan, Inc.		
	Hallmark Life Insurance Co.		
	Home State Health Plan, Inc.		
	IlliniCare Health Plan, Inc.		
	Kentucky Spirit Health Plan, Inc.		
	Louisiana Health Care Connections, Inc.		
	Magnolia Health Plan, Inc.		
	Managed Health Service Insurance Group		
	Sunflower State Health Plan, Inc.		
	Sunshine State Health Plan, Inc.		
	Superior Health Plan, Inc. Trillium Community Health Plan, Inc.		
	minum community riediti ridit, Inc.		
(2)	The method of allocation between the companies is subject	o written agreement	annrowed by the

#### NOTE 10 - INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

As of June 30, 2016, all outstanding shares of the Company are owned by QualMed, Inc., which is a wholly owned subsidiary of Centene (CNC), a corporation incorporated in the State of Delaware.

#### A-D, F. Transactions with Affiliates

The Company received administrative, financial, information systems, marketing, and operations services from its affiliates. In addition, the Company and certain of its affiliates purchase from each other health care coverage for the benefit of their employees. For the six months ended June 30, 2016 and 2015, the Company incurred expenses of \$18,627,955 and \$14,508,486 respectively, including the claim adjustment expenses relating to pharmacy benefits and behavioral health services mentioned below. In addition, the Company charged affiliates \$1,258,726 and \$2,414,002 for the six months ended June 30, 2016 and 2015, respectively, for services it provided. Balances associated with this agreement are settled within 30 days in the normal course of business.

Pursuant to an agreement with MHN Services, Inc (MHN), the Company receives behavioral health claim administration and processing services in exchange for an administrative fee. Balances associated with this agreement are settled within 30 days in the normal course of business. The following is a summary of the Company's transactions related to its agreement with MHN Services, Inc.:

 As of June 30, 2016
 As of December, 31 2015

 Claims Payable
 \$ 512,333
 \$ 846,873

Pursuant to an affiliate agreement with Health Net Pharmaceutical Services, Inc. ("HNPS"), the Company receives prescription drug claims administration, formulary management and pharmaceutical rebate processing services, in exchange for an administrative fee. The administrative fee is settled within 30 days, in the normal course of business. Prior to the issuance of checks for pharmaceutical claim payments, the Company remits cash to HNPS to fund the claim payments. Pharmaceutical rebates are remitted by HNPS to the Company, as they are collected from the drug manufacturers. The following is a summary of the Company's transactions related to its agreement with HNPS:

	YTD June 30, 2016	YTD June 30, 2015
HNPS claim adjustment expenses	\$ 1,229,787	\$ 1,062,360
Funds transferred for claim payments	47,303,867	35,124,910
Pharmaceutical Rebates recognized	6,913,293	4,230,830
	As of June 30, 2016	As of December 31, 2015
Health care receivables (rebates)	\$ 7,119,967	\$ 4,846,256
Nonadmitted rebates receivable	0	25,171

On August 9, 2010, the Company entered into a \$20 million affiliate loan agreement with Health Net, Inc. ("HNI"), after obtaining the permission of the Department of Consumer and Business Services. Under this agreement, HNI may loan amounts to the Company for working capital purposes. The loans bear interest at the prime rate of Bank of America, and are fully payable within forty-five days. There were no loans or related interest amounts payable as of June 30, 2016 and December 31, 2015. For the six months ended June 30, 2016 and 2015, the Company recorded interest expense of \$0 and \$0 respectively, for amounts borrowed under this agreement. The Company borrowed and repaid an aggregate total of \$0 and \$0 of loans for the six months ended June 30, 2016 and 2015, respectively. The aggregate outstanding loan amount, at any one time, did not exceed \$20,000,000.

The Company received capital contributions from its Parent Company as follows:

Date Received	Amount Received
June 30, 2016	\$ 32,000,000
December 24, 2015	22,000,000
September 29, 2015	15,000,000
June 30, 2015	10,000,000

The following admitted inter-company balances existed as of June 30, 2016 and December 31, 2015:

		June 30, 2016	Decen	nber 31, 2015
Receivable from affiliates: Health Net of California, Inc. Health Net Life Insurance Company Health Net Pharmaceutical Services Other affiliates	\$	344,003 0 0 54,514	\$	0 213,927 2,089,017 34,564
Total Gross Receivables (Excluding Federal Taxes) Total Non-admitted Receivables Total Admitted Receivables	\$	398,517 0 398,517	\$	2,337,508 0 2,337,508
Federal income tax recoverable From Health Net, Inc.(current) Net deferred tax asset Non-admitted	\$	5,635,006 9,637	\$	7,950
Total Admitted Federal Income Tax Recoverable	\$	5,644,643	\$	7,950
Payable to affiliates:	-13			
Health Net of California, Inc. Health Net, Inc. Health Net of Arizona, Inc. Health Net Pharmaceutical Services Other affiliates	\$	0 547,352 215,533 456,117 236,464	\$	692,619 548,281 0 0 298.872
Total Gross Payables (Excluding Federal Taxes)	\$	1,455,466	\$	1,539,772
Federal income tax payable to Health Net, Inc.	\$	0	\$	0

#### E. Guarantees

None

#### G-L. Investment in Parent, Subsidiaries or Affiliates

The Company does not hold any direct or indirect investment in its Parent, subsidiaries, controlled or affiliated companies and did not recognize any impairment write down for any investments in subsidiaries, controlled or related or liabilities.

#### NOTE 11 - DEBT

B. FHLB (Federal Home Loan Bank) Agreements

None

# NOTE 12 - RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

#### A. Defined Benefit Plan

Components of net periodic benefit cost		Pension Benefits		Po	ostretirement l	Benefits	Special or Contractual Benefits pe SSAP No. 11		
100		Current Period	Prior Year	Current	Period	Prior Year	Current Period	Prior Year	
a.	Service cost	\$	s	\$	\$		\$	\$	
b.	Interest cost				1,772	3,542			
C.	Expected return on plan assets					,			
d.	Transition asset or obligation								
e.	Gains and losses				(11,932)	(23.864)			
f.	Prior service cost or credit						5-1		
g.	Gain or loss recognized due to a settlement curtailment								
h.	Total net periodic benefit cost	\$	s	\$	(10,160)\$	(20,322)	\$	\$	

#### NOTE 13 - CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant changes

#### NOTE 14 - LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

None

B. Assessments

The Company is not subject to assessment by any guaranty association; however it is subject to assessment by a mandatory specific medical condition pool. The Oregon Medical Insurance Pool (OMIP) Board provides comprehensive medical benefit coverage for individuals who have been denied medical insurance coverage due to a medical condition and have no access to commercial portability coverage. The Company reported assessment expenses of (\$41,778) and \$56,327 for the six months ended June 30, 2016 and 2015, respectively. As of June 30, 2016 and December 31, 2015, respectively, the Company reported assessment liabilities of \$0 for the OMIP.

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

E. Joint and Several Liabilities

None

F. All Other Contingencies

Overview—The Company records reserves and accrues costs for certain legal proceedings and regulatory matters to the extent that it determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. While such reserves and accrued costs reflect the Company's best estimate of the probable loss for such matters, the Company's recorded amounts may differ materially from the actual amount of any such losses. In some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal and regulatory proceedings, which may be exacerbated by various factors, including but not limited to that they may involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; involve a large number of parties, claimants or regulatory bodies; are in the early stages of the proceedings; involve a number of separate proceedings, each with a wide range of potential outcomes; or result in a change of business practices. Further, there may be various levels of judicial review available to the Company in connection with any such proceeding in the event damages are awarded or a fine or penalty is assessed. As of the date of this report, amounts accrued for legal proceedings and regulatory matters were not material. However, it is possible that in a particular quarter or annual period the Company's financial condition, results of operations, cash flow and/or liquidity could be materially adversely affected by an ultimate unfavorable resolution of or development in legal and/or regulatory proceedings, depending, in part, upon the Company's financial condition, results of operations, cash flow and liquidity in such period, and the Company's financial condition, results of operations, cash flow and liquidity.

Miscellaneous Proceedings—In the ordinary course of its business operations, the Company is subject to periodic reviews, investigations and audits by various federal and state regulatory agencies, including, without limitation the Centers for Medicare & Medicaid Services, the Office of Civil Rights of the U.S. Department of Health and Human Services and state departments of insurance, with respect to its compliance with a wide variety of rules and regulations applicable to its business, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, rules relating to pre-authorization penalties, payment of out-of-network claims, timely review of grievances and appeals, and timely and accurate payment of claims, any one of which may result in remediation of certain

claims, contract termination, the loss of licensure or the right to participate in certain programs or other sanctions, and the assessment of regulatory fines or penalties, which could be substantial. From time to time, the Company receives subpoenas and other requests for information from, and is subject to investigations by, such regulatory agencies, as well as from state attorneys general. There also continues to be heightened review by regulatory authorities of, and increased litigation regarding, the health care industry's business practices, including, without limitation, information privacy, premium rate increases, utilization management, appeal and grievance processing, rescission of insurance coverage and claims payment practices, including under state and federal false claims

In addition, in the ordinary course of its business operations, the Company is party to various other legal proceedings from time to time, which may include, without limitation, litigation arising out of its general business activities, such as contract disputes, tax matters, employment litigation, wage and hour claims, including, without limitation, cases involving allegations of misclassification of employees and/or failure to pay for off-the-clock work, real estate-related claims, including, without limitation, cases involving allegations of misclassification of employees and/or failure to pay for off-the-clock work, real estate-related claims, including, without limitation relating to time stories allegedly were denied, underpaid, not timely paid or not paid, claims for failure to maintain adequate provider directories and claims arising out of the acquisition or divestiture of various business units or other assets. From time to time, the Company is also subject to claims relating to the performance of contractual obligations to providers, members, employer groups and others, which may include, without limitation, the alleged failure to properly pay claims and challenges to the manner in which the Company processes claims, and claims alleging that the Company has engaged in unfair business practices and claims related to the payment of taxes, including but not limited to claims that may have retroactive application. In addition, the Company from time to time is subject to claims relating to information security incidents and breaches, reinsurance agreements, rescission of coverage and other types of insurance coverage obligations and claims relating to the insurance industry in general. In the Company's role as a federal and state government contractor, the Company is, and may be in the future, subject to claims leave the Company is, or may be in the future, subject to claims action lawsuits brought against various managed care organizations and other class action lawsuits.

The Company intends to vigorously defend itself against the miscellaneous legal and regulatory proceedings to which it is currently a party; however, these proceedings are subject to many uncertainties. In some of the cases pending against the Company, substantial non-economic or punitive damages are being, or may in the future be, sought.

Potential Settlements—The Company regularly evaluates legal proceedings and regulatory matters pending against it to determine if settlement of such matters would be in the best interests of the Company and its stockholders. The costs associated with any settlement of the various legal proceedings and regulatory matters to which the Company is or may be subject from time to time could be substantial and, in certain cases, could result in a significant earnings charge in any particular quarter in which the Company enters into a settlement agreement and could have a material adverse effect on the Company's financial condition, results of operations, cash flow and/or liquidity and may affect its reputation.

#### NOTE 15 - LEASES

No significant changes

NOTE 16 - INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

None

NOTE 17 - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

None

#### NOTE 18 - GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

Revenue from the Company's Medicare Contract for the six months ending June 30, 2016 consisted of \$132,965,909 for medical and hospital related services.

