



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2018**  
 OF THE CONDITION AND AFFAIRS OF THE  
**CELTIC INSURANCE COMPANY**

(Name)

NAIC Group Code 1295 , 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618  
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois  
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [  ] Property/Casualty [  ] Hospital, Medical & Dental Service or Indemnity [  ]  
 Dental Service Corporation [  ] Vision Service Corporation [  ] Health Maintenance Organization [  ]  
 Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 05/03/1949 Commenced Business 01/20/1950

Statutory Home Office 200 East Randolph Street, Suite 3600 , Chicago, IL, US 60601  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 East Randolph Street, Suite 3600  
(Street and Number)  
Chicago, IL, US 60601 800-714-4658  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 East Randolph Street, Suite 3600 , Chicago, IL, US 60601  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 East Randolph Street, Suite 3600  
(Street and Number)  
Chicago, IL, US 60601 800-714-4658  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.celtic-net.com

Statutory Statement Contact Stephanie J. Lange , 314-519-0041  
(Name) (Area Code) (Telephone Number) (Extension)  
stephanie.j.lange@centene.com 314-445-0117  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Anand A. Shukla</u>	<u>President</u>	<u>Karen E. Wegg</u>	<u>Vice President</u>
<u>Tricia L. Dinkelman</u>	<u>Vice President, Tax</u>		

**OTHER OFFICERS**

<u>Christopher R. Isaak</u>	<u>Controller, Vice President of Finance,</u>	<u>John P. Ryan</u>	<u>Vice President</u>
<u>Steele Stewart</u>	<u>Treasurer</u>	<u>Keith H. Williamson</u>	<u>Secretary</u>
	<u>Vice President, Actuary</u>		

**DIRECTORS OR TRUSTEES**

<u>Anand A. Shukla</u>	<u>Tricia L. Dinkelman</u>	<u>Christopher R. Isaak</u>	<u>Kevin Counihan</u>
<u>Karen Wegg</u>			

State of Missouri

**ss**

County of Saint Louis

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

Anand A. Shukla  
President

Christopher R. Isaak #  
Controller, Vice President of Finance

Karen E. Wegg  
Vice President

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

a. Is this an original filing? Yes [  ] No [  ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

Joan E. Price, Notary Public  
3/21/2021





**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	38,054,087	33,162,433	0	21,113,844	38,054,087	38,054,087
2. Claim overpayment receivables .....	3,074,351			5,540,424	3,074,351	3,074,351
3. Loans and advances to providers .....					0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	41,128,438	33,162,433	0	26,654,268	41,128,438	41,128,438

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.









**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	38	0	0	23	0	0	0	0	0	15
2. First Quarter .....	36	0	0	21	0	0	0	0	0	15
3. Second Quarter .....	35	0	0	20	0	0	0	0	0	15
4. Third Quarter .....	34	0	0	19	0	0	0	0	0	15
5. Current Year	28	0	0	18	0	0	0	0	0	10
6. Current Year Member Months	399	0	0	234	0	0	0	0	0	165
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	104,890	0	0	104,890	0	0	0	0	0	0
13. Life Premiums Direct.....	2,008	0	0	0	0	0	0	0	0	2,008
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	106,898	0	0	104,890	0	0	0	0	0	2,008
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	125,924	0	0	50,862	0	0	0	0	0	75,062
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 18

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

30.AL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	1	0	0	1	0	0	0	0	0	0	
2. First Quarter .....	1	0	0	1	0	0	0	0	0	0	
3. Second Quarter .....	1	0	0	1	0	0	0	0	0	0	
4. Third Quarter .....	1	0	0	1	0	0	0	0	0	0	
5. Current Year	1	0	0	1	0	0	0	0	0	0	
6. Current Year Member Months	12	0	0	12	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	3,898	0	0	3,898	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	3,898	0	0	3,898	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	481	0	0	481	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

30.AK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	3	.0	.0	.1	.0	.0	.0	.0	.0	.2	
2. First Quarter .....	3	.0	.0	.1	.0	.0	.0	.0	.0	.2	
3. Second Quarter .....	3	.0	.0	.1	.0	.0	.0	.0	.0	.2	
4. Third Quarter .....	3	.0	.0	.1	.0	.0	.0	.0	.0	.2	
5. Current Year	2	0	0	1	0	0	0	0	0	1	
6. Current Year Member Months	33	0	0	12	0	0	0	0	0	21	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	5,656	.0	.0	5,656	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct.....	734	.0	.0	.0	.0	.0	.0	.0	.0	.734	
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned.....	6,390	.0	.0	5,656	.0	.0	.0	.0	.0	.734	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	1,423	.0	.0	1,423	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	85,721	85,720	0	0	0	0	0	0	0	1	
2. First Quarter	88,048	88,047	0	0	0	0	0	0	0	1	
3. Second Quarter	86,070	86,069	0	0	0	0	0	0	0	1	
4. Third Quarter	79,170	79,169	0	0	0	0	0	0	0	1	
5. Current Year	70,602	70,601	0	0	0	0	0	0	0	1	
6. Current Year Member Months	998,408	998,396	0	0	0	0	0	0	0	12	
Total Member Ambulatory Encounters for Year:											
7. Physician	499,687	499,687	0	0	0	0	0	0	0	0	
8. Non-Physician	522,391	522,391	0	0	0	0	0	0	0	0	
9. Total	1,022,078	1,022,078	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	49,977	49,977	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	9,889	9,889	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	215,536,645	215,536,645	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	5,319	0	0	0	0	0	0	0	0	5,319	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	215,541,964	215,536,645	0	0	0	0	0	0	0	5,319	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	150,002,155	150,002,155	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	158,268,142	158,268,142	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 70,601 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF California		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	2	0	0	2	0	0	0	0	0	0	
2. First Quarter .....	2	0	0	2	0	0	0	0	0	0	
3. Second Quarter .....	2	0	0	2	0	0	0	0	0	0	
4. Third Quarter .....	2	0	0	2	0	0	0	0	0	0	
5. Current Year	2	0	0	2	0	0	0	0	0	0	
6. Current Year Member Months	24	0	0	24	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	13,281	0	0	13,281	0	0	0	0	0	0	
13. Life Premiums Direct.....	715	0	0	0	0	0	0	0	0	715	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	13,996	0	0	13,281	0	0	0	0	0	715	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	1,307	0	0	1,307	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.CA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0
2. First Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0
5. Current Year	1	0	0	1	0	0	0	0	0	0
6. Current Year Member Months	12	0	0	12	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	4,451	.0	.0	4,451	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned .....	4,451	.0	.0	4,451	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	663	.0	.0	663	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	50	0	0	46	0	0	0	0	0	4	
2. First Quarter	49	0	0	45	0	0	0	0	0	4	
3. Second Quarter	48	0	0	44	0	0	0	0	0	4	
4. Third Quarter	48	0	0	44	0	0	0	0	0	4	
5. Current Year	45	0	0	41	0	0	0	0	0	4	
6. Current Year Member Months	570	0	0	522	0	0	0	0	0	48	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	146,390	0	0	146,390	0	0	0	0	0	0	
13. Life Premiums Direct	447	0	0	0	0	0	0	0	0	447	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	146,837	0	0	146,390	0	0	0	0	0	447	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	147,313	0	0	147,313	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 41

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

30.CT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	5	0	0	3	0	0	0	0	0	2	
2. First Quarter .....	5	0	0	3	0	0	0	0	0	2	
3. Second Quarter .....	5	0	0	3	0	0	0	0	0	2	
4. Third Quarter .....	5	0	0	3	0	0	0	0	0	2	
5. Current Year	5	0	0	3	0	0	0	0	0	2	
6. Current Year Member Months	60	0	0	36	0	0	0	0	0	24	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	17,414	0	0	17,414	0	0	0	0	0	0	
13. Life Premiums Direct.....	311	0	0	0	0	0	0	0	0	311	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	17,725	0	0	17,414	0	0	0	0	0	311	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	2,608	0	0	2,608	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

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

30.DE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.DC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	190,101	188,872	0	1,222	0	0	0	0	0	7	
2. First Quarter .....	433,523	432,341	0	1,175	0	0	0	0	0	7	
3. Second Quarter .....	394,708	393,553	0	1,148	0	0	0	0	0	7	
4. Third Quarter .....	374,714	373,582	0	1,125	0	0	0	0	0	7	
5. Current Year	359,095	358,005	0	1,083	0	0	0	0	0	7	
6. Current Year Member Months	4,816,196	4,802,519	0	13,593	0	0	0	0	0	84	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,275,796	2,275,796	0	0	0	0	0	0	0	0	
8. Non-Physician .....	1,686,460	1,686,460	0	0	0	0	0	0	0	0	
9. Total	3,962,256	3,962,256	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	113,411	113,411	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	21,579	21,579	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	1,112,849,372	1,108,523,357	0	4,326,015	0	0	0	0	0	0	
13. Life Premiums Direct.....	2,642	0	0	0	0	0	0	0	0	2,642	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	1,112,852,014	1,108,523,357	0	4,326,015	0	0	0	0	0	2,642	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	777,366,250	774,038,607	0	3,327,642	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	816,693,164	816,693,164	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 358,005 and number of persons insured under indemnity only products 1,083

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

30.FL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	.92	.0	.0	.91	.0	.0	.0	.0	.0	.1	
2. First Quarter	.90	.0	.0	.89	.0	.0	.0	.0	.0	.1	
3. Second Quarter	.86	.0	.0	.85	.0	.0	.0	.0	.0	.1	
4. Third Quarter	.82	.0	.0	.81	.0	.0	.0	.0	.0	.1	
5. Current Year	72	0	0	72	0	0	0	0	0	0	
6. Current Year Member Months	990	0	0	981	0	0	0	0	0	9	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	274,798	.0	.0	274,798	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/Casualty Premiums Written	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned	274,798	.0	.0	274,798	.0	.0	.0	.0	.0	.0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	224,108	.0	.0	224,108	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 72

