STATE OF INDIANA	)	BEFORE THE INDIANA
	) SS:	
COUNTY OF MARION	)	COMMISSIONER OF INSURANCE

IN THE MATTER OF:)
)
Provider Partners Health Plan of Indiana, Inc.)
300 N. Meridian Street, Suite 2500)
Indianapolis, IN 46204)

Examination of: **Provider Partners Health Plan of Indiana, Inc.**

NOTICE OF ENTRY OF ORDER

Enclosed is the Final Order entered by Holly W. Lambert, Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Provider Partners Health Plan of Indiana, Inc., any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as sent to you on June 4, 2026, has been adopted by the Commissioner.

Pursuant to Ind. Code § 27-1-3.1-12(b), within thirty (30) days of receipt of the Final Order, each director of Provider Partners Health Plan of Indiana, Inc. shall file an affidavit with the Indiana Department of Insurance stating that he/she has received a copy of the Verified Report of Examination and the Final Order.

The Final Order is a final administrative decision that may be appealed pursuant to Ind. Code § 4-21.5-5.

June 30, 2026
Date

Jerry Ehlers
Examinations Manager

CERTIFIED MAIL NUMBER: 7004 1160 0000 3835 9982

STATE OF INDIANA	)	BEFORE THE INDIANA
	) SS:	
COUNTY OF MARION	)	COMMISSIONER OF INSURANCE

IN THE MATTER OF:	)
	)
Provider Partners Health Plan of Indiana, Inc.	)
300 N. Meridian Street, Suite 2500	)
Indianapolis, IN 46204	)

Examination of: **Provider Partners Health Plan of Indiana, Inc.**

FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Provider Partners Health Plan of Indiana, Inc. (hereinafter "Company") for the time period February 14, 2024, through December 31, 2024.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter "Commissioner") by the Examiner on May 15, 2026.

A copy of the Verified Report of Examination, along with a Notice of Opportunity to Make Written Submission or Rebuttal, was mailed to the Company via Certified Mail on June 4, 2026, and was received by the Company on June 18, 2026.

The Company did not file any objections.

NOW THEREFORE, based on the Verified Report of Examination, I hereby make the following **FINDINGS:**

1. That the Verified Report of Examination is a true and accurate report of the financial condition and affairs of the Provider Partners Health Plan of Indiana, Inc.as of December 31, 2024.
2. That the Examiner's Recommendations are reasonable and necessary in order for the Provider Partners Health Plan of Indiana, Inc.to comply with the laws of the State of Indiana.

Based on the FINDINGS, the Commissioner does hereby ORDER:

1. Pursuant to Ind. Code § 27-1-3.1-11(a)(1), the Verified Report of Examination is adopted and shall be filed. Hereafter the Verified Report of Examination, may constitute prima facie evidence of the facts contained therein in any action or proceeding taken by the Indiana Department of Insurance against the Company, its officers, directors, or agents.

2. The Company shall comply with the Examiner's Recommendations enumerated in summary form and throughout the text of the Verified Report of Examination. A written response to these recommendations should be provided to the Department within 30 days of receipt of this order.

3. Compliance with the Examiner's recommendations shall be completed on or before the filing of the subsequent annual statement. In the event it is not feasible to comply with a recommendation before the filing of the subsequent annual statement, the Company shall submit a written explanation as to why it was not feasible with the filing of the annual statement.

Signed this 30th day of June, 2026.

Holly W. Lambert
Insurance Commissioner
Indiana Department of Insurance

ABOUT AFFIRMATIONS

The following pages for affirmations need to be signed by each Board Member and returned to the Indiana Department of Insurance within thirty (30) days in accordance with I.C. §27-1-3.1-12(b).

If your affirmations list individuals that are no longer on your Board of Directors, you may simply retype the form on plain white paper with the correct names and a line to the right for signature. If the names are misspelled, you may do the same, simply re-type the corrected form with a line to the right for signature.

Should you have any questions or difficulties with these forms or you require additional time past the thirty (30) day requirement, please do not hesitate to contact this department at (317) 232-2390.

STATE OF INDIANA

Department of Insurance

REPORT OF EXAMINATION

OF

PROVIDER PARTNERS HEALTH PLAN OF INDIANA

NAIC CO. CODE 17588
NAIC GROUP CODE 4842

As of

December 31, 2024

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STATE OF INDIANA

MIKE BRAUN, GOVERNOR

Indiana Department of Insurance
Holly W. Lambert, Commissioner
311 W. Washington Street, Suite 103
Indianapolis, Indiana 46204-2787
Telephone: 317-232-3520
Fax: 317-232-5251
Website: in.gov/idoi

May 15, 2026

Honorable Holly W. Lambert, Commissioner
Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Dear Commissioner:

Pursuant to the authority vested in Appointment Number 4257, an examination has been made of the affairs and financial condition of:

Provider Partners Health Plan of Indiana, Inc.
300 N. Meridian Street, Suite 2500
Indianapolis, IN 46204

hereinafter referred to as the "Company", or "PPHP-IN", an Indiana domestic stock, health maintenance organization (HMO). The examination was conducted remotely with assistance from the corporate office staff located in Columbia, Maryland.