As of June 30, 2015, the Company has recorded premium receivables from CMS in the amount of \$901,998.

The Company has incurred \$39,348 of cost sharing subsidy offsetting health care cost for the six months ending June 30, 2016 and \$142,888 of cost sharing receivable as of June 30, 2016.

#### NOTE 19 - DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

None

#### NOTE 20 - FAIR VALUE MEASUREMENTS

- A. The Company does not have assets measured and reported at fair value in the statement of financial position.
- B. The Company does not have assets measured and reported at fair value in the statement of financial position.
- C. The aggregate fair value of financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 99,968,025	\$ 95,970,810	\$ 2,162,467	\$ 97,805,558	\$	\$

As of June 30, 2016 the Company's long term bond investments are all reported at amortized cost. Estimated fair values are classified and disclosed in one of the following categories:

Level 1—Quoted prices are available in active markets for identical investments as of the reporting date. Investments included in Level 1 consist entirely of U.S. Treasury securities

Level 2—Most of the bond fair values fall in this category. For this pricing level inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models and/or other valuation methodologies which are based on an income approach. Examples include, but are not limited to, multidimensional relational model, option adjusted spread model, and various matrices. Specific pricing inputs include quoted prices for similar securities in both active and non-active markets, other observable inputs such as interest rates, yield curve volatilities, default rates, and inputs that are derived principally from or corroborated by other observable market data.

Level 3— The Company have no bond fair values in this category. For this pricing level inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation using assumptions that market participants would use, including assumptions for risk.

#### D. Not Practicable to Estimate Fair Value

		Effective	Company of Large II	No. of the Control of
Type of Class or Financial Instrument	Carrying Value	Interest Rate	Maturity Date	Explanation
000.80	\$	%	20	

#### NOTE 21 - OTHER ITEMS

On March 24, 2016, the acquisition of Health Net, Inc., a Delaware corporation and ultimate parent corporation of the Company ("HNT"), by Centene Corporation, a Delaware corporation ("Centene"), was consummated pursuant to the terms of the previously announced Agreement and Plan of Merger, dated as of July 2, 2015 (the "Merger Agreement"), by and among HNT, Centene, Chopin Merger Sub I, Inc., a Delaware corporation and wholly owned subsidiary of Centene ("Merger Sub I"), and Chopin Merger Sub II, Inc., a Delaware corporation and wholly owned subsidiary of Centene ("Merger Sub II"). Upon the terms and subject to the conditions set forth in the Merger Agreement, (i) Merger Sub I merged with and into HNT (the "First Merger"), with HNT as the surviving corporation (the "First Surviving Corporation"), and (ii) immediately after the consummation of the First Merger, the First Surviving Corporation merged with and into Merger Sub II, with Merger Sub II continuing as the surviving company under the name "Health Net, Inc." Effective March 24, 2016, the Company is an indirect wholly owned subsidiary of Centene.

#### NOTE 22 - EVENTS SUBSEQUENT

No significant changes

#### NOTE 23 - REINSURANCE

Effective January 1, 2014, for those insurers participating inside, and in some cases outside, of the exchanges, the ACA designed the following premium stabilization provisions; (a) the permanent risk adjustment program, (b) the transitional reinsurance program and (c) the temporary risk corridor program.

Reinsurance – The transitional reinsurance program requires the Company to make reinsurance contributions for calendar years 2014 through 2016 to a state or HHS established reinsurance entity based on a national contribution rate per covered member as determined by HHS. While all commercial medical plans, including self-tunded plans, are required to fund the reinsurance entity, only fully-insured non-grandfathered plans in the individual commercial market will be eligible for recoveries if individual claims exceed a specified threshold. For individual commercial plans, the Company accounts for the reinsurance contribution as ceded premium, the contribution earmarked for the U.S. Treasury as general administrative expenses, any reinsurance recovery as ceded health care costs, with corresponding receivables or payables. The transitional reinsurance program fees for all other commercial plans, excluding individual plans, are recorded as general administrative expenses. For the six months ended June 30, 2016, the transitional reinsurance program fees expense was \$407,832, the ceded premiums was \$18,174, and the ceded health care costs estimate was \$615.267.

As of June 30, 2016, the reinsurance recoverable was \$2,695,464, the ceded claims unpaid was \$112,995, the ceded reinsurance premiums payable was \$54,469 and the contributions payable which were not reported as ceded premiums was \$1,667,456. As of December 31, 2015, the reinsurance recoverable was \$2,469,469, the ceded claims unpaid was \$308,298, the ceded reinsurance premiums payable was \$50,540 and the contributions payable which were not reported as ceded premiums was \$1,723,595.

#### NOTE 24 - RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

#### Medicare Part D

The Company offers the Medicare Part D benefit as a fully insured product to existing and new members. The Medicare Part D benefit consists of pharmacy benefits for Medicare beneficiaries. Medicare Part D renewal occurs annually, but it is not a guaranteed renewable product. The majority of our Medicare Part D members fall into the low-income category.

The Company has two primary contracts under Medicare Part D, one with the CMS and one with the Medicare Part D enrollees. The CMS contract covers the portions of the revenue and expenses that will be paid for by CMS. The enrollee contract covers the services to be performed by the Company for the premiums paid by the enrollees. The insurance contracts are directly underwritten with the enrollees, not CMS, and therefore there is a direct insurance relationship with the enrollees. The premiums are generally received directly from the enrollees.

Medicare Part D offers two types of plans: Prescription Drug Plan ("PDP") and Medicare Advantage Plus Prescription Drug ("MAPD"). PDP covers only prescription drugs and can be combined with traditional Medicare or Medicare supplemental plans. MAPD covers both prescription drugs and medical care.

The revenue recognition of the revenue and cost reimbursement components under Medicare Part D is described below:

CMS Premium Direct Subsidy—The Company receives a monthly premium from CMS based on an original bid amount. This payment for each individual is a fixed amount per member for the entire plan year and is based upon that individual's risk score status. The CMS premium is recognized evenly over the contract period and reported as part of health plan services premium revenue.

Member Premium—The Company receives a monthly premium from members based on the original bid submitted to CMS. The member premium, which is fixed for the entire plan year is recognized evenly over the contract period and reported as part of health plan services premium revenue. Premiums for the low-income Medicare Part D members are paid by CMS.

Catastrophic Reinsurance Subsidy— CMS reimburses the Company for 80% of the drug costs after a member reached his or her out of pocket catastrophic threshold of \$4,850 and \$4,700 for 2016 and 2015, respectively. The CMS prospective payment (a flat PMPM cost reimbursement estimate) is received monthly based on the original CMS bid. After the year is complete, a settlement is made based on actual experience.

Low-Income Premium Subsidy—For qualifying low-income members, CMS will reimburse the Company, on the member's behalf, some or all of the monthly member premium depending on the member's income level in relation to the Federal Poverty Level. The low-income premium subsidy is recognized evenly over the contract period and reported as part of health plan services premium revenue.

Low-Income Member Cost Sharing Subsidy—For qualifying low-income members, CMS will reimburse the Company, on the member's behalf, some or all of a member's cost sharing amounts (e.g. deductible, co-pay/coinsurance). The amount paid for the member by CMS is dependent on the member's income level in relation to the Federal Poverty Level. The Company receives prospective payments on a monthly basis, and they represent a cost reimbursement that is finalized and settled after the end of the year.

Coverage Gap Discount—The Medicare Coverage Gap Discount is a program that began in 2011, under which drug manufacturers are required to provide a 50% discount on brand name drugs purchased in the Medicare Part D coverage gap by non-LIS (Low Income Subsidy) Part D members. The amount of the discount is included in the accumulation of the members' out-of-pocket costs. Under the Medicare Coverage Gap Discount Program, the Company receives monthly prospective payments from CMS for advancing the gap discounts at the point of sale. CMS coordinates the collection of discount payments from pharmaceutical manufacturers and payments to the Company based on prescription drug event data.

CMS Risk Share—The Company will receive additional premium or return premium based on whether the actual costs are higher or lower than the level estimated in the original bid submitted to CMS. The premium adjustment calculation is performed in the subsequent year based on the full year of experience of the prior year or, in the event of program termination, based on the experience up to the date of such termination. Estimated CMS risk share amounts are recorded on a quarterly basis as part of health plan services premium revenue based on cumulative experience up to the date of the financial statements.

Health care costs and general and administrative expenses associated with Medicare Part D are recognized as the costs and expenses are incurred.

#### ACA Risk Adjustment and Risk Corridor Programs

Effective January 1, 2014, for those insurers participating inside, and in some cases outside, of the exchanges, the ACA designed the following premium stabilization provisions; (a) the permanent risk adjustment program, (b) the transitional reinsurance program and (c) the temporary risk corridor program.

Risk Adjustment – The risk adjustment program transfers funds from lower risk plans to higher risk plans within the same market in the same State in order to adjust premiums for adverse selection among carriers caused by membership shifts due to guarantee issue and community rating mandates.

The Company's estimate for the risk adjustment incorporates pricing and demographic assumptions, the distribution of newly enrolled membership in terms of geography, metal tiers, and age bands, and the estimated market averages of premium and risk scores. The Company considers information as it becomes available at interim dates, along with updated actuarially determined expectations.

Premiums are adjusted for the risk adjustment by projecting the ultimate premium for the calendar year separately for individual and group plans by state. Estimated calendar year settlement amounts are recognized ratably during the year and are revised each period to reflect current experience. The Company records receivables or payables at the individual or group level within each state. For the six months ended June 30, 2016 and 2015, the risk adjustment estimate was \$797,253 and (\$3,171,180), respectively.

As of June 30, 2016, the risk adjustment payable was \$917,618 and the risk adjustment user fee payable was \$40,559. As of December 31, 2015, the risk adjustment payable was \$0 and the risk adjustment user fee payable was \$22,627.

Risk Corridor— The temporary risk corridor provisions limit issuer gains and losses by comparing allowable medical costs to a target amount, each defined/prescribed by HHS, and sharing the risk for allowable costs with the federal government. Variances from the target exceeding certain thresholds may result in HHS making additional payments to the Company or require the Company to refund HHS a portion of the premiums received.

The Company estimates and recognizes adjustments to premiums for the risk corridor provision by projecting the ultimate premium for the calendar year. Estimated calendar year settlement amounts are recognized ratably during the year and are revised each period to reflect current experience, including changes in risk adjustment and reinsurance recoverable. The Company records receivables or payables at the individual or group level within each state. For the six months ended June 30, 2016 and 2015, the risk corridor premiums adjustment was (\$1,849,004) and \$593,166, respectively.

As of June 30, 2016, the accrued retrospective premium receivable was \$217,304 (the Company non-admitted \$208,893 of the receivable in accordance with "Interpretation 15-01: ACA Risk Corridors Collectibility"), and the experience rating refund liability was \$0. As of December 31, 2015, the accrued retrospective premium receivable was \$2,099,975 (the Company non-admitted \$2,057,897 of the receivable in accordance with "Interpretation 15-01: ACA Risk Corridors Collectibility") and the experience rating refund liability was \$0.