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

30.GA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	30,234	30,209	0	6	0	0	0	0	0	19	
2. First Quarter	26,673	26,648	0	6	0	0	0	0	0	19	
3. Second Quarter	24,757	24,732	0	6	0	0	0	0	0	19	
4. Third Quarter	23,187	23,162	0	6	0	0	0	0	0	19	
5. Current Year	21,769	21,747	0	6	0	0	0	0	0	16	
6. Current Year Member Months	299,032	298,741	0	72	0	0	0	0	0	219	
Total Member Ambulatory Encounters for Year:											
7. Physician	93,340	93,340	0	0	0	0	0	0	0	0	
8. Non-Physician	97,453	97,453	0	0	0	0	0	0	0	0	
9. Total	190,793	190,793	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	6,103	6,103	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	1,154	1,154	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	71,787,869	71,758,766	0	29,103	0	0	0	0	0	0	
13. Life Premiums Direct	3,811	0	0	0	0	0	0	0	0	3,811	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	71,791,680	71,758,766	0	29,103	0	0	0	0	0	3,811	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	47,884,661	47,861,968	0	22,693	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	50,499,440	50,499,440	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 6

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

30.1L



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2018						NAIC Company Code 80799	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	45,049	44,965	0	76	0	0	0	0	0	8	
2. First Quarter .....	66,795	66,712	0	75	0	0	0	0	0	8	
3. Second Quarter .....	63,654	63,575	0	71	0	0	0	0	0	8	
4. Third Quarter .....	60,908	60,834	0	66	0	0	0	0	0	8	
5. Current Year .....	58,398	58,333	0	61	0	0	0	0	0	4	
6. Current Year Member Months	764,982	764,079	0	819	0	0	0	0	0	84	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	350,500	350,500	0	0	0	0	0	0	0	0	
8. Non-Physician .....	340,064	340,064	0	0	0	0	0	0	0	0	
9. Total	690,564	690,564	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	19,233	19,233	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	3,933	3,933	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	194,779,188	194,452,195	0	326,993	0	0	0	0	0	0	
13. Life Premiums Direct .....	1,458	0	0	0	0	0	0	0	0	1,458	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	194,780,646	194,452,195	0	326,993	0	0	0	0	0	1,458	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	135,657,537	135,391,801	0	265,735	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	142,852,674	142,852,674	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 58,333 and number of persons insured under indemnity only products 61

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

30.IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	21	0	0	20	0	0	0	0	0	1	
2. First Quarter .....	19	0	0	18	0	0	0	0	0	1	
3. Second Quarter .....	18	0	0	17	0	0	0	0	0	1	
4. Third Quarter .....	15	0	0	14	0	0	0	0	0	1	
5. Current Year	15	0	0	14	0	0	0	0	0	1	
6. Current Year Member Months	201	0	0	189	0	0	0	0	0	12	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	60,013	0	0	60,013	0	0	0	0	0	0	
13. Life Premiums Direct.....	121	0	0	0	0	0	0	0	0	121	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	60,134	0	0	60,013	0	0	0	0	0	121	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	49,701	0	0	49,701	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 14

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

30.1A



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	7	.0	.0	.7	.0	.0	.0	.0	.0	.0	
2. First Quarter	6	.0	.0	.6	.0	.0	.0	.0	.0	.0	
3. Second Quarter	6	.0	.0	.6	.0	.0	.0	.0	.0	.0	
4. Third Quarter	6	.0	.0	.6	.0	.0	.0	.0	.0	.0	
5. Current Year	5	0	0	5	0	0	0	0	0	0	
6. Current Year Member Months	69	0	0	69	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	26,571	.0	.0	26,571	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/Casualty Premiums Written	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned	26,571	.0	.0	26,571	.0	.0	.0	.0	.0	.0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	21,295	.0	.0	21,295	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 5

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

30.KS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
2. First Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
3. Second Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
4. Third Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
5. Current Year	1	0	0	0	0	0	0	0	0	1
6. Current Year Member Months	12	0	0	0	0	0	0	0	0	12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	(610)	.0	.0	.0	.0	.0	.0	.0	.0	(610)
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	(610)	.0	.0	.0	.0	.0	.0	.0	.0	(610)
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.KY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3	.0	.0	.3	.0	.0	.0	.0	.0	.0
2. First Quarter .....	2	.0	.0	.2	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	2	.0	.0	.2	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	2	.0	.0	.2	.0	.0	.0	.0	.0	.0
5. Current Year	2	0	0	2	0	0	0	0	0	0
6. Current Year Member Months	24	0	0	24	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	9,445	.0	.0	9,445	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	9,445	.0	.0	9,445	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	7,911	.0	.0	7,911	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.LA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2018						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2	0	0	0	0	0	0	0	0	2	
2. First Quarter	2	0	0	0	0	0	0	0	0	2	
3. Second Quarter	2	0	0	0	0	0	0	0	0	2	
4. Third Quarter	2	0	0	0	0	0	0	0	0	2	
5. Current Year	2	0	0	0	0	0	0	0	0	2	
6. Current Year Member Months	24	0	0	0	0	0	0	0	0	24	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	541	0	0	0	0	0	0	0	0	541	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	541	0	0	0	0	0	0	0	0	541	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.ME



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. Maryland

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	9	.0	.0	.7	.0	.0	.0	.0	.0	.2	
2. First Quarter .....	8	.0	.0	.6	.0	.0	.0	.0	.0	.2	
3. Second Quarter .....	8	.0	.0	.6	.0	.0	.0	.0	.0	.2	
4. Third Quarter .....	8	.0	.0	.6	.0	.0	.0	.0	.0	.2	
5. Current Year	8	0	0	6	0	0	0	0	0	2	
6. Current Year Member Months	96	0	0	72	0	0	0	0	0	24	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	23,186	.0	.0	23,186	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned.....	23,186	.0	.0	23,186	.0	.0	.0	.0	.0	.0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	29,159	.0	.0	29,159	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 6

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	15	0	0	0	0	0	0	0	0	15	
2. First Quarter .....	15	0	0	0	0	0	0	0	0	15	
3. Second Quarter .....	15	0	0	0	0	0	0	0	0	15	
4. Third Quarter .....	15	0	0	0	0	0	0	0	0	15	
5. Current Year	10	0	0	0	0	0	0	0	0	10	
6. Current Year Member Months	165	0	0	0	0	0	0	0	0	165	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct.....	3,069	0	0	0	0	0	0	0	0	3,069	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	3,069	0	0	0	0	0	0	0	0	3,069	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	6,009	0	0	0	0	0	0	0	0	6,009	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3	.0	.0	.2	.0	.0	.0	.0	.0	.1
2. First Quarter .....	3	.0	.0	.2	.0	.0	.0	.0	.0	.1
3. Second Quarter .....	3	.0	.0	.2	.0	.0	.0	.0	.0	.1
4. Third Quarter .....	3	.0	.0	.2	.0	.0	.0	.0	.0	.1
5. Current Year	3	0	0	2	0	0	0	0	0	1
6. Current Year Member Months	36	0	0	24	0	0	0	0	0	12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	10,363	.0	.0	10,363	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	461	.0	.0	.0	.0	.0	.0	.0	.0	.461
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	10,824	.0	.0	10,363	.0	.0	.0	.0	.0	.461
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	18,775	.0	.0	18,775	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.MI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	7	7	0	0	0	0	0	0	0	0
2. First Quarter .....	7	7	0	0	0	0	0	0	0	0
3. Second Quarter .....	7	7	0	0	0	0	0	0	0	0
4. Third Quarter .....	7	7	0	0	0	0	0	0	0	0
5. Current Year	7	7	0	0	0	0	0	0	0	0
6. Current Year Member Months	84	84	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	173	173	0	0	0	0	0	0	0	0
8. Non-Physician .....	59	59	0	0	0	0	0	0	0	0
9. Total	232	232	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	28	28	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	9	9	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	12,460	12,460	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	12,460	12,460	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 7 and number of persons insured under indemnity only products 0

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

30.MN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	19	0	0	19	0	0	0	0	0	0	
2. First Quarter	20	0	0	20	0	0	0	0	0	0	
3. Second Quarter	19	0	0	19	0	0	0	0	0	0	
4. Third Quarter	17	0	0	17	0	0	0	0	0	0	
5. Current Year	15	0	0	15	0	0	0	0	0	0	
6. Current Year Member Months	213	0	0	213	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	83,261	0	0	83,261	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	83,261	0	0	83,261	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	56,444	0	0	56,444	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 15

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

30.MS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2018						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	14	0	0	14	0	0	0	0	0	0	
2. First Quarter	63,214	63,200	0	14	0	0	0	0	0	0	
3. Second Quarter	59,712	59,698	0	14	0	0	0	0	0	0	
4. Third Quarter	57,028	57,016	0	12	0	0	0	0	0	0	
5. Current Year	54,934	54,922	0	12	0	0	0	0	0	0	
6. Current Year Member Months	719,820	719,664	0	156	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	295,184	295,184	0	0	0	0	0	0	0	0	
8. Non-Physician	302,719	302,719	0	0	0	0	0	0	0	0	
9. Total	597,903	597,903	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	24,392	24,392	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	5,106	5,106	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	240,192,073	240,140,789	0	51,284	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	240,192,073	240,140,789	0	51,284	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	169,233,576	169,179,642	0	53,934	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	178,502,420	178,502,420	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 54,922 and number of persons insured under indemnity only products 12

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

30.MO



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.MT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	24	0	0	22	0	0	0	0	0	2	
2. First Quarter .....	23	0	0	21	0	0	0	0	0	2	
3. Second Quarter .....	22	0	0	20	0	0	0	0	0	2	
4. Third Quarter .....	19	0	0	17	0	0	0	0	0	2	
5. Current Year	17	0	0	16	0	0	0	0	0	1	
6. Current Year Member Months	243	0	0	222	0	0	0	0	0	21	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	109,758	0	0	109,758	0	0	0	0	0	0	
13. Life Premiums Direct.....	808	0	0	0	0	0	0	0	0	808	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	110,566	0	0	109,758	0	0	0	0	0	808	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	39,140	0	0	39,140	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 16