Under the ACA, medical loss ratios on fully insured products, as calculated as set forth in the ACA, that fall below certain targets are required to rebate ratable portions of their comprehensive major medical health premiums annually. Medical loss ratio rebates required pursuant to the Public Health Service Act:

		Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prio	Reporting Year					
1	Medical loss ratio rebates incurred	0	0	0	0	0
2	Medical loss ratio rebates paid	0	0	427,219	0	0
3	Medical loss ratio rebates unpaid	0	0	0	0	0
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	0
-1-2	rent Reporting Year-to-Date			r		-
7	Medical loss ratio rebates incurred	0	0	0	0	0
8	Medical loss ratio rebates paid	0	0	0	0	0
9	Medical loss ratio rebates unpaid	0	0	0	0	0
10	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
	nyonosta esta accesa e productiva non esta esta esta.	XXX	XXX	XXX	XXX	0
11	Less reinsurance ceded amounts	^^^	, ////	////	7///	U

- E. Risk-Sharing Provisions of the Affordable Care Act
  - 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 period:

a.		manent ACA Risk Adjustment Program		AMOUNT							
	Asse										
	1.	Premium adjustments receivable due to ACA Risk Adjustment	\$	2,696,437							
	Liabilities										
	2.	Risk adjustment user fees payable for ACA Risk Adjustment		40,559							
	3.	Premium adjustments payable due to ACA Risk Adjustment		5000000							
	Ope	rations (Revenue & Expenses)									
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		797,253							
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$	17,932							
b.	Tran	nsitional ACA Reinsurance Program									
	Asse	ets									
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	2,695,464							
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		112,995							
	3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		36.4							
	Liabilities										
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		1,667,456							
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance		54,469							
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	9-11-1							
	Operations (Revenue & Expenses)										
	7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	18,174							
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		615,267							
	9.	ACA Reinsurance contributions – not reported as ceded premium	\$	407,832							
C.	Tem	nporary ACA Risk Corridors Program	1500	10.004.70.0000							
		Assets									
	1.	Accrued retrospective premium due to ACA Risk Corridors	\$	217,304							
	Liab	The product retriespectate premium due to violations of the contract of the co									
	2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors									
	Ope	rations (Revenue & Expenses)									
	3.	Effect of ACA Risk Corridors on net premium income (paid/received)		(1,849,004)							
	4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$								

(3) Roll forward of prior year ACA Risk-Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	i i					Differ	ences	Ade	atments .		Unsattled Balances as	of the Reporting Date	
		Accrued During the Prior Year I Business Written Before December of the Prior Year	Business Written Before December 31		ness Written Before December 31 on Business Written Before December 31 Prior Year Accrued Li		Prior Year Accrued Less Payments (Cal. 1-3)	Prior Year Accrued Less Perments (Col. 2-4)	To Prior Year Balances	To Prior Year Balancas	Γ	Cumulative Balance from Prior Years [Col. 1-3+7]	Cumulative Balance from Prior Years (Col. 2-4+8)
	9	7	2	3	9.	5	6	7	. 8	9	10	11	
	-	Peceivable	[Payable]	Receivable	Payable	Receivable	(Pavable)	Receivable	(Payable)	Flef	Receivable	(Payable)	
T	Permanent ACA Risk Adjustment Program			J.									
1	1 Premium adjustments receivable	1,263,799	0	0	0	1,263,799	0	1,432,637	90	A	2,696,436	- 1	
Ī	2 Premium adjustments (payable)	0	0	.0	- 0	. 0	0	0	. 0	В	0	- 0	
Ì	3 Substat ACA Permanent Rick Adjustment Program	1,263,799	0	0	0	1,263,799	0	1,432,637			2,696,436	1	
İ	Transitional ACA Reinsurance Program						- 2						
Ì	1 Amounts recoverable for claims peid	2,469,469	0	584,575	0	1,884,894		(614,703)		C	1,270,191	- 0	
Ì	2 Amounts recoverable for claims unpaid jointra liability)	308,298	0	0	0	308,298	0	(308,298)		D	0		
ſ	3 Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0		E	0	-	
ĺ	Liebilities for contributions paueble dus to ACA     Reinsurance – not reported as ceded premiums	0	0	0	0	0	0	0		F	0	- 3	
[	5 Ceded reinsurance premiums payable	0	50,540	0	14,244	. 0	36,296	0		6	0	36,296	
ľ	6 Liability for amounts held under uninsured plans	0	1,723,595	. 0	463,971	.0	1,259,624	0	. 0	н	0	1,259,624	
Ī	7 Subtotal ACA Transitional Reinsurance Program	2,777,767	1,774,135	584,575	478,215	2,193,192	1,295,920	(923,001)			1,270,191	1,295,920	
Ī	Temporary ACA Flisk Corridors Program												
Ī	1 Accrued retrespective premium	2,099,975	0	(288,747)	0	2,388,722	0	(2,388,722)	96	91	0	30	
Ī	Pleasave for rate credits or policy experience rating retunds:	0	0	0	0	0	0	0	100	J.	0	F)	
Ī	3 Subtotal ACA Pisk Corridors Program	2,099,975	0	(288,747)	0	2,388,722	0	(2,388,722)	100		0	્	
1	Total for ACA Flick Sharing Provisions	6,141,541	1,774,135	295,828	478,215	5,845,713	1,295,920	(1,879,086)	- 0		3,966,627	1,295,920	

#### **Explanations of Adjustments**

- Estimated amounts were revised based on updated information and experience for the relevant period.
- A. B. C. D. E. F. G. Estimated amounts were revised based on updated information and experience for the relevant period.
- Estimated amounts were revised based on updated information and experience for the relevant period.
- None
- Estimated amounts were revised based on updated information and experience for the relevant period.
- Estimated amounts were revised based on updated information and experience for the relevant period.
- Estimated amounts were revised based on updated information and experience for the relevant period.

Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	2014 Benefi	t Year	2015 Benef	it Year	Total		
	Receivable	Payable	Receivable	Payable	Receivable	Payable	
Beginning balance	2,355,055	0	0	0	2,355,055	0	
Received or paid	(288,747)	0	0	0	(288,747)	0	
Adjustments	(1,849,004)	0	0	0	(1,849,004)	0	
Total	217,304	0	0	0	217,304	0	

#### ACA Risk Corridors Receivable as of Reporting Date

	2014	2015	Total
	Benefit Year	Benefit Year	
Estimated amount to be filed or final amounts filed with federal agency	2,110,419	2	2,110,419
Amounts impaired or amounts not accrued for other reasons	(2,022,154)	技	(2,022,154)
Amounts received from federal agency	(288,747)	9 <del>7</del>	(288,747)
Asset balance gross of nonadmission	왕 전 월.	溢	200 1 200 E
Nonadmitted amounts	208,893	i¥	208,893
Net admitted assets	8,411	12	8,411

#### NOTE 25 - CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves as of December 31, 2015 were \$44,525,462. As of June 30, 2016, \$42,505,781 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,696,099 as a result of re-estimation of unpaid claims. Therefore, there has been a \$323,582 favorable prior-year development since December 31, 2015 to June 30, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

#### NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS

None

#### NOTE 27 - STRUCTURED SETTLEMENTS

None

#### NOTE 28 - HEALTH CARE RECEIVABLES

# A. Pharmaceutical rebates receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/16	\$ 4,632,005	\$ 0	\$ 0	\$ 0	\$ 0
03/31/16	2,281,287	2,789,219	0	.00	
12/31/15	2,643,955	2,178,169	š	2,178,169	
09/30/15	2,271,973	2,370,961		2,283,481	87,480
06/30/15	2,363,320	2,142,167		2,051,815	90,352
03/31/15	1,867,510	1,967,071		1,819,137	147,934
12/31/14	1,320,105	1,228,948		1,137,572	91,376
09/30/14	1,144,407	1,154,231		976,768	177,463
06/30/14	1,144,816	1,114,953	j j	789,994	324,959
03/31/14	989,154	998,376		618,474	379,902
12/31/13	543,991	737,892		600,083	137,809
09/30/13	892,003	722,170		603,444	118,726

#### **NOTE 29 - PARTICIPATING POLICIES**

None

#### NOTE 30 - PREMIUM DEFICIENCY RESERVES

1.	Liability carried for premium deficiency reserves	\$ 24,308,031
2.	Date of the most recent evaluation of this liability	7/14/2016
3.	Was anticipated investment income utilized in the calculation?	YES

#### NOTE 31 - ANTICIPATED SALVAGE AND SUBROGATION

None

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. 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,	745	
10	as required by the Model Act?	Yes [	
1.2	If yes, has the report been filed with the domiciliary state?  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	Yes	[ ] No [ ]
	reporting entity?	Yes [	] No[X]
000000	If yes, date of change:		W. N. F.
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? If yes, complete Schedule Y, Parts 1 and 1A.	Yes [	
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes [	X] No[]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.		
	On March 24, 2016, the acquisition of Health Net, Inc. by Centene Corporation was consummated pursuant to the terms of the previously announced Merger Agreement, dated as of July 2, 2015.		
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [	] No[X]
4.2	If yes, provide 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.		
	T	2 NAIC	3
		Company	State of
	Name of Entity	Code	Domicile
-		ę.	
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?		
	If yes, attach an explanation.	Yes [ ] No	[ ] N/A [X ]
		40/04/00	40
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/20	13
6.2	should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/20	13
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).	03/19/20	15
6.4	By what department or departments?  Oregon Division of Financial Regulation		
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[	
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 with 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 the 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 2 3	4 5	
	Affiliate Name Location (City, State) FRB	OCC FD	IC SEC
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;		
	<ul><li>(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li></ul>		
	(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).		
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).		

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. GENERAL INTERROGATORIES

# PART 1 - COMMON INTERROGATORIES

### FINANCIAL

1 Done	s the reporting entity report any amounts due from parent,	subsidiaries or offlictor on Boss 2 of this a	totomont?			VectV1	Nof
	s, indicate any amounts receivable from parent included in	100 Marie 1000 de 1000	statementr		e	Yes [X]	No [
Z II yes	s, indicate any amounts receivable from parent included in				•		U
	THE STATE OF STREET	INVESTMENT		1 50 0 12 29 13 0			
use t	e any of the stocks, bonds, or other assets of the reporting by another person? (Exclude securities under securities le		ent, or otherwise m	ade available for		Yes[]	No [X
2 If yes	s, give full and complete information relating thereto:						
Amoi	unt of real estate and mortgages held in other invested as	sets in Schedule BA:			\$		0
Amou	unt of real estate and mortgages held in short-term investr	ments:			\$		0
1 Does	s the reporting entity have any investments in parent, subs	idiaries and affiliates?			1,00	Yes[]	No[)
14.2	If yes, please complete the following:		W			3.443	
			50.00	1 ior Year-End isted Carrying Value	7700	2 rent Quarter sted Carrying V	alue
14.2			\$	0	\$	oto outlying t	0
14.2				0			0
14.2			-	0			0
14.2				0	<del>                                     </del>		0
14.2			9	0			0
14.2	7 Total Investment in Parent, Subsidiaries and Affiliat	es (Subtotal Lines 14.21 to 14.26)	\$	0	\$		0
14.2	8 Total Investment in Parent included in Lines 14.21	to 14.26 above	\$	0	\$		0
Hast	the reporting entity entered into any hedging transactions	reported on Schedule DB?			7.00.00	Yes[]	No [
If was	s, has a comprehensive description of the hedging program	m been made available to the demiciliary of	toto?			Yes[]	No [
200	, attach a description with this statement.	The Continued available to the domininary of	uto:			103[ ]	i do [
For t	he reporting entity's security lending program, state the an	nount of the following as of current stateme	ent date:				
Total	I fair value of reinvested collateral assets reported on Sche	edule DL, Parts 1 and 2:			\$		0
Total	book adjusted/carrying value of reinvested collateral asset	ets reported on Schedule DL, Parts 1 and 2	lt e		\$		0
Total	I payable for securities lending reported on the liability pag	e:			\$		0
	uding items in Schedule E-Part 3-Special Deposits, real es es, vaults or safety deposit boxes, were all stocks, bonds a						
custo	odial agreement with a qualified bank or trust company in a ritical Functions, Custodial or Safekeeping Agreements of	accordance with Section 1, III - General Ex	amination Consider			Yes[X]	No [
17.1	For all agreements that comply with the requirements of	the NAIC Financial Condition Examiners H	landbook, complete	the following:			
	1 Name of Custodiar	n(s)		2 Custodian Ad	idress		
	US BANK N A	21	555 S W OAK ST	REET, PORTLAND, OR	100000		-
17.2	For all agreements that do not comply with the requirement	a Sin Markovic Party Not 1955	- N	68 99	37204		
	location and a complete explanation:	or with the course of the British beautiful and strained to be considered to the state facilities of the beauti	And-the area of the constitution	100 mm			
	1 Name(s)	2 Location	n(s)	C	3 omplete Explan	nation(s)	
		3,000	-147				
17.3	Have there been any changes, including name changes,	in the custodian(s) identified in 17.1 during	g the current quarte	r?		Yes[]	No [)
17.4	If yes, give full and complete information relating thereto:	t	10.0				
	1	2		3	4	4	
	Old Custodian	New Custodian		Date of Change	Rea	ison	
			<u> </u>	34.00			-
17.5	Identify all investment advisors, broker/dealers or individu accounts, handle securities and have authority to make in			investment			
	1	2	E .		3		
	Central Registration Depository	Name(s)	i i		Address	Ĭ.	
18.1	Have all the filing requirements of the Purposes and Pro-	cedures Manual of the NAIC Investment Ar	nalysis Office been	followed?		Yes[X]	No [
18.2	If no, list exceptions:						

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		102.8 %
	1.2 A&H cost containment percent		3.0 %
	1.3 A&H expense percent excluding cost containment expenses		14.4 %
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.

2.3 Do you act as an administrator for health savings accounts?

2.4 If yes, please provide the amount of funds administered as of the reporting date.

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC	845	10450 00		530 500	Type of	19271100	Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsuer Rating

# **NONE**

# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

		1	Current rea	r to Date - A	iiocateu by	Direct Busi				
	State, Etc.	Active	Accident and Health Premiums	3 Medicare Title XVIII	4  Medicaid Title XIX	Federal Employees Health Benefits Program	6 Life and Annuity Premiums and Other	Property/ Casualty Premiums	Total Columns 2 through 7	9 Deposit-Typ Contracts
1.	AlabamaAL	Status	Premiums	Tide Aviii	Tide XIX	Premiums	Considerations	Premiums	2 through 7	Contracts
2.	AlaskaAK	N							0	
3.	ArizonaAZ								0	10.000000000000000000000000000000000000
4.	ArkansasAR	N							0	
5.	CaliforniaCA	N							0	
6.	ColoradoCO	N							0	
7.	ConnecticutCT	N							0	
8.	DelawareDE	N							0	
9.	District of ColumbiaDC	N							0	
10.	FloridaFL	N	***************************************				***************************************	***************************************	0	
11.	GeorgiaGA HawaiiHI	N	***************************************					***************************************	0	
13.	IdahoID		***************************************			***************************************	***************************************	***************************************	0	
14.	IllinoisIL	N	***************************************						0	
15.	IndianaIN	N							0	
16.	lowaIA	N							0	
17.	KansasKS	N							0	
18.	KentuckyKY	N							0	
19.	LouisianaLA	N							0	
20.	MaineME	N							0	
21.	MarylandMD	N	***************************************				***************************************		0	
22. 23.	MassachusettsMA MichiganMI	N	***************************************		***************************************		***************************************		0	
24.	MinnesotaMN	N	***************************************			***************************************	***************************************		0	
25.	MississippiMS	CONTRACTOR OF THE PARTY OF THE							0	
26.	MissouriMO	N							0	
27.	MontanaMT	N							0	
28.	NebraskaNE	N							0	
29.	NevadaNV	N							0	
30.	New HampshireNH	200000000000000000000000000000000000000							0	
31.	New JerseyNJ	N							0	
32.	New MexicoNM	N							0	
33.	New YorkNY	N						***************************************	0	
34. 35.	North CarolinaNC North DakotaND	N		••••••					0	
36.	OhioOH	N							0	
37.	OklahomaOK	N	***************************************			***************************************			0	***************************************
38.	OregonOR	According to the	91,471,965	134,311,969					225,783,934	
39.	PennsylvaniaPA	127							0	
40.	Rhode IslandRI								0	
41.	South CarolinaSC	N	***************************************			***************************************	***************************************		0	
42.	South DakotaSD	N							0	
43.	TennesseeTN	77							0	
44.	TexasTX	N							0	
45.	UtahUT	N							0	
46.	VermontVT	N							0	
47. 48.	VirginiaVA WashingtonWA		20,210,031						20,210,031	
49.	West VirginiaWV		20,210,031						0	
50.	WisconsinWI								0	
51.	WyomingWY								0	
52.	American SamoaAS								0	
53.	GuamGU	N							0	
54.	Puerto RicoPR								0	
55.	U.S. Virgin IslandsVI	N							0	
56.	Northern Mariana IslandsMP	N							0	
57.	CanadaCAN								0	
58.	Aggregate Other alienOT		111 691 006	134 311 060	0	0	0	0	245 003 065	ARREST TO STREET
59. 60.	Subtotal	XX	111,681,996	134,311,969	0	0	0	0	245,993,965	
00.	Employee Benefit Plans	xx	877,808						877,808	
61.	Total (Direct Business)	(a)2	112,559,804	134,311,969	0	0		0	246,871,773	
J1.	, out (Direct Duesitos)	(4)2	1 12,000,004	THE RESERVE AND PERSONS ASSESSMENT	LS OF WRITE-IN	Transfer of the first of the first				
3001				DETAI	LS OF WRITE-IN				0	
3002									0	
8003									0	
8998	Summary of remaining write-ins			overstore participation (Co.					cm05m15m35m37m36m32	www.sananani
	for line 58 from overflow page		0	0	0	0	0	0	0	
8999	Total (Lines 58001 thru 58003 plus 58	1998)			12	12	0			

<sup>(</sup>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.

<sup>(</sup>a) Insert the number of L responses except for Canada and Other Alien.

ene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	7101
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	1231
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	157
Buckeye Community Health Plan, Inc	32-0045282	OH	1183
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	129
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	958
Health Plan Real Estate Holding, Inc	46-2860967 46-5523218	MO DE	
Healthy Washington Holdings, Inc Coordinated Care of Washington, Inc	46-2578279	WA	153
Managed Health Services Insurance Corp	39-1678579	WI	968
Health Plan Real Estate Holding, Inc	46-2860967	МО	000.
Hallmark Life Insurance Co	86-0819817	AZ	600
Superior HealthPlan, Inc	74-2770542	TX	956
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	139
Magnolia Health Plan Inc	20-8570212	MS	139
IlliniCare Health Plan, Inc	27-2186150	IL	140
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	131
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	141
Healthy Missouri Holding, Inc	45-5070230	MO	440
Home State Health Plan, Inc	45-2798041	MO	142
Health Plan Real Estate Holding, Inc	46-2860967	MO	440
Sunflower State Health Plan, Inc Granite State Health Plan, Inc	45-3276702 45-4792498	KS NH	1434
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	154
California Health and Wellness Plan	46-0907261	CA	101
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	1076
Agate Resources, Inc.	20-0483299	OR	200
Lane Individual Practice Association, Inc.	93-1198219	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	125
Trillium Community Health Plan, Inc.	42-1694349	OR	125
Agate Properties, LLC	26-4475075	OR	
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	159
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	159
Sunshine Health Community Solutions, Inc.	47-5667095	FL	159
Arkansas Health and Wellness Inc.	81-1282251	AR	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Celtic Group, Inc	36-2979209	DE	807
Celtic Insurance Company  Ambetter of Magnolia Inc	06-0641618 35-2525384	IL MS	157
Ambetter of Peach State Inc.	36-4802632	GA	157
Novasys Health, Inc	27-2221367	DE	107
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	136
Centene Management Company LLC	39-1864073	WI	100
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP	74-2810404	TX	
	00 0074077	-	
Centene Holdings, LLC	20-2074277	DE	

MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
CBHSP Arizona, Inc	86-0782736	AZ	
Cenpatico of California, Inc	47-2595704	CA	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico de l'avioral realtir di Arizona, EEC	80-0879942	AZ	14704
		DE	14704
Envolve, Inc.	37-1788565		
AHA Administrative Services, LLC	47-4545413	AL	
Centene Health Systems Group of New York	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefit Options, Inc.	Pending	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
AECC Total Vision Health Plan of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Vision of New York, Inc.	06-1635519	NY	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	
\$6.50 St. March 1996 -	45-2303998	LA	15357
Cenpatico of Louisiana, Inc.			10001
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
성도 전략 등을 받는 것이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다. 하는 것이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다.			
Centurion of Florida, LLC	81-0687470	FL	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care West, LLC	26-2624521	TX	
AcariaHealth Solutions, Inc.	80-0856383	DE	
AcariaHealth, Inc.	45-2780334	DE	
AcariaHealth Pharmacy #14, Inc	27-1599047	CA	
AcariaHealth Pharmacy #11, Inc	20-8192615	TX	
AcariaHealth Pharmacy #12, Inc	27-2765424	NY	
AcariaHealth Pharmacy #13, Inc	26-0226900	CA	
AcariaHealth Pharmacy, Inc	13-4262384	CA	
HomeScripts.com, LLC	27-3707698	MI	
New York Rx. Inc.	20-8235695	NY	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
U.S. Medical Management, LLC	38-3153946	DE	
U.S. Medical Management, LLC	38-3153946	DE	
RMED, LLC	31-1733889	FL	
IAH of Florida, LLC	47-2138680	FL	
Heritage Home Hospice, LLC	51-0581762	MI	
Grace Hospice of Austin, LLC	20-2827613	MI	
ComfortBrook Hospice, LLC	20-1530070	OH	
Comfort Hospice of Texas, LLC	20-4996551	MI	
Grace Hospice of San Antonio, LLC	20-2827526	MI	
Grace Hospice of Grand Rapids, LLC	45-0679248	MI	
Grace Hospice of Indiana, LLC	45-0634905	MI	
Grace Hospice of Virginia, LLC	45-5080637	MI	
Comfort Hospice of Missouri, LLC			
Grace Hospice of Colorado, LLC	45-5080567	MI	
State Hospice of Colorado, LLC	45-5080675	MI	