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3	.0	.0	.3	.0	.0	.0	.0	.0	.0
2. First Quarter .....	3	.0	.0	.3	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	3	.0	.0	.3	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	2	.0	.0	.2	.0	.0	.0	.0	.0	.0
5. Current Year	2	0	0	2	0	0	0	0	0	0
6. Current Year Member Months	30	0	0	30	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	9,807	.0	.0	9,807	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	9,807	.0	.0	9,807	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	1,047	.0	.0	1,047	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.NV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	15,533	15,533	0	0	0	0	0	0	0	0	
2. First Quarter .....	23,757	23,757	0	0	0	0	0	0	0	0	
3. Second Quarter .....	22,921	22,921	0	0	0	0	0	0	0	0	
4. Third Quarter .....	22,437	22,437	0	0	0	0	0	0	0	0	
5. Current Year	20,574	20,574	0	0	0	0	0	0	0	0	
6. Current Year Member Months	274,234	274,234	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	105,356	105,356	0	0	0	0	0	0	0	0	
8. Non-Physician .....	322,796	322,796	0	0	0	0	0	0	0	0	
9. Total	428,153	428,153	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	10,694	10,694	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	2,126	2,126	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	71,810,511	71,810,511	0	0	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	71,810,511	71,810,511	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	52,134,172	52,134,172	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	55,007,067	55,007,067	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 20,574 and number of persons insured under indemnity only products 0

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

30.NH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	197	0	0	197	0	0	0	0	0	0	
2. First Quarter	191	0	0	191	0	0	0	0	0	0	
3. Second Quarter	185	0	0	185	0	0	0	0	0	0	
4. Third Quarter	181	0	0	181	0	0	0	0	0	0	
5. Current Year	178	0	0	178	0	0	0	0	0	0	
6. Current Year Member Months	2,205	0	0	2,205	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	881,512	0	0	881,512	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	881,512	0	0	881,512	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	557,558	0	0	557,558	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 178

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

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2018						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	18	0	0	13	0	0	0	0	0	5	
2. First Quarter	19	0	0	14	0	0	0	0	0	5	
3. Second Quarter	18	0	0	13	0	0	0	0	0	5	
4. Third Quarter	18	0	0	13	0	0	0	0	0	5	
5. Current Year	18	0	0	13	0	0	0	0	0	5	
6. Current Year Member Months	219	0	0	159	0	0	0	0	0	60	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	52,783	0	0	52,783	0	0	0	0	0	0	
13. Life Premiums Direct	6,004	0	0	0	0	0	0	0	0	6,004	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	58,787	0	0	52,783	0	0	0	0	0	6,004	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	28,074	0	0	28,074	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 13

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
2. First Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
3. Second Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
4. Third Quarter .....	1	.0	.0	.0	.0	.0	.0	.0	.0	.1
5. Current Year	1	0	0	0	0	0	0	0	0	1
6. Current Year Member Months	12	0	0	0	0	0	0	0	0	12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.NY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	18	0	0	9	0	0	0	0	0	9	
2. First Quarter .....	18	0	0	9	0	0	0	0	0	9	
3. Second Quarter .....	17	0	0	8	0	0	0	0	0	9	
4. Third Quarter .....	17	0	0	8	0	0	0	0	0	9	
5. Current Year	16	0	0	8	0	0	0	0	0	8	
6. Current Year Member Months	204	0	0	99	0	0	0	0	0	105	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	36,601	0	0	36,601	0	0	0	0	0	0	
13. Life Premiums Direct.....	5,014	0	0	0	0	0	0	0	0	5,014	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	41,615	0	0	36,601	0	0	0	0	0	5,014	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	13,129	0	0	13,129	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 8

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

30.NC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2018						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2	0	0	2	0	0	0	0	0	0	
2. First Quarter	2	0	0	2	0	0	0	0	0	0	
3. Second Quarter	2	0	0	2	0	0	0	0	0	0	
4. Third Quarter	2	0	0	2	0	0	0	0	0	0	
5. Current Year	2	0	0	2	0	0	0	0	0	0	
6. Current Year Member Months	24	0	0	24	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	6,940	0	0	6,940	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	6,940	0	0	6,940	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	593	0	0	593	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.ND



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	23	0	0	17	0	0	0	0	0	6	
2. First Quarter .....	23	0	0	17	0	0	0	0	0	6	
3. Second Quarter .....	22	0	0	16	0	0	0	0	0	6	
4. Third Quarter .....	22	0	0	16	0	0	0	0	0	6	
5. Current Year	21	0	0	16	0	0	0	0	0	5	
6. Current Year Member Months	264	0	0	195	0	0	0	0	0	69	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	75,757	0	0	75,757	0	0	0	0	0	0	
13. Life Premiums Direct.....	2,672	0	0	0	0	0	0	0	0	2,672	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	78,429	0	0	75,757	0	0	0	0	0	2,672	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	23,692	0	0	23,692	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 16

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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	3	.0	.0	.2	.0	.0	.0	.0	.0	.1	
2. First Quarter	2	.0	.0	.1	.0	.0	.0	.0	.0	.1	
3. Second Quarter	2	.0	.0	.1	.0	.0	.0	.0	.0	.1	
4. Third Quarter	2	.0	.0	.1	.0	.0	.0	.0	.0	.1	
5. Current Year	2	0	0	1	0	0	0	0	0	1	
6. Current Year Member Months	24	0	0	12	0	0	0	0	0	12	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	5,233	.0	.0	5,233	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct	144	.0	.0	.0	.0	.0	.0	.0	.0	144	
14. Property/Casualty Premiums Written	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned	5,377	.0	.0	5,233	.0	.0	.0	.0	.0	144	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	734	.0	.0	734	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

30.OK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	215	215	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	215	215	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30. OR



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	19	0	0	19	0	0	0	0	0	0	
2. First Quarter .....	19	0	0	19	0	0	0	0	0	0	
3. Second Quarter .....	18	0	0	18	0	0	0	0	0	0	
4. Third Quarter .....	18	0	0	18	0	0	0	0	0	0	
5. Current Year	16	0	0	16	0	0	0	0	0	0	
6. Current Year Member Months	213	0	0	213	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	83,198	0	0	83,198	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	83,198	0	0	83,198	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	55,200	0	0	55,200	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 16

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

30.PA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0	
2. First Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0	
3. Second Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0	
4. Third Quarter .....	1	.0	.0	.1	.0	.0	.0	.0	.0	.0	
5. Current Year	1	0	0	1	0	0	0	0	0	0	
6. Current Year Member Months	12	0	0	12	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	5,229	.0	.0	5,229	.0	.0	.0	.0	.0	.0	
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned.....	5,229	.0	.0	5,229	.0	.0	.0	.0	.0	.0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	960	.0	.0	960	.0	.0	.0	.0	.0	.0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	22	0	0	22	0	0	0	0	0	0	
2. First Quarter .....	17	0	0	17	0	0	0	0	0	0	
3. Second Quarter .....	15	0	0	15	0	0	0	0	0	0	
4. Third Quarter .....	15	0	0	15	0	0	0	0	0	0	
5. Current Year	12	0	0	12	0	0	0	0	0	0	
6. Current Year Member Months	177	0	0	177	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	68,319	0	0	68,319	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	68,319	0	0	68,319	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	82,756	0	0	82,756	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 12

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

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	9	0	0	8	0	0	0	0	0	1	
2. First Quarter	9	0	0	8	0	0	0	0	0	1	
3. Second Quarter	9	0	0	8	0	0	0	0	0	1	
4. Third Quarter	9	0	0	8	0	0	0	0	0	1	
5. Current Year	9	0	0	8	0	0	0	0	0	1	
6. Current Year Member Months	108	0	0	96	0	0	0	0	0	12	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	51,209	0	0	51,209	0	0	0	0	0	0	
13. Life Premiums Direct	308	0	0	0	0	0	0	0	0	308	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	51,517	0	0	51,209	0	0	0	0	0	308	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	28,171	0	0	28,171	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 8

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2018						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	14	0	0	3	0	0	0	0	0	11	
2. First Quarter .....	14	0	0	3	0	0	0	0	0	11	
3. Second Quarter .....	14	0	0	3	0	0	0	0	0	11	
4. Third Quarter .....	14	0	0	3	0	0	0	0	0	11	
5. Current Year	10	0	0	3	0	0	0	0	0	7	
6. Current Year Member Months	156	0	0	36	0	0	0	0	0	120	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	14,725	0	0	14,725	0	0	0	0	0	0	
13. Life Premiums Direct.....	5,962	0	0	0	0	0	0	0	0	5,962	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	20,687	0	0	14,725	0	0	0	0	0	5,962	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	12,386	0	0	2,374	0	0	0	0	0	10,011	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2018						NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year .....	164,529	164,474	0	42	0	0	0	0	0	13		
2. First Quarter .....	199,970	199,918	0	39	0	0	0	0	0	13		
3. Second Quarter .....	183,584	183,532	0	39	0	0	0	0	0	13		
4. Third Quarter .....	173,353	173,303	0	37	0	0	0	0	0	13		
5. Current Year	165,306	165,262	0	35	0	0	0	0	0	9		
6. Current Year Member Months	2,239,610	2,239,016	0	450	0	0	0	0	0	144		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	1,014,916	1,014,916	0	0	0	0	0	0	0	0		
8. Non-Physician .....	798,085	798,085	0	0	0	0	0	0	0	0		
9. Total	1,813,001	1,813,001	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	65,184	65,184	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	11,987	11,987	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	543,148,155	542,943,175	0	204,980	0	0	0	0	0	0		
13. Life Premiums Direct .....	5,360	0	0	0	0	0	0	0	0	5,360		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	543,153,515	542,943,175	0	204,980	0	0	0	0	0	5,360		
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	378,716,080	378,625,708	0	90,372	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	399,490,177	399,490,177	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 165,262 and number of persons insured under indemnity only products 35

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

30.TX



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2018						NAIC Company Code 80799	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	2	0	0	2	0	0	0	0	0	0	
2. First Quarter .....	2	0	0	2	0	0	0	0	0	0	
3. Second Quarter .....	2	0	0	2	0	0	0	0	0	0	
4. Third Quarter .....	2	0	0	2	0	0	0	0	0	0	
5. Current Year	2	0	0	2	0	0	0	0	0	0	
6. Current Year Member Months	24	0	0	24	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	9,878	0	0	9,878	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	9,878	0	0	9,878	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	19,138	0	0	19,138	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

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

30.UT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	8	.0	.0	.8	.0	.0	.0	.0	.0	.0
2. First Quarter .....	7	.0	.0	.7	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	7	.0	.0	.7	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	7	.0	.0	.7	.0	.0	.0	.0	.0	.0
5. Current Year	7	0	0	7	0	0	0	0	0	0
6. Current Year Member Months	84	0	0	84	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	18,609	.0	.0	18,609	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	18,609	.0	.0	18,609	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	9,507	.0	.0	9,507	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 7

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

30.VT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	40	0	0	28	0	0	0	0	0	12
2. First Quarter .....	36	0	0	24	0	0	0	0	0	12
3. Second Quarter .....	35	0	0	23	0	0	0	0	0	12
4. Third Quarter .....	35	0	0	23	0	0	0	0	0	12
5. Current Year	32	0	0	22	0	0	0	0	0	10
6. Current Year Member Months	414	0	0	276	0	0	0	0	0	138
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	73,124	0	0	73,124	0	0	0	0	0	0
13. Life Premiums Direct.....	7,667	0	0	0	0	0	0	0	0	7,667
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	80,791	0	0	73,124	0	0	0	0	0	7,667
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	54,475	0	0	54,475	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 22

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

30.VA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2018						NAIC Company Code 80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2018						NAIC Company Code	80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	5	0	0	5	0	0	0	0	0	0	
2. First Quarter	5	0	0	5	0	0	0	0	0	0	
3. Second Quarter	4	0	0	4	0	0	0	0	0	0	
4. Third Quarter	4	0	0	4	0	0	0	0	0	0	
5. Current Year	4	0	0	4	0	0	0	0	0	0	
6. Current Year Member Months	51	0	0	51	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	23,360	0	0	23,360	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	23,360	0	0	23,360	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	11,522	0	0	11,522	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 4

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3	0	0	0	0	0	0	0	0	3
2. First Quarter .....	3	0	0	0	0	0	0	0	0	3
3. Second Quarter .....	3	0	0	0	0	0	0	0	0	3
4. Third Quarter .....	3	0	0	0	0	0	0	0	0	3
5. Current Year	2	0	0	0	0	0	0	0	0	2
6. Current Year Member Months	33	0	0	0	0	0	0	0	0	33
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	2,148	0	0	0	0	0	0	0	0	2,148
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	2,148	0	0	0	0	0	0	0	0	2,148
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.WI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2018

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	5	.0	.0	.1	.0	.0	.0	.0	.0	.4
2. First Quarter .....	5	.0	.0	.1	.0	.0	.0	.0	.0	.4
3. Second Quarter .....	5	.0	.0	.1	.0	.0	.0	.0	.0	.4
4. Third Quarter .....	5	.0	.0	.1	.0	.0	.0	.0	.0	.4
5. Current Year	10	0	0	1	0	0	0	0	0	9
6. Current Year Member Months	75	0	0	12	0	0	0	0	0	63
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	(3,705)	.0	.0	(3,705)	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	7,418	.0	.0	.0	.0	.0	.0	.0	.0	7,418
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	3,713	.0	.0	(3,705)	.0	.0	.0	.0	.0	7,418
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	674	.0	.0	674	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

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

30.WY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018						NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year .....	531,876	529,779	0	1,948	0	0	0	0	0	149		
2. First Quarter .....	902,651	900,631	0	1,871	0	0	0	0	0	149		
3. Second Quarter .....	836,053	834,087	0	1,817	0	0	0	0	0	149		
4. Third Quarter .....	791,426	789,510	0	1,767	0	0	0	0	0	149		
5. Current Year .....	751,264	749,451	0	1,692	0	0	0	0	0	121		
6. Current Year Member Months	10,119,878	10,096,733	0	21,441	0	0	0	0	0	1,704		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	4,634,952	4,634,952	0	0	0	0	0	0	0	0		
8. Non-Physician .....	4,070,027	4,070,027	0	0	0	0	0	0	0	0		
9. Total	8,704,979	8,704,979	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	289,022	289,022	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	55,783	55,783	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	2,452,422,441	2,445,178,112	0	7,244,329	0	0	0	0	0	0		
13. Life Premiums Direct .....	64,532	0	0	0	0	0	0	0	0	64,532		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	2,452,486,973	2,445,178,112	0	7,244,329	0	0	0	0	0	64,532		
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	1,712,626,306	1,707,234,054	0	5,301,171	0	0	0	0	0	91,082		
18. Amount Incurred for Provision of Health Care Services	1,801,313,084	1,801,313,084	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 727,704 and number of persons insured under indemnity only products 1,692

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

30.GT







**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE S - PART 4**

**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account - Accident and Health - Affiliates - Non-U.S. - Other														
00000	AA-3774176	01/01/2018	HEALTH NET LIFE REINS CO	263,420,980	3,025,492	437,590,196	704,036,668							0
1699999 - General Account - Accident and Health - Affiliates - Non-U.S. - Other				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
1799999 - General Account - Accident and Health - Affiliates - Non-U.S. - Total				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
1899999 - General Account - Accident and Health - Affiliates - Total Affiliates				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
2299999 - General Account - Accident and Health - Total Accident and Health				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
2399999 - General Account - Total General Account				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
3699999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0
9999999 Totals														
				263,420,980	3,025,492	437,590,196	704,036,668	0	XXX	0	0	0	0	0

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Issuing or Confirming Bank Reference Number (a)	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount



**SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	2,428,053	22,113	21,593	13,778	15,437
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	195	198	219	257	771
5. Total hospital and medical expenses.....	0	30	25,137	11,864	17,081
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	825	13	0
7. Claims payable.....	(3,025)	(4,289)	(4,191)	(2,052)	(769)
8. Reinsurance recoverable on paid losses.....	9,558	14,510	19,893	8,449	4,607
9. Experience rating refunds due or unpaid.....	50,691	1,810	9,348	937	1,174
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	1,502	1,598	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,764,419,326	0	1,764,419,326
2. Accident and health premiums due and unpaid (Line 15).....	41,084,114	31,715,771	72,799,885
3. Amounts recoverable from reinsurers (Line 16.1).....	9,557,775	(9,557,775)	0
4. Net credit for ceded reinsurance.....	XXX	24,375,820	24,375,820
5. All other admitted assets (Balance).....	103,495,541	49,317,989	152,813,530
6. Total assets (Line 28)	1,918,556,757	95,851,803	2,014,408,560
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	305,552,620	239,879,426	545,432,046
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,114,666	3,031,460	6,146,125
9. Premiums received in advance (Line 8).....	32,103,205	29,586,572	61,689,777
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	1,501,556	0	1,501,556
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	1,117,125,636	(176,645,654)	940,479,982
15. Total liabilities (Line 24).....	1,459,397,683	95,851,803	1,555,249,486
16. Total capital and surplus (Line 33).....	459,159,074	XXX	459,159,074
17. Total liabilities, capital and surplus (Line 34)	1,918,556,757	95,851,803	2,014,408,560
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	239,879,426		
19. Accrued medical incentive pool.....	3,031,460		
20. Premiums received in advance .....	29,586,572		
21. Reinsurance recoverable on paid losses .....	9,557,775		
22. Other ceded reinsurance recoverables .....	(49,317,989)		
23. Total ceded reinsurance recoverables .....	232,737,244		
24. Premiums receivable .....	31,715,771		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	176,645,654		
30. Total ceded reinsurance payables/offsets .....	208,361,424		
31. Total net credit for ceded reinsurance	24,375,820		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					.0
2. Alaska	AK					.0
3. Arizona	AZ					.0
4. Arkansas	AR					.0
5. California	CA					.0
6. Colorado	CO					.0
7. Connecticut	CT					.0
8. Delaware	DE					.0
9. District of Columbia	DC					.0
10. Florida	FL					.0
11. Georgia	GA					.0
12. Hawaii	HI					.0
13. Idaho	ID					.0
14. Illinois	IL					.0
15. Indiana	IN					.0
16. Iowa	IA					.0
17. Kansas	KS					.0
18. Kentucky	KY					.0
19. Louisiana	LA					.0
20. Maine	ME					.0
21. Maryland	MD					.0
22. Massachusetts	MA					.0
23. Michigan	MI					.0
24. Minnesota	MN					.0
25. Mississippi	MS					.0
26. Missouri	MO					.0
27. Montana	MT					.0
28. Nebraska	NE					.0
29. Nevada	NV					.0
30. New Hampshire	NH					.0
31. New Jersey	NJ					.0
32. New Mexico	NM					.0
33. New York	NY					.0
34. North Carolina	NC					.0
35. North Dakota	ND					.0
36. Ohio	OH					.0
37. Oklahoma	OK					.0
38. Oregon	OR				215	215
39. Pennsylvania	PA					.0
40. Rhode Island	RI					.0
41. South Carolina	SC					.0
42. South Dakota	SD					.0
43. Tennessee	TN					.0
44. Texas	TX					.0
45. Utah	UT					.0
46. Vermont	VT					.0
47. Virginia	VA					.0
48. Washington	WA					.0
49. West Virginia	WV					.0
50. Wisconsin	WI					.0
51. Wyoming	WY					.0
52. American Samoa	AS					.0
53. Guam	GU					.0
54. Puerto Rico	PR					.0
55. US Virgin Islands	VI					.0
56. Northern Mariana Islands	MP					.0
57. Canada	CAN					.0
58. Aggregate Other Alien	OT					.0
59. Totals		0	0	0	215	215