Grace Hospice of Wisconsin, LLC	46-1708834	MI	
Seniorcorps Peninsula, LLC	26-4435532	VA	
R&C Healthcare, LLC	33-1179031	TX	
A N J, LLC	20-0927034	TX	
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI	
Country Style Health Care, LLC	03-0556422	TX	
Phoenix Home Health Care, LLC	14-1878333	DE	
Traditional Home Health Services, LLC	75-2635025	TX	
Family Nurse Care, LLC	38-2751108	MI	
Family Nurse Care II, LLC	20-5108540	MI	
Family Nurse Care of Ohio, LLC	20-3920947	MI	
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI	
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI	
Pinnacle Home Care, LLC	76-0713516	TX	
North Florida Health Services, Inc	59-3519060	FL	
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
Hospice DME Company, LLC	46-1734288	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
USMM Accountable Care Network, LLC	46-5730959	DE	
		DE	
USMM Accountable Care Partners, LLC	46-5735993		
USMM Accountable Care Solutions, LLC	46-5745748	DE	
USMM ACO, LLC	45-4165480	MI	
USMM ACO Florida, LLC	45-4157180	MI	
USMM ACO North Texas, LLC	45-4154905	MI	
Health Net, Inc.	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CYM	200
Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
3.48 1/4.48 1/4.48 1/4.4	95-4117722	DE	
Managed Health Network, Inc.			
Catalina Behavioral Health Services, Inc.	51-0490598	AZ	
Managed Health Network	95-3817988	CA	
MHN Services	95-4146179	CA	
MHN Services IPA, Inc.	13-4027559	NY	
MHN Government Services, Inc.	42-1680916	DE	
MHN Global Services, Inc.	51-0589404	DE	
MHN Government Services-Belgium, Inc.	80-0852000	DE	
MHN Government Services-Djibouti, Inc.	90-0889816	DE	
MHN Government Services-Germany, Inc.	80-0852008	DE	
MHN Government Services-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Italy, Inc.	80-0852019	DE	
MHN Government Services-Japan, Inc.	46-1038058	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
MHN Government Services-Turkey, Inc.	90-0889824	DE	
MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
Network Providers, LLC	88-0357895	DE	
Health Net Federal Services, LLC	68-0214809	DE	
Health Net Preferred Providers, LLC	61-1388903	DE	
Health Net Veterans, LLC	35-2490375	DE	
Network Providers, LLC	88-0357895	DE	
Health Net of the Northeast, LLC	06-1116976	DE	
Health Net of the Northeast, LLC	06-1116976	DE	
QualMed, Inc.	84-1175468	DE	
QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health Holdings, Inc.	23-2867299	DE	
QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	
Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	00200
Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
FH Surgery Limited, Inc.	68-0390434	CA	
Foundation Health Facilities, Inc.	68-0390438	CA	
FH Assurance Company	98-0150604	CYM	
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
National Pharmacy Services Inc.	84-1301249	DE	
Integrated Pharmacy Systems, Inc.	23-2789453	PA	

FH Surgery Centers Inc.	68-0390435	CA
Greater Sacramento Surgery Center LP	68-0343818	CA
Health Net Access, Inc.	46-2616037	AZ
MHS Consulting, International, Inc	20-8630006	DE
PRIMEROSALUD, S.L.	Foreign	ESP
Centene UK Limited	Foreign	GBR
The Practice (Group) Limited	Foreign	GBR

						PARI	1A - DETAIL OF INSURANCE	HOLL	ING CON	WPANY SYSTEM				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control		· ·	
						Securities			l		(Ownership,			
						Exchange if		Domi-			Board,	If Control is		
		NAIC		E-51		Public Traded		ciliary	Relationship		Management,	Ownership		
Group	V220 10/07	Company	V4=39 35	Federal	107200	(U.S. or	NAC DATE WASHINGTON TO PRODUCE	Locatio	to Reporting	DIVERSI D. TORONS DIV. SOCIALISMS D	Attorney-in-Fact,	Provide	Mar March March Haller Constant March	78
Code	Group Name	Code	ID Number	RSSD	CIK	International)	Name of Parent, Subsidiaries or Affiliates	n	Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Membe	rs	1	KF 17		1					Lv				
4005	0.1.0	00000	40 4400047		0004074700	New York Stock	0 1 0 1	0.5	1100	01 11 11 10 1 (0)	Shareholders/Bo	400,000	01 1 1 10 1 10 1	
1295	Centene Corporation	00000	42-1406317		0001071739	Exchange	Centene Corporation	DE	UDP	Shareholders/Board of Directors	ard of Directors	100.000	Shareholders/Board of Directors	
1005	Contrar Companies	74040	20 0000400				Bankers Reserve Life Insurance Company of	14/1	1A	0t 0ti	Owenkin	400,000	Contract Company	
295	Centene Corporation	71013	39-0993433			***************************************	Wisconsin	VVI	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
200	0-1	00000	40 0000007				Health Plan Real Estate Holding, Inc		AULA	Bankers Reserve Life Insurance Company of	O	17.000	0	
1295	Centene Corporation	12315	46-2860967 20-3174593				THE COMPANY OF STREET, ST. CONTROL OF STREET	MO	NIA	Wisconsin	Ownership		Centene Corporation	
295	Centene Corporation	1907 1907 1907	Control of the Contro		***************************************		Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967		***************************************		Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.000	Centene Corporation	
295	Centene Corporation	15713	46-4829006				lowa Total Care, Inc.	IA	IA	Centene Corporation	Ownership	100,000	Centene Corporation	
295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	13.000	Centene Corporation	
295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.000	Centene Corporation	
295	Centene Corporation	00000	59-3807546				Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.000	Centene Corporation	
		****					Coordinated Care Corporation d/b/a			**************************************				
295	Centene Corporation	95831	39-1821211				Managed Health Services	IN	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
									v.oru.	Coordinated Care Corporation d/b/a				
295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	мо	NIA	Managed Health Services	Ownership	15.000	Centene Corporation	
295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership		Centene Corporation	
295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.000	Centene Corporation	
295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967		***************************************		Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.000	Centene Corporation	
295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc	IL	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.000	Centene Corporation	
295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc	FL	IA	Sunshine Health Holding LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	27-0242132				Sunshine Consulting Services, Inc	DE	NIA	Sunshine Health Holding LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc	KY	IA	Centene Corporation	Ownership	100,000	Centene Corporation	
295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	мо	NIA	Centene Corporation	Ownership	95.000	Centene Corporation	
295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	мо	IA	Healthy Missouri Holding, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	мо	NIA	Home State Health Plan, Inc	Ownership	5.000	Centene Corporation	
295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc	KS	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
295	Centene Corporation	15447	46-4195563				Bridgeway Advantage Solutions, Inc	AZ	IA.	Centene Corporation	Ownership	100.000	Centene Corporation	***********
295	Centene Corporation	00000	46-0907261	SUMMER OF STREET		200 00000000000000000000000000000000000	California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership		Centene Corporation	2010000000
295	Centene Corporation	10769	30-0312489				Fidelis SecureCare of Michigan, Inc	MI	IA	Centene Corporation	Ownership		Centene Corporation	
	Committee Company (Committee Committee Committ	.0100	55 55 12405		1	[	I. some occurred or micrigan, momentum			I a a una portugui a un maria de la composição de la comp	I - mioiotip	1	ovina o oporationi i i i i i i i i i i i i i i i i i i	1

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

						1 / 11 / 1	1A - DETAIL OF INSURANCE	HOLL	1110 0011	ALT OLOTEN				
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						Name of					Type of Control		***	1
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Group	0 1	Company	ID H	Federal	Olle	(U.S. or	N	Locatio	to Reporting	E 4 0 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Attorney-in-Fact,	Provide	100 4 C 4 W 5 O 4 N 5 O 4 A	( <u>c</u>
Code	Group Name	Code	1D Number 20-0483299	RSSD	CIK	International)	Name of Parent, Subsidiaries or Affiliates	n OR		Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	- 22
1295	Centene Corporation	00000					Agate Resources, Inc	-	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		93-1198219				Lane Individual Practice Association, Inc	OR	NIA	Agate Resources, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc.		IA	Lane Individual Practice Association, Inc	Ownership	60.000	Centene Corporation	
1295	Centene Corporation		42-1694349				Trillium Community Health Plan, Inc.	OR	NIA	Agate Resources, Inc.	Ownership	40.000	Centene Corporation	
1295	Centene Corporation		26-4475075				Agate Properties, LLC	1000	0.110.200000000000000000000000000000000	Agate Resources, Inc.	Ownership	100.000	Centene Corporation	manner
1295	Centene Corporation	00000 15902	93-1198376 47-5123293				Independent Professional Services, LLC	OR	NIA	Agate Resources, Inc.	Ownership	100.000	Centene Corporation	200110000
1295	Centene Corporation	00000	47-5123293				Nebraska Total Care, Inc	NE	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	The second second					Pennsylvania Health & Wellness, Inc	PA	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	15912	47-5664832				Inc.	TX	IA	Centene Corporation	Ownership		Centene Corporation	
1295	Centene Corporation	A Company of the Comp	47-5667095				Sunshine Health Community Solutions, Inc	^D	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		81-1282251			***************************************	Arkansas Health and Wellness Inc	AR	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		39-1864073			***************************************	Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		20-0057283			***************************************	CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		26-4094682 47-5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	111111111111111111111111111111111111111	Centene Corporation	
1295	Centene Corporation	00000							NIA	CMC Real Estate Co. LLC	Ownership		Centene Corporation	
1295	Centene Corporation	The second second second	46-4234827					MO	Part of the same o		Ownership		Centene Corporation	
1295	Centene Corporation	00000	47-2914561 37-1766939				Forhan, LLCHanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	45-5431787					DE	NIA	CMC Real Estate Co. LLC	Ownership		Centene Corporation	
1295	Centene Corporation	00000	45-5431/8/ 45-4372065	inimization (			GPT Acquisition LLC Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	100.000	Centene Corporation	
2000	Centene Corporation				***************************************	***************************************		DE			Ownership	A STATE OF THE STA		
1295 1295	Centene Corporation	00000	46-2794037 46-2798132			***************************************	LSM Holdco, Inc	NH	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		20-2074217				Lifeshare Management Group, LLC CCTX Holdings, LLC	DE	NIA	Centene Corporation.				
100000000000000000000000000000000000000	CONTROL OF THE PROPERTY OF THE	00000	74-2810404					TX	NIA	CO. CO. C. B. B. C.	Ownership		Centene Corporation	
1295 1295	Centene Corporation		20-2074277				Centene Company of Texas, LP	DE	NIA	CCTX Holdings, LLC	Ownership	1.000	Centene Corporation	
1295	CONTRACTOR OF THE PROPERTY OF	00000	74-2810404			***************************************		TX	NIA	Centene Holdings, LLC	Ownership	99.000	Centene Corporation	
4 1 1 1 1 1	Centene Corporation	00000	43-1795436	***************************************		***************************************	Centene Company of Texas, LP	WI	NIA				AND THE STATE OF T	
1295	Centene Corporation	00000	47-2516714				MHS Travel & Charter, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	***************************************
1295 1295	Centene Corporation		37-1788565		***************************************	***************************************		DE	NIA	Centene Corporation	Ownership		Centene Corporation	
1295		00000	3/-1/00000			***************************************	AHA Administrative Services, LLC	DE	NIA	Envolve, Inc	-		Centene Corporation	
1295	Centene Corporation	00000	47-3454898					NY	NIA	Centene Corporation.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	46-4855483				Centene Health Systems Group of New York Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation		22-3889471		***************************************		CenCorp Health Solutions, Inc	DE	NIA		Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	Centene Corporation CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	42-1565805				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100,000	Centene Corporation	
1295		00000	52-2379566		***************************************	***************************************		DE	NIA	NurseWise Holdings LLC	the second secon	100.000		
1295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise LP	Ownership		Centene Corporation	
1295	Centene Corporation	00000	20-4730372			***************************************		DE	NIA	CenCorp Health Solutions, Inc	Control of the Contro	100.000	Centene Corporation	
1295	The state of the s	00000	20-4980875				Bridgeway Health Solutions, LLC Bridgeway Health Solutions of Arizona Inc	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.000		
1295	Centene Corporation	Carlotte Carlotte				***************************************		DE	NIA		Ownership		Centene Corporation	
1295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc.	UE	NIA	CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
1205	Centene Corporation	00000	06-1404277				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT	NIIA	Nurtur Health, Inc	Ownership	100,000	Cantona Composition	l
1295	Centerie Corporation		00-1404277			31111111111111111111111111111111111111	CONSUMARIAS ELECTRIDITA VYORKINE INTOVATIONS	СТ	NIA	A STATE OF THE PROPERTY OF THE	Ownership	100.000	Centene Corporation	
1205	Centene Corporation	00000	16-1686991			Watte Lord Company	Wellness By Choice, LLC	NY	NIA	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership	100,000	Centene Corporation	
1250	Contaile Corpolation		10-1000991	1			Troilless by Gloice, LLC	141	141/4	Consultants LLC drova Working Initivations	Cwileisi ip	100.000	Containe Corporation	