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UDP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	N	
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	Y	
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Centene Corporation	Y	
01295	Centene Corporation	15713	46-4829006				Iowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	13.0	Centene Corporation	Y	
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Centene Corporation	Y	
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	Y	
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.0	Centene Corporation	Y	
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Centene Corporation	Y	
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	IlliniCare Health Plan, Inc.	Ownership	5.0	Centene Corporation	Y	
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc. Kentucky Spirit Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	14100	45-1294925				Healthy Missouri Holding, Inc.	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-5070230				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holding, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	Y	
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc. California Health and Wellness Plan	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-0907261				Michigan Complete Health, Inc. Western Sky Community Care, Inc.	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	10769	30-0312489				SilverSummit Healthplan, Inc.	MI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16351	45-5583511				University Health Plans, Inc.	NM	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16143	20-4761189				Agate Resources, Inc. Trillium Community Health Plan, Inc.	NV	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	22-3292245				Agate Properties, LLC	NJ	NIA	Agate Resources, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-0483299				Nebraska Total Care, Inc.	OR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	12559	42-1694349				Pennsylvania Health & Wellness, Inc.	OR	IA	Agate Resources, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-4475075				Superior HealthPlan Community Solutions, Inc.	OR	NIA	Agate Resources, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15902	47-5123293				Sunshine Health Community Solutions, Inc.	NE	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16041	47-5340613				Buckeye Health Plan Community Solutions, Inc.	PA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15912	47-5664832				Arkansas Health & Wellness Health Plan, Inc.	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15927	47-5667095				Arkansas Total Care Holding Company, LLC	FL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16112	47-5664342					OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16130	81-1282251					AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-4042368					DE	NIA	Arkansas Health & Wellness Health Plan, Inc.	Ownership	49.0	Centene Corporation	N	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc	AR	IA	Arkansas Total Care Holding Company, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-2788043				Healthy Oklahoma Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-3121527				Oklahoma Complete Health Inc	OK	NIA	Healthy Oklahoma Holdings, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16310	20-4980818				Bridgeway Health Solutions of Arizona Inc	AZ	IA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-1816153				Centene Center I, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-3210933				Centene Center III, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-4042368				Arkansas Total Care Holding Company, LLC	DE	NIA	Lifeshare Management Group, LLC	Ownership	25.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.0	Centene Corporation	N	
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc.	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	22-3889471				Engolve Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	Engolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc.	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-2595704				Cenpatico of California, Inc.	CA	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Management, L.L.C.	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Integrated Mental Health Management, L.L.C.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	80-0879942				Cenpatico of Arizona Inc.	AZ	NIA	Cenpatico Behavioral Health of Arizona, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	37-1788565				Engolve, Inc.	DE	NIA	Engolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-4545413				AHA Administrative Services, LLC	AL	NIA	Engolve, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-3454898				Engolve - New York, Inc.	NY	NIA	Engolve, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-2288767				Community Care of Central Colorado, LLC	DE	NIA	Engolve, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	06-1476380				Engolve PeopleCare, Inc.	DE	NIA	Engolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-2516714				LiveHealthier, Inc.	DE	NIA	Engolve PeopleCare, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	61-1846191				Engolve Benefits Options, Inc.	DE	NIA	Engolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4730341				Engolve Vision Benefits, Inc.	DE	NIA	Engolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	36-4520004				Engolve Captive Insurance Company, Inc.	SC	NIA	Engolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	95302	75-2592153				Engolve Vision of Texas, Inc.	TX	JA	Engolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**  
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01295	Centene Corporation	00000	20-4773088				Envolve Vision, Inc.	DE	NIA	Envolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2460878				Envolve Vision IPA of New York, Inc.	NY	NIA	Envolve Vision, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	65-0094759				Envolve Vision of Florida, Inc.	FL	NIA	Envolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc.	DE	NIA	Envolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-2908582				Envolve Optical, Inc.	DE	NIA	Envolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2783884				Envolve Dental, Inc.	DE	NIA	Envolve Benefits Options, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc.	FL	NIA	Envolve Dental, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16106	81-2796896				Envolve Dental of Texas, Inc.	TX	IA	Envolve Dental, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-1464482				Envolve Dental IPA of New York, Inc.	NY	NIA	Envolve Dental, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	77-0578529				Envolve Pharmacy Solutions, Inc.	DE	NIA	Envolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	Envolve Pharmacy Solutions, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	Envolve Pharmacy Solutions, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2307356				Envolve Pharmacy IPA, LLC.	NY	NIA	Envolve Pharmacy Solutions, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	90-0636938				Casenet LLC.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-5316510				MHM Services, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	90-0766502				Centurion LLC.	DE	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-4228054				Centurion of Arizona, LLC.	AZ	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC.	VT	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC.	MS	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC.	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC.	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-1161492				Centurion Correctional Healthcare of New Mexico, LLC.	NM	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC.	FL	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	00000	81-4938030				Centurion of Maryland, LLC	MD	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-5429405				Centurion of Philadelphia, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-4735175				Centurion Detention Health Services, LLC	DE	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-4823469				Centurion of New Hampshire, LLC	DE	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	54-1856340				MHM Correctional Services, LLC	DE	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2750269				MHM Maryland, Inc.	MD	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	56-2547206				MHM Ohio, Inc.	OH	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	51-0620904				MHM Services of California, LLC	CA	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	60-0002002				MHM Solutions, LLC	DE	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-1877007				Forensic Health Services, LLC	DE	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-1734817				MHM Health Professionals, LLC	DE	NIA	MHM Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership	0.0	Centene Corporation	N	
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc.	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc.	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc.	TX	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc.	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-8235695				New York Rx, Inc.	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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01295	Centene Corporation	00000	20-0873587				Foundation Care, LLC	MO	NIA	AcariaHealth, Inc.	Ownership	80.0	Centene Corporation	N	
01295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	20.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	80.0	Centene Corporation	N	
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-5129923				Grace Hospice of Illinois, LLC	IL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	26-4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

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01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-4229858				Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	81-1565426				Pinnacle Senior Care of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc.	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-1742728				Pinnacle Sr. Care of Kalamazoo, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-5730959				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-5735993				USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-5745748				USMM Accountable Care Solutions, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	38-3176990				VPA, P.C.	MI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-2386997				VPA of Texas	MI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-5208076				Health Net, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc.	CA	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	66141	73-0654885				Health Net Life Insurance Company	CA	IA	Health Net of California, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	98-0409907				Health Net Life Reinsurance Company	CYM	NIA	Health Net of California, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	54-2174069				Health Net of California Real Estate Holdings, Inc.	CA	NIA	Health Net of California, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	N	

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01295	Centene Corporation	00000	95-4146179				MHN Services, LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	68-0214809				Health Net Federal Services, LLC	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	51-0589404				MHN Global Services, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	90-0889803				MHN Government Services-Guam, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	90-0889825				MHN Government Services-International, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	90-0889815				MHN Government Services-Puerto Rico, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	MHN Government Services LLC	Ownership	10.0	Centene Corporation	N	
01295	Centene Corporation	00000	61-1388903				Health Net Preferred Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	90.0	Centene Corporation	N	
01295	Centene Corporation	00000	84-1175468				QualMed, Inc	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon, Inc	OR	IA	QualMed, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	23-2867300				QualMed Plans for Health of Western Pennsylvania, Inc	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	25-1516632				Pennsylvania Health Care Plan, Inc	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	94-3037822				Health Net Services Inc	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	54-2174068				Health Net Community Solutions, Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	IA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					Health Net of Pennsylvania, LLC	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	23-2456130				QualMed Plans for Health of Pennsylvania, Inc	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	98-0150604				FH Assurance Company	CYM	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	68-0295375				Health Net Pharmaceutical Services	CA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	86-0660443				Health Net of Arizona Administrative Services, Inc	AZ	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	15895	81-1348826				Health Net Community Solutions of Arizona, Inc	AZ	IA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	

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01295	Centene Corporation	00000	84-1301249				National Pharmacy Services Inc. Integrated Pharmacy Systems, Inc.	DE	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	23-2789453				Health Net Access, Inc.	PA	NIA	National Pharmacy Services Inc.	Ownership	90.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-2616037				MHS Consulting, International, Inc.	AZ	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-8630006				PRIMEROSALUD, S.L.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					MH Services International Holdings (UK) Limited	ESP	NIA	MHS Consulting, International, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					MH Services International (UK) Limited	GBR	NIA	MH Consulting, International, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					Centene UK Ltd.	GBR	NIA	MH Services International Holdings (UK) Limited	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					The Practice (Group) Limited	GBR	NIA	MH Services International (UK) Limited	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-1172163				Centene Health Plan Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16395	82-5032556				Ambetter of North Carolina, Inc.	NC	IA	Centene Health Plan Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-2699483				Carolina Complete Health Holding Company Partnership	DE	NIA	Centene Health Plan Holdings, Inc.	Ownership	80.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-2699332				Carolina Complete Health, Inc.	NC	NIA	Carolina Complete Health Holding Company Partnership	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-3380290				New York Quality Healthcare Corporation	NY	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	55-0878053				Salus Administrative Services, Inc.	NY	NIA	New York Quality Healthcare Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-0802846				Salus IPA, LLC	NY	NIA	Salus Administrative Services, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-4670677				Calibrate Acquisition Co.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47-4179393				Community Medical Holdings Corp.	DE	NIA	Calibrate Acquisition Co.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-3485489				Access Medical Acquisition, Inc.	DE	NIA	Community Medical Holdings Corp.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3191569				Access Medical Group of North Miami Beach, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3191719				Access Medical Group of Miami, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3192283				Access Medical Group of Hialeah, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3199819				Access Medical Group of Westchester, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3505196				Access Medical Group of Opa-Locka, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	

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01295	Centene Corporation	00000	45-3192955				Access Medical Group of Perrine, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-3192366				Access Medical Group of Florida City, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-1737078				Access Medical Group of Tampa, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-1750978				Access Medical Group of Tampa II, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-1773315				Access Medical Group of Tampa III, Inc.	FL	NIA	Access Medical Acquisition, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	80.1	Centene Corporation	N	
01295	Centene Corporation	00000	46-5517858				Interpreta, Inc.	DE	NIA	Interpreta Holdings, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-4581788				Patriots Holding Co.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					RxAdvance Corporation	DE	NIA	Patriots Holding Co.	Ownership	27.8	Centene Corporation	N	
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc.	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2446307				Centene Venture Company Michigan	MI	NIA	Next Door Neighbors, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16505	83-2425735				Centene Venture Company Illinois	IL	IA	Next Door Neighbors, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2409040				Centene Venture Company Kansas	KS	NIA	Next Door Neighbors, Inc.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2434596				Centene Venture Company Florida	FL	NIA	Next Door Neighbors, Inc.	Ownership	100.0	Centene Corporation	N	