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						Name of					Type of Control		_	
					l	Securities					(Ownership,			
					l	Exchange if		Domi-			Board,	If Control is		
_		NAIC		-		Public Traded		ciliary	Relationship		Management,	Ownership		
Group		Company	10.111	Federal	0114	(U.S. or	N	Locatio	to Reporting	S	Attorney-in-Fact,	Provide	100 - 4 O - 4 W - E - 0 - 4 3 3 D 4 3	
Code	Group Name	Code	ID Number	RSSD	CIK	International)	Name of Parent, Subsidiaries or Affiliates	n	Entity	Directly Controlled by (Name of Entity/Person	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	- 2
295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	7	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	47-2595704				Cenpatico of California, Inc	CA	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Integrated Mental Health Mgmt, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ	IA	Cenpatico Behavioral Health of Arizona, LLC	Ownership	80.000	Centene Corporation	
295	Centene Corporation	00000	20-4730341				Envolve Benefit Options, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	36-4520004				Envolve Captive Insurance Company, Inc	SC	NIA	Envolve Benefit Options, Inc	Ownership		Centene Corporation	
295	Centene Corporation	95302	75-2592153				AECC Total Vision Health Plan of Texas, Inc.		IA	Envolve Benefit Options, Inc	Ownership		Centene Corporation	
295	Centene Corporation	00000	20-4773088			***************************************	Envolve Vision, Inc	DE	NIA	Envolve Benefit Options, Inc	Ownership		Centene Corporation	
295	Centene Corporation	00000	65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Benefit Options, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc	DE	NIA	Envolve Benefit Options, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	06-1635519				Envolve Vision of New York, Inc	NY	NIA	Envolve Benefit Options, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-2783884				Dental Health & Wellness, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc	LA	IA	CenCorp Health Solutions, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95	Centene Corporation	80799	06-0641618	, (2020000000000000000000000000000000000	2010/02/2010/03/20	(2007)	Celtic Insurance Company	IL	IA	Celtic Group, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	IA	Celtic Insurance Company	Ownership	100.000	Centene Corporation	1 1000
95	Centene Corporation	15729	36-4802632		and a second control	THE REST OF THE PARTY OF THE PARTY.	Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership		Centene Corporation	
95	Centene Corporation	00000	27-2221367	O CONTRACTOR OF THE PARTY OF TH		7,110,000,000,000,000	Novasvs Health, Inc	DE	NIA	Celtic Group, Inc.	Ownership		Centene Corporation	
95	Centene Corporation	00000	26-4278205			ON LY COMMON TO A STATE OF THE	CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc	Ownership		Centene Corporation	
95	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc.	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership		Centene Corporation	
95	Centene Corporation	00000	77-0578529				US Script, Inc.	DE	NIA	Centene Corporation	Ownership	100,000	Centene Corporation	
95	Centene Corporation	00000	76-0511700				LBB Industries. Inc.	TX	NIA	US Script, Inc	Ownership	The second secon	Centene Corporation	
95	Centene Corporation	00000	75-2612875				RX Direct. Inc	TX	NIA	US Script, Inc.	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-2307356	***************************************		***************************************	US Script IPA, LLC.	NY	NIA	US Script, Inc.	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95 95	Centene Corporation	00000	30-0030938			***************************************	Casenet S.R.O.	CZE	NIA	Casenet L.C.	Ownership	100.000	Centene Corporation	
95 95	The state of the s	00000	64 4450707					DE	NIA					
	Centene Corporation		61-1450727					DE	NIA	Centene Corporation.	Ownership		Centene Corporation	
95	Centene Corporation	00000	90-0766502				Centurion LLC			Centurion Group, Inc	Ownership		Centene Corporation	
95	Centene Corporation	00000	47-1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	Control of the Contro	Centene Corporation	
95	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	5000 C C C C C C C C C C C C C C C C C C	Centene Corporation	
95	Centene Corporation	00000	30-0752651		***************************************	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
	A CONTRACTOR OF THE CONTRACTOR	****	44 144 114				Massachusetts Partnership for Correctional							
95	Centene Corporation	00000	61-1696004				Healthcare, LLC	MA	NIA	Centurion LLC	Ownership		Centene Corporation	
95	Centene Corporation	00000	46-3590120			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	A ST POST CONTRACTOR	Centene Corporation	
95	Centene Corporation	00000	46-1041008			***************************************	Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
							Centurion Correctional Healthcare of New							
295	Centene Corporation	00000	81-1161492				Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	

						1.4.4.4.1	1A - DETAIL OF INSURANCE	HOLL	1110 001	MI ANT OTOTEM				
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					l	Name of					Type of Control		""	
					l	Securities					(Ownership,			
					l	Exchange if		Domi-			Board,	If Control is		
_		NAIC		Federal		Public Traded		ciliary	Relationship		Management,	Ownership		
Group Code	Group Name	Company	ID Number	Federal RSSD	CIK	(U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Locatio	to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	٠,
1295	Centene Corporation	00000	27-3617766	KOOD	UIN	international)	Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	73-1698808			***************************************	Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	99.990	Centene Corporation	
1295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership		Centene Corporation	********
1295	Centene Corporation	00000	26-2624521				Specialty Therapeutic Care West, LLC	TX	NIA	Specialty Therapeutic Care, LP	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions. Inc.	DE	NIA	Specialty Therapeutic Care, LP	Ownership	100.000	Centene Corporation	10000000
1295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Specialty Therapeutic Care, LP	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth. Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc.	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth. Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc.	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-8235695		XXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	New York Rx, Inc.	NY	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	3322N
295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc	DE	NIA	Centene Corporation	Ownership		Centene Corporation	
295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc	Ownership	20.000	Centene Corporation	
295	Centene Corporation	00000	38-3153946	1			U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.000	Centene Corporation	
295	Centene Corporation	00000	31-1733889	000000000000000000000000000000000000000	2010/02/2010/03/20	(2007)	RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	2000
295	Centene Corporation	00000	47-2138680		***************************************	***************************************	IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	51-0581762		***************************************		Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-4229858				Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	81-1565426				Pinnacle Senior Care of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership		Centene Corporation	
295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc	FL	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	

						PARI	1A - DETAIL OF INSURANCE	HOLL	ING CON	MPANT STSTEM				
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						Name of					Type of Control		"	
						Securities			l		(Ownership,			
						Exchange if		Domi-			Board,	If Control is		
-		NAIC		100		Public Traded		ciliary	Relationship		Management,	Ownership		
Group	- W	Company	10.11	Federal	Ollic	(U.S. or	N	Locatio	to Reporting	E	Attorney-in-Fact,	Provide	11W 4 0 4 W 5 W 1 3 W 4 3	02
Code	Group Name	Code	ID Number	RSSD	CIK	International)	Name of Parent, Subsidiaries or Affiliates	n MI		Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	- 2
1295	Centene Corporation	00000	47-1742728			***************************************	Pinnacle Sr. Care of Kalamazoo, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	20-4364776		***************************************		Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	46-5730959			***************************************	USMM Accountable Care Network, LLC	The second second	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	46-5735993				USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	minner
1295	Centene Corporation	00000	46-5745748 45-4165480			***************************************	USMM Accountable Care Solutions, LLC	MI.	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	CONTRACTOR SON				USMM ACO, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	Company of the State of the Sta	45-4157180				Committee I fortun, Ecommittee	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	47-5208076				Health Net, Inc	CA	Control of the same of the sam	Centene Corporation	Ownership	The second second second	Centene Corporation	
1295 1295	Centene Corporation	66141	95-4402957 73-0654885			***************************************	Health Net Life Insurance Company	CA	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
	Centene Corporation					***************************************	The Control of Property of the Control of the Contr	CYM	2.5 (47)		Ownership	AND TO SEE SEE	State of the state	***************************************
1295	Centene Corporation	00000	98-0409907	***************************************		***************************************	Health Net Life Reinsurance Company	CYM	NIA	Health Net of California, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	54-2174069				Health Net of California Real Estate	CA	NIA	Health Net of California, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	95-4117722			***************************************	Holdings, Inc. Managed Health Network, Inc	DE	NIA	Health Net. Inc.	Ownership		Centene Corporation	
1295	Centene Corporation	00000	51-0490598				Catalina Behavioral Health Services, Inc	AZ	NIA	Managed Health Network, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	95-4146179				MHN Services.	CA	NIA	Managed Health Network, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	13-4027559				MHN Services IPA. Inc.	NY	NIA	MHN Services	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	42-1680916				MHN Government Services, Inc	DE	NIA	MHN Services.	Ownership		Centene Corporation	
1295	Centene Corporation	00000	51-0589404			***************************************	MHN Global Services, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	80-0852000		***************************************		MHN Government Services-Belgium, Inc	DE	NIA	MHN Government Services, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	90-0889816			***************************************	MHN Government Services-Djibouti, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	80-0852008		(00000000000000000000000000000000000000	***************************************	MHN Government Services-Germany, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	90-0889803				MHN Government Services-Guam, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	90-0889825	***************************************			MHN Government Services-International, Inc.		NIA	MHN Government Services, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	80-0852019	***************************************			MHN Government Services-Italy, Inc	DE	NIA	MHN Government Services, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	46-1038058	***************************************		***************************************	MHN Government Services-Japan, Inc	DE	NIA	MHN Government Services. Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	90-0889815				MHN Government Services-Puerto Rico, Inc.	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	2.2500000000000000000000000000000000000
1295	Centene Corporation	00000	90-0889824				MHN Government Services-Turkey, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
1200	Carterie Corporation	00000	30-0003024	***************************************			MHN Government Services-United Kingdom.	DC	10/1	INI II COVOIMINGIA CO VICES, IIIC	Ownership	100,000	Centarie Corporation	
1295	Centene Corporation	00000	90-0889833	CONTRACTOR NO.	550000 NOMONOSON TO	TO A NOT THE A STREET OF THE	Inc.	DE	NIA	MHN Government Services, Inc	Ownership	100,000	Centene Corporation	0004000000
1295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	MHN Government Services, Inc	Ownership	10.000	Centene Corporation	
1295	Centene Corporation	00000	68-0214809				Health Net Federal Services, LLC	DE	NIA	Health Net. Inc.	Ownership		Centene Corporation	
1295	Centene Corporation	00000	61-1388903	Charles Colon Charles	Contact Contact		Health Net Preferred Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	Health Net. Inc.	Ownership	90.000	Centene Corporation	
1295	Centene Corporation	00000	06-1116976				Health Net of the Northeast, LLC	DE	NIA	Network Providers, LLC	Ownership	25.000	Centene Corporation	
1295	Centene Corporation	00000	06-1116976				Health Net of the Northeast, LLC	DE	NIA	Health Net. Inc.	Ownership	75.000	Centene Corporation	
1295	Centene Corporation	00000	84-1175468				QualMed. Inc.	DE	NIA	Health Net, Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	84-0975985				QualMed Plans for Health of Colorado, Inc	CO	NIA	QualMed, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon, Inc	OR	RE	QualMed, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	23-2867299					DE	NIA	Health Net, Inc.	Ownership	2.500	Centene Corporation	
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# SCHEDULE Y