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Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-1406317	Centene Corporation	60,600,000	(340,552,000)			139,832,764				(140,119,236)	
71013	39-0993433	Bankers Reserve Life Insurance Co of WI		28,500,000			(514,886,530)	(6,906,670)			(493,293,200)	
00000	46-2860967	Health Plan Real Estate Holding, Inc.									.0	
12315	20-3174593	Peach State Health Plan, Inc.	(20,100,000)				(320,530,697)				(340,630,697)	
15713	46-4829006	Iowa Total Care, Inc.									.0	
11834	32-0045282	Buckeye Community Health Plan, Inc.					(765,193,413)	5,214,707			(759,978,706)	
12959	20-5693998	Absolute Total Care, Inc.		5,500,000			(168,390,290)	90,951			(162,799,339)	
00000	59-3807546	Physicians Choice, LLC									.0	
00000	65-1206841	PhyTrust of South Carolina LLC									.0	
95831	39-1821211	Managed Health Services		22,000,000			(651,160,639)				(629,160,639)	
00000	46-5523218	Healthy Washington Holdings, Inc.									.0	
15352	46-2578279	Coordinated Care of Washington, Inc.		20,500,000			(124,866,265)				(104,366,265)	
96822	39-1678579	Managed Health Services Insurance Corp.	(12,000,000)				(39,928,684)	328,497			(51,600,187)	
60078	86-0819817	Hallmark Life Insurance Co.		15,000,000			(58,102,491)				(43,102,491)	
95647	74-2770542	Superior HealthPlan, Inc.					(1,124,995,379)				(1,124,995,379)	
00000	27-0916294	Healthy Louisiana Holdings LLC									.0	
13970	27-1287287	Louisiana Healthcare Connections, Inc.		23,000,000			(570,845,169)				(547,845,169)	
13923	20-8570212	Magnolia Health Plan Inc.		35,000,000			(461,155,197)				(426,155,197)	
14053	27-2186150	IlliniCare Health Plan, Inc.					(544,562,407)				(544,562,407)	
00000	26-0557093	Sunshine Health Holding LLC									.0	
13148	20-8937577	Sunshine State Health Plan, Inc.		6,500,000			(714,590,919)				(708,090,919)	
00000	56-2384404	Access Health Solutions LLC									.0	
14100	45-1294925	Kentucky Spirit Health Plan, Inc.					(416,787)				(416,787)	
00000	45-5070230	Healthy Missouri Holding, Inc.									.0	
14218	45-2798041	Home State Health Plan, Inc.		31,000,000			(146,131,194)				(115,131,194)	
14345	45-3276702	Sunflower State Health Plan, Inc.					(319,702,119)				(319,702,119)	
14226	45-4792498	Granite State Health Plan, Inc.		13,000,000			(114,071,743)	(136,172)			(101,207,915)	
15447	46-4195563	Bridgeway Advantage Solutions, Inc.									.0	
00000	46-0907261	California Health and Wellness Plan									.0	
10769	30-0312489	Michigan Complete Health, Inc.		6,000,000			(20,118,366)				(14,118,366)	
16351	45-5583511	Western Sky Community Care, Inc.		1,500,000				774,206			2,274,206	
16143	20-4761189	SilverSummit Healthplan, Inc.		72,000,000			(107,963,994)				(35,963,994)	
00000	22-3292245	University Health Plans, Inc.									.0	
00000	20-0483299	Agate Resources, Inc.					55,219,616	1,275,046			56,494,662	
12559	42-1694349	Trillium Community Health Plan, Inc.					(149,457,992)				(149,457,992)	
00000	26-4475075	Agate Properties, LLC						(873,555)			(873,555)	
15902	47-5123293	Nebraska Total Care, Inc.					(148,520,882)				(148,520,882)	
16041	47-5340613	Pennsylvania Health & Wellness, Inc.		67,000,000			(35,619,066)				31,380,934	
15912	47-5664832	Superior HealthPlan Community Solutions					(3,832,187)				(3,832,187)	
15927	47-5667095	Sunshine Health Community Solutions Inc.					(7,423,632)				(7,423,632)	
16112	47-5664342	Buckeye Health Plan Community Solutions		4,200,000			(3,168,146)				1,031,854	
16130	81-1282251	Arkansas Health & Wellness Health Plan		(12,348,000)			(17,213,633)				(29,561,633)	
00000	38-4042368	Arkansas Total Care Holding Company, LLC									.0	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
16256	82-2649097	Arkansas Total Care, Inc		200,000							200,000	
00000	81-2788043	Healthy Oklahoma Holdings, Inc									.0	
00000	81-3121527	Oklahoma Complete Health Inc									.0	
00000	20-4980875	Bridgeway Health Solutions, LLC									.0	
16310	20-4980818	Bridgeway Health Solutions of Arizona	(3,500,000)				(5,448,060)				(8,948,060)	
00000	36-2979209	Celtic Group, Inc									.0	
80799	06-0641618	Celtic Insurance Company					(1,554,044,735)				(1,554,044,735)	
15762	35-2525384	Ambetter of Magnolia Inc					(177,301,195)				(177,301,195)	
15729	36-4802632	Ambetter of Peach State Inc					(420,609,272)				(420,609,272)	
00000	27-2221367	Novasys Health, Inc					1,162,042				1,162,042	
00000	26-4278205	CeltiCare Health Plan Holdings LLC									.0	
13632	26-4818440	CeltiCare Health Plan of Massachusetts	(25,000,000)				(12,705,151)				(37,705,151)	
00000	39-1864073	Centene Management Company LLC					2,886,910,413				2,886,910,413	
00000	20-0057283	CMC Real Estate Co. LLC									.0	
00000	26-4094682	Centene Center LLC									.0	
00000	82-1816153	Centene Center I, LLC									.0	
00000	47-5156015	Centene Center II, LLC									.0	
00000	82-3210933	Centene Center III, LLC									.0	
00000	46-4234827	CMC Hanley, LLC									.0	
00000	47-2914561	Forhan, LLC									.0	
00000	37-1766939	Hanley-Forsyth, LLC									.0	
00000	45-5431787	GPT Acquisition LLC									.0	
00000	45-4372065	Clayton Property Investment LLC									.0	
00000	46-2794037	LSM Holdco, Inc									.0	
00000	46-2798132	Lifeshare Management Group, LLC					2,675,952				2,675,952	
00000	20-2074217	CCTX Holdings, LLC									.0	
00000	74-2810404	Centene Company of Texas, LP					555,210,422				555,210,422	
00000	20-2074277	Centene Holdings, LLC									.0	
00000	43-1795436	MHS Travel & Charter, Inc									.0	
00000	46-4855483	Health Care Enterprises, LLC									.0	
00000	22-3889471	Envolve Holdings, Inc									.0	
00000	68-0461584	Cenpatico Behavioral Health, LLC					20,928,859				20,928,859	
00000	86-0782736	CBHSP Arizona, Inc									.0	
00000	47-2595704	Cenpatico of California, Inc									.0	
00000	74-2892993	Integrated Mental Health Management, LLC									.0	
00000	74-2785494	Integrated Mental Health Services						232,990			232,990	
00000	20-1624120	Cenpatico Behavioral Health of AZ, LLC									.0	
00000	80-0879942	Cenpatico of Arizona Inc									.0	
00000	37-1788565	Envolve, Inc									.0	
00000	47-4545413	AHA Administrative Services, LLC									.0	
00000	47-3454898	Envolve - New York, Inc									.0	
00000	82-2288767	Community Care of Central Colorado, LLC									.0	
00000	06-1476380	Envolve PeopleCare, Inc					58,635,741				58,635,741	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-2516714	LiveHealthier, Inc.									.0	
00000	61-1846191	Envolve Benefits Options, Inc.									.0	
00000	20-4730341	Envolve Vision Benefits, Inc.									.0	
00000	36-4520004	Envolve Captive Insurance Company, Inc.									.0	
95302	75-2592153	Envolve Vision of Texas, Inc.									.0	
00000	20-4773088	Envolve Vision, Inc.					38,491,155				38,491,155	
00000	83-2460878	Envolve Vision IPA of New York, Inc.					141,389,418				141,389,418	
00000	65-0094759	Envolve Vision of Florida, Inc.									.0	
00000	20-4861241	Envolve Total Vision, Inc.					18,471,651				18,471,651	
00000	82-2908582	Envolve Optical, Inc.									.0	
00000	06-1635519	Envolve Vision of New York, Inc.									.0	
00000	46-2783884	Envolve Dental, Inc.					407,254,885				407,254,885	
00000	81-2969330	Envolve Dental of Florida, Inc.									.0	
16106	81-2796896	Envolve Dental of Texas, Inc.					524,957				524,957	
00000	83-1464482	Envolve Dental IPA of New York, Inc.									.0	
00000	77-0578529	Envolve Pharmacy Solutions, Inc.					5,062,634,400				5,062,634,400	
00000	76-0511700	LBB Industries, Inc.									.0	
00000	75-2612875	RX Direct, Inc.									.0	
00000	46-2307356	Envolve Pharmacy IPA, LLC									.0	
00000	90-0636938	Casenet LLC									.0	
00000		Casenet S.R.O.									.0	
00000	61-1450727	Centurion Group, Inc.									.0	
00000	90-0766502	Centurion LLC									.0	
00000	81-4228054	Centurion of Arizona, LLC									.0	
00000	47-1686283	Centurion of Vermont, LLC									.0	
00000	47-2967381	Centurion of Mississippi, LLC									.0	
00000	30-0752651	Centurion of Tennessee, LLC									.0	
00000	61-1696004	MA Partnership for Correctional Health									.0	
00000	46-2717814	Centurion of Minnesota, LLC									.0	
00000	81-1161492	Centurion Correctional Healthcare of NM									.0	
00000	81-0687470	Centurion of Florida, LLC									.0	
00000	81-3007264	Centurion of Illinois, LLC									.0	
00000	81-4938030	Centurion of Maryland, LLC									.0	
00000	81-5429405	Centurion of Philadelphia, LLC									.0	
00000	82-4735175	Centurion Detention Health Services, LLC									.0	
00000	82-4823469	Centurion of New Hampshire, LLC									.0	
00000	82-5316510	MHM Services, Inc.					7,300				7,300	
00000	54-1856340	MHM Correctional Services, LLC									.0	
00000	20-2750269	MHM Maryland, Inc.									.0	
00000	56-2547206	MHM Ohio, Inc.									.0	
00000	51-0620904	MHM Services of California, LLC									.0	
00000	60-0002002	MHM Solutions, LLC									.0	
00000	26-1877007	Forensic Health Services, LLC									.0	

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

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00000	46-1734817	MHM Health Professionals, LLC									.0	
00000	27-3617766	Specialty Therapeutic Care Holdings, LLC									.0	
00000	73-1698808	Specialty Therapeutic Care, LP									.0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC									.0	
00000	26-2624521	Specialty Therapeutic Care West, LLC									.0	
00000	80-0856383	AcariaHealth Solutions, Inc									.0	
00000	45-2780334	AcariaHealth, Inc									.0	
00000	27-1599047	AcariaHealth Pharmacy #14, Inc									.0	
00000	20-8192615	AcariaHealth Pharmacy #11, Inc									.0	
00000	27-2765424	AcariaHealth Pharmacy #12, Inc									.0	
00000	26-0226900	AcariaHealth Pharmacy #13, Inc									.0	
00000	13-4262384	AcariaHealth Pharmacy, Inc									.0	
00000	27-3707698	HomeScripts.com, LLC									.0	
00000	20-8235695	New York Rx, Inc									.0	
00000	20-0873587	Foundation Care, LLC									.0	
00000	27-0275614	U.S. Medical Management Holdings, Inc									.0	
00000	38-3153946	U.S. Medical Management, LLC					25,299,901				25,299,901	
00000	31-1733889	RMED, LLC									.0	
00000	47-2138680	IAH of Florida, LLC									.0	
00000	51-0581762	Heritage Home Hospice, LLC									.0	
00000	20-2827613	Grace Hospice of Austin, LLC									.0	
00000	20-1530070	ComfortBrook Hospice, LLC									.0	
00000	20-4996551	Comfort Hospice of Texas, LLC									.0	
00000	20-2827526	Grace Hospice of San Antonio, LLC									.0	
00000	45-0679248	Grace Hospice of Grand Rapids, LLC									.0	
00000	45-0634905	Grace Hospice of Indiana, LLC									.0	
00000	45-5080637	Grace Hospice of Virginia, LLC									.0	
00000	45-5080567	Comfort Hospice of Missouri, LLC									.0	
00000	45-5080675	Grace Hospice of Colorado, LLC									.0	
00000	46-1708834	Grace Hospice of Wisconsin, LLC									.0	
00000	81-5129923	Grace Hospice of Illinois, LLC									.0	
00000	26-4435532	Seniorcorps Peninsula, LLC									.0	
00000	33-1179031	R&C Healthcare, LLC									.0	
00000	20-0927034	A N J, LLC									.0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC									.0	
00000	03-0556422	Country Style Health Care, LLC									.0	
00000	14-1878333	Phoenix Home Health Care, LLC									.0	
00000	75-2635025	Traditional Home Health Services, LLC									.0	
00000	38-2751108	Family Nurse Care, LLC									.0	
00000	20-5108540	Family Nurse Care II, LLC									.0	
00000	20-3920947	Family Nurse Care of Ohio, LLC									.0	
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC									.0	
00000	81-1565426	Pinnacle Senior Care of Indiana, LLC									.0	

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	76-0713516	Pinnacle Home Care, LLC									.0	
00000	59-3519060	North Florida Health Services, Inc.									.0	
00000	47-1742728	Pinnacle Sr. Care of Kalamazoo, LLC									.0	
00000	46-1734288	Hospice DME Company, LLC									.0	
00000	20-4364776	Rapid Respiratory Services, LLC					(20,615)				(20,615)	
00000	46-5730959	USMM Accountable Care Network, LLC					928,169				928,169	
00000	46-5735993	USMM Accountable Care Partners, LLC									.0	
00000	46-5745748	USMM Accountable Care Solutions, LLC									.0	
00000	45-4165480	USMM ACO, LLC									.0	
00000	45-4157180	USMM ACO Florida, LLC									.0	
00000	45-4154905	USMM ACO North Texas, LLC									.0	
00000	38-3176990	VPA, P.C.									.0	
00000	20-2386997	VPA of Texas									.0	
00000	47-5208076	Health Net, Inc.	14,600,000				149,964,830				164,564,830	
00000	95-4402957	Health Net of California, Inc.					(10,846,931)				(10,846,931)	
66141	73-0654885	Health Net Life Insurance Company					(254,176,288)	52,705,847			(201,470,441)	
00000	98-0409907	Health Net Life Reinsurance Company						(52,705,847)			(52,705,847)	
00000	54-2174069	Health Net of CA Real Estate Holdings									.0	
00000	95-4117722	Managed Health Network, LLC									.0	
00000	95-3817988	Managed Health Network					2,961,014				2,961,014	
00000	95-4146179	MHN Services, LLC					7,709,575				7,709,575	
00000	68-0214809	Health Net Federal Services, LLC									.0	
00000	42-1680916	MHN Government Services LLC									.0	
00000	51-0589404	MHN Global Services, Inc.									.0	
00000	80-0852000	MHN Government Services-Belgium, Inc.									.0	
00000	90-0889816	MHN Government Services-Djibouti, Inc.									.0	
00000	80-0852008	MHN Government Services-Germany, Inc.									.0	
00000	90-0889803	MHN Government Services-Guam, Inc.									.0	
00000	90-0889825	MHN Government Services-International									.0	
00000	80-0852019	MHN Government Services-Italy, Inc.									.0	
00000	46-1038058	MHN Government Services-Japan, Inc.									.0	
00000	90-0889815	MHN Government Services-Puerto Rico									.0	
00000	90-0889824	MHN Government Services-Turkey, Inc.									.0	
00000	90-0889833	MHN Government Services-United Kingdom									.0	
00000	88-0357895	Network Providers, LLC									.0	
00000	61-1388903	Health Net Preferred Providers, LLC									.0	
00000	35-2490375	Health Net Veterans, LLC									.0	
00000	06-1116976	Health Net of the Northeast, LLC									.0	
00000		North Region Providers, LLC									.0	
00000	84-1175468	QualMed, Inc.									.0	
00000	84-0975985	QualMed Plans for Health of Colorado									.0	
95800	93-1004034	Health Net Health Plan of Oregon, Inc.					(143,392,889)				(143,392,889)	

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	23-2867299	HSI Advantage Health Holdings, Inc.									.0	
00000	23-2867300	QualMed Plans for Health of Western PA									.0	
00000	25-1516632	Pennsylvania Health Care Plan, Inc.									.0	
00000	94-3037822	Health Net Services Inc.									.0	
00000	54-2174068	Health Net Community Solutions, Inc.									.0	
95206	36-3097810	Health Net of Arizona, Inc.	(14,600,000)				(314,445,048)				(329,045,048)	
00000	54-2153100	Health Net One Payment Services, Inc.									.0	
00000		Health Net of Pennsylvania, LLC									.0	
00000	23-2456130	QualMed Plans for Health of PA									.0	
00000	68-0390434	FH Surgery Limited, Inc.									.0	
00000	68-0390438	Foundation Health Facilities, Inc.									.0	
00000	98-0150604	FH Assurance Company									.0	
00000	68-0295375	Health Net Pharmaceutical Services					460,408,557				460,408,557	
00000	86-0660443	Health Net of AZ Administrative Services									.0	
15895	81-1348826	Health Net Community Solutions of AZ					(11,435,009)				(11,435,009)	
00000	84-1301249	National Pharmacy Services Inc.									.0	
00000	23-2789453	Integrated Pharmacy Systems, Inc.									.0	
00000	68-0390435	FH Surgery Centers Inc.									.0	
00000	68-0343818	Greater Sacramento Surgery Center LP									.0	
00000	46-2616037	Health Net Access, Inc.									.0	
00000	20-8630006	MHS Consulting, International, Inc.									.0	
00000		PRIMEROSALUD, S.L									.0	
00000		MH Services Intl Holdings (UK) Limited									.0	
00000		MH Services International (UK) Limited									.0	
00000		Centene UK Ltd									.0	
00000		The Practice (Group) Limited									.0	
00000	82-1172163	Centene Health Plan Holdings, Inc.		(8,500,000)							(8,500,000)	
16395	82-5032556	Ambetter of North Carolina, Inc.		8,500,000							8,500,000	
00000	82-2699483	Carolina Complete Health HoldCo Partners									.0	
00000	82-2699332	Carolina Complete Health, Inc.									.0	
00000	82-3380290	New York Quality Healthcare Corporation									.0	
00000	55-0878053	Salus Administrative Services, Inc.					346,413				346,413	
00000	82-0802846	Salus IPA, LLC									.0	
00000	82-3385593	Centene Company of New York, LLC									.0	
00000	82-4670677	Calibrate Acquisition Co.									.0	
00000	47-4179393	Community Medical Holdings Corp.									.0	
00000	46-3485489	Access Medical Acquisition, Inc.					304,980				304,980	
00000	45-3191569	Access Medical Grp of North Miami Beach									.0	
00000	45-3191719	Access Medical Group of Miami, Inc.									.0	
00000	45-3192283	Access Medical Group of Hialeah, Inc.									.0	
00000	45-3199819	Access Medical Group of Westchester, Inc.									.0	
00000	45-3505196	Access Medical Group of Opa-Locka, Inc.									.0	
00000	45-3192955	Access Medical Group of Perrine, Inc.									.0	

42.5

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	45-3192366	Access Medical Group of Florida City Inc.									.0	
00000	82-1737078	Access Medical Group of Tampa, Inc.									.0	
00000	82-1750978	Access Medical Group of Tampa II, Inc.									.0	
00000	82-1773315	Access Medical Group of Tampa III, Inc.									.0	
00000	82-4883921	Interpreta Holdings, Inc.									.0	
00000	46-5517858	Interpreta, Inc.									.0	
00000	82-4581788	Patriots Holding Co.									.0	
00000		RxAdvance Corporation									.0	
00000	32-2434596	Next Door Neighbors, LLC									.0	
00000	83-2381790	Next Door Neighbors, Inc.									.0	
00000	83-2446307	Centene Venture Company Michigan									.0	
16505	83-2425735	Centene Venture Company Illinois		2,000,000							2,000,000	
00000	83-2409040	Centene Venture Company Kansas									.0	
00000	83-2434596	Centene Venture Company Florida									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

4.2.6



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.   
8 0 7 9 9 2 0 1 8 3 7 1 0 0 0 0 0

16.   
8 0 7 9 9 2 0 1 8 3 6 5 0 0 0 0 0

17.   
8 0 7 9 9 2 0 1 8 2 2 4 0 0 0 0 0

18.   
8 0 7 9 9 2 0 1 8 2 2 5 0 0 0 0 0

19.   
8 0 7 9 9 2 0 1 8 2 2 6 0 0 0 0 0

20.   
8 0 7 9 9 2 0 1 8 3 0 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

\*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. State income tax payable.....	5,802,012		5,802,012	3,762,258
2305. Advanced Premium Tax Credit Payable.....	888,313		888,313	3,688,573
2306. Quota Share Agreement.....	(604,346)		(604,346)	
2397. Summary of remaining write-ins for Line 23 from Page 03	6,085,979	0	6,085,979	7,450,831



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.AL

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Alaska

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit Stephanie Lange, Title Plan Controller, Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.AK

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF American Samoa

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.AS

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit Stephanie Lange ..... Telephone Number 314-519-0041.....  
 Title Plan Controller .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
												.00				.00	
												.00				.00	
Yes	MS POL F-IN	F	No	0034000	10/11/1991				CELTIC MED SUP	5,656	1,423	25.2	1			.00	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										5,656	1,423	25.2	1	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.AZ



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.AR

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF California

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit Stephanie Lange, Title Plan Controller, Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Medicare Supplement, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.CA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.CO

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Connecticut

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.CT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 NAIC Company Code 80799 Person Completing This Exhibit Stephanie Lange Title Plan Controller Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.DE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"
 

.....