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Group	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi- ciliary Locatio	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)	•
Erasin.		INCOME.		7350000		- Unanazzatek	QualMed Plans for Health of Western		COLUMN CO	reconstruction of the second o	No.	Maritime Co.		
1295	Centene Corporation	00000	23-2867300				Pennsylvania, Inc.	PA	NIA	HSI Advantage Health Holdings, Inc	Ownership	100,000	Centene Corporation	
1295	Centene Corporation	00000	25-1516632				Pennsylvania Health Care Plan, Inc	PA	NIA	HSI Advantage Health Holdings, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	94-3037822	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Health Net Services Inc	DE	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
							Health Net Community Solutions of Arizona,							
1295	Centene Corporation	15895	81-1348826	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Inc.	AZ	IA	Health Net, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	54-2174068				Health Net Community Solutions, Inc	CA	NIA	Health Net, Inc	Ownership	101111111111111111111111111111111111111	Centene Corporation	
1295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	IA	Health Net, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	54-2153100				Health Net One Payment Services, Inc	DE	NIA	Health Net, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Health Net of Pennsylvania, LLC	PA	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
420E	Centene Corporation	00000	23-2456130				QualMed Plans for Health of Pennsylvania,	PA	KILA	Health Net Inc.	Ownership	100,000	Centene Corporation	
1295							Inc.	The same of the sa	NIA	Health Net, Inc.	A STATE OF THE PARTY OF THE PAR			
1295	Centene Corporation	00000	68-0390434				FH Surgery Limited, Inc	CA	NIA	11000011101	Ownership		Centene Corporation	
1295	Centene Corporation	00000	68-0390438				Foundation Health Facilities, Inc	CA	NIA	Health Net, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	98-0150604				FH Assurance Company	CYM	NIA	Health Net, Inc	Ownership		Centene Corporation	
1295	Centene Corporation	00000	68-0295375			***************************************	Health Net Pharmaceutical Services Health Net of Arizona Administrative	CA	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	86-0660443				Services, Inc.	AZ	NIA	Health Net. Inc.	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	84-1301249	and the same of th		-coates - coates - cottes		DE	NIA	Health Net, Inc.	Ownership		Centene Corporation	SECOND NAME OF THE PARTY.
1295	Centene Corporation	00000	23-2789453			7 N. 100 C. 100	Integrated Pharmacy Systems, Inc	PA	NIA	National Pharmacy Services Inc	Ownership		Centene Corporation	100100000000000000000000000000000000000
1295	Centene Corporation	00000	68-0390435	A			FH Surgery Centers Inc.	CA	NIA	Health Net. Inc.	Ownership		Centene Corporation	200000000000000000000000000000000000000
1295	Centene Corporation	00000	68-0343818	CONSTRUCTOR		SZANNEK NIEKOS	Greater Sacramento Surgery Center LP	CA	NIA	FH Surgery Centers Inc.	Ownership		Centene Corporation	2022/03/20
1295	Centene Corporation	00000	46-2616037				Health Net Access. Inc.	A7	NIA	Health Net. Inc.	Ownership		Centene Corporation	
1295	Centene Corporation	00000	20-8630006				MHS Consulting, International, Inc	DE	NIA	Centene Corporation.	Ownership		Centene Corporation	
1295	Centene Corporation	00000	20.000000	7			PRIMEROSALUD, S.L	ESP	NIA	MHS Consulting, International, Inc	Ownership		Centene Corporation	
1205	Centene Corporation	00000					Centene UK Limited.	GBR	NIA	MHS Consulting, International, Inc.	Ownership		Centene Corporation	
1295	Centene Corporation	00000				***************************************	The Practice Plc.	GBR	NIA	MHS Consulting, International, Inc	Ownership		Centene Corporation	
1230	Centerie Corporation	00000		aromonomono:		100000000000000000000000000000000000000	THE Flaulue Flu	GDN	MIN	INFO COnsulting, international, inc	Ownership	100.000	Centerie Corporation	

### Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. 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.

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respon	*

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

NO

Explanation:
1. The data for this supplement is not required to be filed.



# Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. Overflow Page for Write-Ins

#### Additional Write-ins for Statement of Revenue:

111	1	2	3
	Current Year	Prior Year	Prior Year
	To Date	To Date	Ended December 31
4704. Reversal of special surplus amount for data year health insurer fee on January 1 of the fee year			6,142,816
4705. Reversal of unassigned surplus amount for data year health insurer fee on January 1 of the fee year			(6,142,816)
4797. Summary of remaining write-ins for Line 47.	0	0	0

## Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		And contact the whole of a particular substitute of
	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 end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

### **SCHEDULE B - VERIFICATION**

Mortgage Loans

		1 Year to Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
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.	Capitalized deferred interest and other		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.			
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)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts.		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

		1 Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
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)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1 Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	93,827,824	91,866,117
2.	Cost of bonds and stocks acquired	9,090,714	14,639,564
3.	Accrual of discount	291,448	37,358
4.	Unrealized valuation increase (decrease)	(27,534)	10,496
5.	Total gain (loss) on disposals	(114,090)	47,268
6.	Deduct consideration for bonds and stocks disposed of	6,574,873	11,815,754
7.	Deduct amortization of premium	522,679	957,225
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)	95,970,810	93,827,824
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	95,970,810	93,827,824

### 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

		co market france as	2	for all Bonds and Pref	4	5	6	7	8
L	NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
	BONDS								
1	1. NAIC 1 (a)	97,045,989	90,941,945	80,295,965	(96,238)	97,045,989	107,595,731		99,417,528
1	2. NAIC 2 (a)	7,908,311			(1,648)	7,908,311	7,906,663		7,062,242
;	3. NAIC 3 (a)	304,955			22,733	304,955	327,688		327,250
4	4. NAIC 4 (a)	166,250			56,875	166,250	223,125		,
4	5. NAIC 5 (a)						0		
	3. NAIC 6 (a)						0		
7	7. Total Bonds.	105,425,505	90,941,945	80,295,965	(18,278)	105,425,505	116,053,207	0	106,807,020
	PREFERRED STOCK								
8	3. NAIC 1						0		
5	9. NAIC 2						0		
1	0. NAIC 3				***************************************		0		
1	1. NAIC 4						0		
1	2. NAIC 5						0		
1	3. NAIC 6						0		
1	4. Total Preferred Stock	0	0	0	0	0	0	0	0
1	5. Total Bonds and Preferred Stock	105,425,505	90,941,945	80,295,965	(18,278)	105,425,505	116,053,207	0	106,807,020

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

## Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	20,082,397	xxx	20,082,397	2	

### **SCHEDULE DA - VERIFICATION**

Short-Term Investments

		1 Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	12,979,195	541,314
2.	Cost of short-term investments acquired	133,558,043	122,184,655
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	126,454,841	109,746,774
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)	20,082,397	12,979,195
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	20.082.397	12.979.195

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

Sch. E - Verification NONE

Sch. A - Pt. 2 NONE

Sch. A - Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

### SCHEDULE D - PART 3

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

at i	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 or Market Indicator (a)	
Bonds - U.S. Government										
912828 Q7 8 UNITED STATES T	REASURY		06/10/2016	BANC OF AMERICA SECURITIES LLC		1,262,114	1,250,000	2,055	1	
0599999. Total Bonds - U.S Government			*************	***************************************	***************************************	1,262,114	1,250,000	2,055	XXX	
Bonds - U.S. Political Subdivisions of	States, Territories and Possessions		O CONTRACTOR OF THE PARTY OF TH				2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
667825 K6 9 NORTHWEST TEX	INDPT SCH DIST		06/23/2016	SOUTHWEST SECURITIES, INC		437,563	350,000	6,465	1FE	
2499999. Total Bonds - U.S. Political Sul	divisions of States, Territories and Possessions			***************************************		437,563	350,000	6,465	XXX	
Bonds - U.S. Special Revenue and Spe	cial Assessment	7.7				2/4 37		1	7	
3138WE VX 4 RMBS - FN AS5129	9		06/16/2016	SUNTRUST ROBINSON HUMPHREY INC		1,062,847	999,444	1,943	1	
3140F1 Y7 1 RMBS - FN BC613	3		06/16/2016	SUNTRUST ROBINSON HUMPHREY INC		1,035,469	1,000,000	1,389	1	
709224 PS 2 PENNSYLVANIA S	T TPK COMMN TPK REV		06/09/2016	Piper Jaffray Inc.		371,973	300,000	***************************************	1FE	
3199999. Total Bonds - U.S. Special Rev	enue and Special Assessment					2,470,289	2,299,444	3,332	XXX	
Bonds - Industrial and Miscellaneous				NACTOR VIEW DESCRIPTION			* 1 × 1000	0		
05377R CK 8 ABS - AESOP 162				BARCLAYS CAPITAL INC.		849,893	850,000		1FE	
				DEUTSCHE BANK SECURITIES, INC		849,991	850,000		1FE	
65557C AL 7 NORDEA BANK AE	<b></b>	R	04/21/2016	BNP Paribas		711,830	700,000	1,016	1FE	
3899999. Total Bonds - Industrial and Mi	scellaneous			~ 	***************************************	2,411,714	2,400,000	1,016	XXX	
8399997. Total Bonds - Part 3							6,299,444	12,868	XXX	
8399999. Total Bonds				***************************************		6,581,680	6,299,444	12,868	XXX	
9999999. Total Bonds, Preferred and Co	mmon Stocks			***************************************	***************************************	6,581,680	XXX	12,868	XXX	
(a) For all common stock bearing the NAM	C market indicator "U" provide: the number of such issu	es:0.								

### **SCHEDULE D - PART 4**

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

1	ŧ.	2	3 4	5	6	7	8	9	10		Change in	Book/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
										11	12	13	14	15	1						
CUSIP Ide	entificat	tion Description	F o r e i g n Disposal Dat	e Name of Purchaser	Number of Shares of Stock	Consideration	ParValue	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B/A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig- nation of Market Indicato
Bonds - U.S.	Gove	rnment		37				3			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			L			h		_	
36179R	02	8 RMBS - G2 MA3173	. 06/20/2016	Direct		55,833	55,833	58,145	58,107		(2,274)		(2,274)	*******************************				0	823	10/20/2045	1
36202D	TS	0 RMBS - G2 003261	. 06/20/2016	Direct			668	690	684	-	(16)	***************************************	(16)	***************************************	668			0	19	07/20/2032	1
36223G	U9	8 RMBS - GN 307608	. 06/15/2016	Direct		115	115	123	115	-	0		0	**************************************	115			0	4	06/15/2021	1
38376L	SB	6 CMO/RMBS - GNR 1180D AB	. 06/20/2016	Direct		29,219	29,219	30,310	30,132	-	(913)		(913)		29,219			0	365	02/20/2039	1
38377G	2N	8 CMO/RMBS - GNR 1089B GL.	06/20/2016	Direct		25,596	25,596	27,204	26,977		(1,381)		(1,381)		25,596			0	427	05/20/2039	1
912828	M7	2 UNITED STATES TREASURY.	. 06/10/2016	Morgan Stanley.			500,000	498,517	498.524		344		344		498,868		2,498	2,498	2,343	11/30/2017	1
912828	Q7	8 UNITED STATES TREASURY	. 06/28/2016	the state of the s	13	254,198	250,000	252,423			(20)		(20)		252,403		1,795	1.795	551	04/30/2021	1
912828				Morgan Stanley			750,000	The second second second			6		6		749 950		487	487	1,605	02/28/2018	1
		nds - U.S Government.				1,617,432	1,611,431	1,617,356	614.539	0	(4, 254)		(4.254)		1,612,652	0	4,780	4,780	6,137	XXX	xxx
		ical Subdivisions of States, Territories and Possessions																			-
575827	R7	7 MASSACHUSETTS ST	. 06/16/2016	GOLDMAN, SACHS & CO		1.095.000	1,200,000	1,095,000	1,110,281		89,719		89,719		1,200,000		(105,000)	(105,000)	2.756	12/01/2030	1FE
		nds - U.S. Political Subdivisions of States, Tenttories and Poss	THE RESERVE OF THE PERSON NAMED IN		-	1,095,000	1,200,000		1,110,281	0	89,719	0	89,719	0	1,200,000	0	(105,000)	(105,000)	2,756	XXX	XXX
Service Service Contracting		ial Revenue and Special Assessment							•					100000000000000000000000000000000000000							<del>3 - 31110-</del>
3128PQ			06/15/2016.	Direct		75,740	75,740		77,807		(2,067)		(2,067)		75,740			0	1,412	02/01/2025	1
		수는 사람 이렇게 보면 없었다면서 그리지 않아 나라 보다 살 때 나를 하는데 없다.	06/15/2016	Direct		73,821	73,821	76,935	75,818		(1,997)		(1,997)		73,821			0	1.364	01/01/2025	1
312925			. 06/15/2016	Direct		42,316	42,316	43,697	43,443	EVEL VIII V	(1, 128)		(1,128)		4,231			0	548	07/01/2042	1
31295W			06/15/2016	Direct	-	56	56	60	58	-v-common vo	(2)		(2)		56			0	2	08/01/2020	1
3132J8			06/15/2016.	Direct		115,813	115,813	118,582	118,143		(2,330)		(2,330)		115,813			0	1,446	03/01/2043	1
31340Y			. 06/15/2016	Direct		133	96	96	103		(7)		(7)		96		37	37	3	06/15/2020	4
3137AC			. 06/15/2016	Direct		3,674	3,674	3849	3,773		(98)		(98)		3.674				62	09/15/2040	4
3137B9			06/27/2016	Direct		39,964	39,964	39.964	39,964		(30)				39,964				127	01/25/2021	4
3137BB			. 06/15/2016	Direct		17,950	17,950	18,244	18,209		(259)				17,950				232	06/15/2040	
3137BD			. 06/15/2016	Direct		64,885	64,885	65,879	65,759		(874)		(874)	-	64,885				815	06/15/2040	1.
			. 06/25/2016				Charles Contract of	A CONTRACTOR OF A PARTY	SHIP CHILD STORY		(0/4)						7		W		
3137G0				Direct	-	47,202	47,202	47,202	47,202		1000				47,202			0	265	02/25/2024	1
3138A1			. 06/27/2016.	Direct.	-	15,152	15, 152	15,524	15,408		(256)				15,152		0	0	246	12/01/2025	1
3138A1		L (4100 ) (111100)	. 06/27/2016.	Direct.		10,759	10,759	11,023	10,941		(182)		(182)		10,759			0	157	12/01/2025	1
3138MT			. 06/27/2016.	Direct.		42,117	42,117	43,933	43,697		(1,580)		(1,580)		42,117			0		11/01/2042	1
3138W4			06/27/2016.	Direct		4,000	4,000	4,169	4,142	564 V V	(142)	- N C C C	(142)	-	4,000			0	50	02/01/2043	1
3138W6			. 06/27/2016	Direct.		23,743	23,743	24,544	24,409		(686)		(666)	-	23,743			0	284	05/01/2043	1 1
3138YW			. 06/27/2016	Direct		22,098	22,098	23,618			(1,519)		(1,519)		22,098			0	239	10/01/2045	1
31393W			. 06/15/2016	Direct.		5,696	5,696	5,730	5,703		(7)		(7)	-	5,696			0	106	07/15/2018	1 1
31397Y		The state of the s	. 06/15/2016	Direct		6,397	6,397	6,549	6,500		(102)		(102)		6,397			0	93	01/15/2039	1
31398R			. 06/27/2016	Direct		41,363	41,363	42,164	41,485		(122)		(122)		41,363			0	595	02/25/2028	1
31403K			. 06/27/2016	Direct.		1,031	1,031	1,054	1,050		(20)		(20)		1,031			0	11	12/01/2033	1
442348			. 06/30/2016	Redemption		25,000	25,000	23,188	23,434		1,566		1,566		25,000			0	110	07/01/2032	1FE
606907			. 06/09/2016	MORGAN STANLEY & COLLC		328,650	350,000	318,500	327,088	_	19,604		19,604		346,692	-	(18,042)	(18,042)	388	12/01/2022	1FE
		nds - U.S. Special Revenue and Special Assessment				1,007,560	1,028,873	1,013,463	994,136	0	7,812	0	7,812	0	987,480	0	(18,005)	(18,005)	9,081	XXX	XXX
	_	and Miscellaneous	-				-	•		_											_
17310M	0.00		. 06/17/2016	Direct.		86,912			87,830		(918)		(918)		86,912		0	0	2,048	10/18/2049	1FM
20047E	AF	9 CMBS - MIL 06C8 A1A	06/10/2016.	Direct		20,550	20,550	22,657	21,195		(645)		(645)		20,550		(0)	(0)	536	12/10/2046	_ 1FM
406216	BF	7 HALLIBURTON CO	. 05/12/2016.				350,000	349,282	349,303		55		55		349,358		4,135	4,135	4,699	11/15/2020	1FE
50179M	AE	1 CMBS - LBUBS 06 C6 A4	. 06/17/2016	Direct.		324,872	324,872	359,846	327,083		(2,211)		(2,211)		32,487		0	0	7,432	09/15/2039	1FM

**JE05** 

### SCHEDULE D - PART 4

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

			Ollotti	th Long Ton	II Bollao al	ia eteen et	ora, recapor	nou or our	I IIIOO DIO	DOCCU O. D	dining this	oun one ac	aci to:							
1.	2	3 4	5	6	7	8	9	10		Change in	Book/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F o r							11	12	13 Current Year's	14	15					Bond Interest		NAIC Desig-
CUSIP Identification	Description	e i g n Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	ParValue	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	/ Stock Dividends Received During Year	State d Contractual Maturity Date	nation or Market Indicator (a)
57165L AA 2	ABS - MVCOT 101 A	. 06/20/2016.	Direct.		19,837	19,837	19,835	19,835		2		2		19,837			0	284	10/20/2032	1FE
82652F AA 3	ABS - SRFC 151 A	. 06/20/2016.	Direct.		25,467	25,466	25,459	25,459		7	-	7		25,466			0	253	03/22/2032	1FE
3899999. Total Bonds - I	Industrial and Miscellaneous.				831,138	827,637	872,044	830,705	0	(3,710)	0	(3,710)	0	534,610	0	4,135	4,135	15,252	XXX	XXX
8399997. Total Bonds -	Part 4				4,551,130	4,667,941		3,549,661	0		0	89,567	0	4,334,742	0	(114,090)	(114,090)	33,226	XXX	XXX
8399999. Total Bonds	no appela mentra appenen jamana jamana jamana appena appena appena appena appena appena appena appena a				4,551,130	4,667,941		3,549,661	0	89,567	0	89,567	0	4,334,742	0	(114,090)	(114,090)	33,226	XXX	XXX
9999999. Total Bonds, F	Preferred and Common Stocks				4,551,130	XXX		3,549,661	0	89,567	0	89,567	0	4,334,742	0	(114,090)	(114,090)	33,226	XXX	XXX

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DL - Pt. 1 NONE

Sch. DL - Pt. 2 NONE

### Statement as of June 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE E - PART 1 - CASH

Month End Depository Balances Month During Current Quarter Amount of Interest Received During Current Quarter Amount of Interest Accrued at Current Statement Date Open Depositories BANK OF AMERICA. CONCORD, CA... 4,894,380 .10,415,255 XXX BANK OF AMERICA. PORTLAND, OR., ..(138,852) ...(185,179) BANK OF AMERICA. PORTLAND, OR ... ...(5,241) ...(16,093) XXX BANK OF AMERICA. PORTLAND, OR .. ..(4,255,968 ..(6,005,266) ..(4,564,258) XXX BANK OF AMERICA. PORTLAND, OR. ..(1,313,823) ..(2,948,300) ..(1,060,754) XXX BANK OF AMERICA. PORTLAND, OR... ....404 XXX BANK OF AMERICA... ...150,000 ..150,000 PORTLAND, OR ... ...150,000 XXX CITIBANK... NEW CASTLE, DE... 403,820 ...614,076 ..5,740,954 XXX CITIBANK. NEW CASTLE, DE... ...(27,649) ..(23,953) ...(19,060) XXX WELLS FARGO... SAN FRANCISCO, CA. .48,460 .48,560 XXX WELLS FARGO... SAN FRANCISCO, CA.. ..16,708 .16,708 .16,708 XXX U S BANK..... PORTLAND, OR ... 3,256 XXX 0199999. Total Open Depositories..... XXX XXX ...4,098,409 ....(3,408,436) ..10,545,482 XXX 0399999. Total Cash on Deposit... XXX XXX ...0 ...4,098,409 ...(3,408,436) ..10,545,482 XXX 0599999. Total Cash... XXX XXX ...4.098.409 ...(3,408,436) ..10.545.482 XXX

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

_1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

QE1

**NONE**