360.DC



8 0 7 9 9 2 0 1 8 3 6 0 1 0 1 0 0

SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes summary rows for individual and group policies.

360.FL

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.GA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Guam

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.GU

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"
 

.....



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.HI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Idaho

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.ID

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



8 0 7 9 9 2 0 1 8 3 6 0 1 4 1 0 0

SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.JL



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Medicare Supplement, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.IN

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Iowa

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.1A

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit Stephanie Lange ..... Telephone Number 314-519-0041.....  
 Title Plan Controller .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Yes	MS POL A-KS	A	No	0034060	06/29/1992				CELTIC MED SUPP	2,904	0	0.0	1			0.0	
Yes	MS POL C-KS	C	No	0034060	08/03/1993				CELTIC MED SUPP	8,717	4,676	53.6	2			0.0	
Yes	MS POL F-KS	F	No	0034060	06/29/1992				CELTIC MED SUPP	10,956	11,634	106.2	1			0.0	
Yes	MS POL I-KS	I	No	0034060	06/29/1992				CELTIC MED SUP	3,994	4,985	124.8	1			0.0	
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										26,571	21,295	80.1	5	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

360.KS

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"
 

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360.KY



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit Stephanie Lange, Title Plan Controller, Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.LA



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Maine

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Title NAIC Company Code 80799 Telephone Number

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.ME

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.MD

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.MA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.MI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.MN

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address:
  - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address:
  - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"





SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Missouri

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.MO

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Title NAIC Company Code 80799 Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.MT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Nebraska

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NV

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.NH

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes summary rows for individual and group policies.

360.NJ

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



8 0 7 9 9 2 0 1 8 3 6 0 3 2 1 0 0

SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit Stephanie Lange, Title Plan Controller, NAIC Company Code 80799, Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.NM

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF New York

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.NY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF North Carolina

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.NC

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF North Dakota

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.ND

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"
 

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360.MP



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Medicare Supplement, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.OH

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



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SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.OK

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360. OR

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.PA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Puerto Rico

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.PR

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit Stephanie Lange ..... Telephone Number 314-519-0041.....  
 Title Plan Controller .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11	12		13	14	15	16		17	18
											Premiums Earned	Amount				Percent of Premiums Earned	Number of Covered Lives		
Yes.....	MS POL C -IN.....	C.....	No.....	0034000	12/18/1992				CELTIC MED SUP	5,229	960	18.3	1	0	0	0.0	0		
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										5,229	960	18.3	1	0	0	0.0	0		
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0		

360.RI

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.SC

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit Stephanie Lange ..... Telephone Number 314-519-0041.....  
 Title Plan Controller .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
Yes	MS POL D-IN	D	No	0034000	.01/14/1993				CELTIC MED SUPP.	4,476	0	.00	1			.00	
Yes	MS POL F-IN	F	No	0034000	.01/14/1993				CELTIC MED SUPP.	46,733	28,171	60.3	7			.00	
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										51,209	28,171	55.0	8	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.SD



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.TN

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.TX

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: .....
  - Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: .....
  - Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"
 

.....

360.VI



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Utah

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.UT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Vermont

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.VT



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.VA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2015), 15-18 (Policies Issued in 2016, 2017, 2018). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.WA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.WV

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2018  
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin

NAIC Group Code 1295 ..... NAIC Company Code 80799.....  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"
 

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SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018 (To Be Filed by March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit Stephanie Lange Title Plan Controller NAIC Company Code 80799 Telephone Number 314-519-0041

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2015: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2016, 2017, 2018: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.WY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2018

(To Be Filed By March 1)

Of The CELTIC INSURANCE COMPANY ..... Insurance Company  
 Address (City, State and Zip Code) Chicago, IL 60601.....  
 NAIC Group Code 1295..... NAIC Company Code 80799..... Employer's ID Number 06-0641618.....





SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.
2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued.
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
4. Has the reporting entity any assessment or stipulated premium contracts in force?
4.1 Amount of insurance?
4.2 Amount of reserve?
4.3 Basis of reserve:
4.4 Basis of regular assessments:
4.5 Basis of special assessments:
4.6 Assessments collected during the year:
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount or reserve on such contracts on the basis actually held:
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives.
7. Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank:
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?
8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:
8.2 State the amount of reserves established for this business:
8.3 Identify where the reserves are reported in the blank:
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?
9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:
9.2 State the amount of reserves established for this business:
9.3 Identify where the reserves are reported in the blank:

**SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS**

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year .....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

**NONE**



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE S - PART 3 - SECTION 1**

**Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	CO/I	OL	5,797,000	313,101	361,151	64,532				
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	OTH/I	OL	1,467,456	188	615					
68276	48-1024691	12/31/1980	EMPLOYERS REASSUR CORP	KS	COFW/I	OA							3,529,110	1,797,054
82627	06-0839705	10/10/1981	SWISS RE LIFE & HLTH AMER INC	MO	OTH/I	OL	11,250			215				
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054
1199999 - General Account - Authorized - Total General Account Authorized							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054
9999999 Totals							7,275,706	313,289	361,766	64,747	0	0	3,529,110	1,797,054



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 18



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 70,601 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	4,451	4,451	0	663	780
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,451	4,451	0	663	780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,451	4,451	0	663	780

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....1



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 41



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 358,005 and number of persons insured under indemnity only products 1,083



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	4,880	0	0	0	4,880
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	4,880	0	0	0	4,880
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(10,000)	0	0	0	0	0	0	(1)	(10,000)
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	274,798	286,479	0	224,108	234,525
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	274,798	286,479	0	224,108	234,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	274,798	286,479	0	224,108	234,525

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 72



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 21,747 and number of persons insured under indemnity only products 6



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 58,333 and number of persons insured under indemnity only products 61



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 14



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	21,000	0	0	0	21,000
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	21,000	0	0	0	21,000
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	9,445	10,219	0	7,911	7,332
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	9,445	10,219	0	7,911	7,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,445	10,219	0	7,911	7,332

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 2



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	2	40,000	0	0	0	0	0	0	2	40,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	2	40,000	0	0	0	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	23,186	24,585	0	29,159	29,320
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	23,186	24,585	0	29,159	29,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,186	24,585	0	29,159	29,320

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 6



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 54,922 and number of persons insured under indemnity only products 12



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 16



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 20,574 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 178



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,004	0	0	0	6,004
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	6,004	0	0	0	6,004
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	2,225	0	0	0	2,225
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	2,225	0	0	0	2,225
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	5	320,000	(a)	0	0	0	0	0	5	320,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	5	320,000	(a)	0	0	0	0	0	5	320,000

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	52,783	53,703	0	28,074	26,203
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	52,783	53,703	0	28,074	26,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,783	53,703	0	28,074	26,203

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 13



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 165,262 and number of persons insured under indemnity only products 35



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 22



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2018

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**SUPPLEMENT FOR THE YEAR 2018 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2018

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	64,532	.0	.0	.0	64,532
2. Annuity considerations	.0	.0	.0	.0	.0
3. Deposit-type contract funds	215	XXX	.0	XXX	215
4. Other considerations	.0	.0	.0	.0	.0
5. Totals (Sum of Lines 1 to 4)	64,747	0	0	0	64,747
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	.0	.0	.0	.0	.0
6.2 Applied to pay renewal premiums	.0	.0	.0	.0	.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	.0	.0	.0	.0	.0
6.4 Other	.0	.0	.0	.0	.0
6.5 Totals (sum of Lines 6.1 to 6.4)	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit	.0	.0	.0	.0	.0
7.2 Applied to provide paid-up annuities	.0	.0	.0	.0	.0
7.3 Other	.0	.0	.0	.0	.0
7.4 Totals (sum of Lines 7.1 to 7.3)	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	91,082	.0	.0	.0	91,082
10. Matured endowments	.0	.0	.0	.0	.0
11. Annuity benefits	357,067	.0	.0	.0	357,067
12. Surrender values and withdrawals for life contracts	41,021	.0	.0	.0	41,021
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	.0	.0	.0	.0	.0
14. All other benefits, except accident and health	.0	.0	.0	.0	.0
15. Totals	489,170	0	0	0	489,170
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
Settled during current year:										
18.1 By payment in full	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.2 By payment on compromised claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.3 Totals paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.5 Amount rejected	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.6 Total settlements	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	150	8,273,017	(a)	.0	.0	.0	.0	.0	150	8,273,017
21. Issued during year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Other changes to in force (Net)	(28)	(1,785,561)	.0	.0	.0	.0	.0	.0	(28)	(1,785,561)
23. In force December 31 of current year	122	6,487,456	(a)	0	0	0	0	0	122	6,487,456

(a) Includes Individual Credit Life Insurance: prior year \$ .0 current year \$ .0  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ .0 current year \$ .0  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .0 current year \$ .0

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	.0	.0	.0	.0	.0
24.1 Federal Employees Health Benefits Plan premium (b)	.0	.0	.0	.0	.0
24.2 Credit (Group and Individual)	.0	.0	.0	.0	.0
24.3 Collectively renewable policies (b)	.0	.0	.0	.0	.0
24.4 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0
Other Individual Policies:					
25.1 Non-cancelable (b)	.0	.0	.0	.0	.0
25.2 Guaranteed renewable (b)	7,244,329	7,305,327	.0	5,301,171	5,317,387
25.3 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0
25.4 Other accident only	.0	.0	.0	.0	.0
25.5 All other (b)	4,846,665,852	4,846,643,560	.0	1,692,559,876	1,801,313,084
25.6 Totals (sum of Lines 25.1 to 25.5)	4,853,910,181	4,853,948,887	.0	1,697,861,047	1,806,630,471
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,853,910,181	4,853,948,887	0	1,697,861,047	1,806,630,471

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 749,451 and number of persons insured under indemnity only products 1,692