The Report of Examination, reflecting the status of the Company as of December 31, 2024, is hereby respectfully submitted.

SCOPE OF EXAMINATION

The Company was last examined by representatives of the Indiana Department of Insurance (INDOI) at the time of licensure on February 14, 2024. The present risk-focused examination was conducted by The Thomas Consulting Group, Inc and covered the period from February 14, 2024 through December 31, 2024, and included any material transactions and/or events occurring subsequent to the examination date and noted during this examination.

The examination was conducted in accordance with the NAIC *Financial Condition Examiners Handbook* (Handbook). The Handbook requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company, and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

The examination of the State domestic insurance companies of Provider Partners Health Plan Group (Group) was called by the Maryland Insurance Administration (MIA) in accordance with the Handbook guidelines, through the NAIC's Financial Examination Electronic Tracking System. The MIA served as the lead state on the examination, and the INDOI and the Texas, Missouri, Illinois, Pennsylvania and North Carolina Insurance Departments served as participants.

The actuarial specialist, Michael Mayberry, FSA, MAAA of Lewis & Ellis Inc., provided all actuarial services throughout the examination and conducted a review of the Company's actuarial-related risks as of December 31, 2024.

The information technology (IT) specialists, Michael Mertz, CISA, CRISC, CDPSE, CSXF, CIPM (IAPP) and LeeAnne Creevy, CPA, CISA, CITP, CRMA, MCM, of Risk & Regulatory Consulting, LLC provided all IT services throughout the examination and conducted a review of the Company's IT-related risks as of December 31, 2024.

The reinsurance specialists, Joseph Jacobs, CFE and Annette Knief, CFE, of the INS Companies, provided all reinsurance-related services throughout the examination and conducted a review of the Company's reinsurance-related risks as of December 31, 2024.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If, during the course of the examination an adjustment is identified, the impact of that adjustment will be documented separately following the Company's financial statements.

This examination report includes significant findings of fact, as mentioned in the Indiana Code (IC) 27-1-3.1-10 and general information about the insurer and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but separately communicated to other regulators and/or the Company.

HISTORY

The Company was incorporated as a business corporation under the laws of the state of Indiana when approved by the Secretary of State on November 8, 2017. The Company was licensed as an HMO on February 14, 2024 and had not commenced business as of December 31, 2024. Its statutory home office is in Indianapolis, Indiana. The

Patrick Hampton Boyle Leesburg, Indiana	Chief Executive Officer Miller's Health Systems, Inc.
Bruce Richardson Grindrod, Jr. Mount Pleasant, South Carolina	President and Chief Executive Officer Provider Partners Management Services
Ryan Michael Ott Gas City, Indiana	President and Chief Executive Officer Tender Loving Care Management, Inc.
Keith Douglas Persinger Pasadena, Maryland	Chief Operating Officer Provider Partners Management Services
Scott Michael Rifkin, MD Cockeysville, Maryland	Chief Executive Officer and Managing Member Mid-Atlantic Health Care, LLC
Kent Naeve Rodgers Bloomington, Indiana	Chief Executive Officer CarDon & Associates, Inc.
Wesley Glenn Rogers Noblesville, Indiana	President and Chief Executive Officer Brickyard Healthcare, Inc.
Steven Anthony VanCamp Crestwood, Kentucky	Chief Executive Officer American Senior Communities, LLC

Officers

The Company's Bylaws state that the elected officers of the Company shall consist of a Chairperson, a President, one (1) or more Vice Presidents, a Treasurer, a Secretary and such other officers as the Board may determine. Each of these officers is elected by the Board and shall hold office for one (1) year or until their respective successors have been elected and have qualified, or until removed pursuant to the Bylaws.

The following is a list of key officers and their respective titles as of December 31, 2024:

Name	Office
Ryan Michael Ott	Chairman of the Board of Directors
Bruce Richardson Grindrod, Jr.	President and Chief Executive Officer
Keith Douglas Persinger	Chief Operating Officer
Craig Allen Fleischmann	Chief Financial Officer
Mary Beth McIntyre	Secretary and Treasurer

CONFLICT OF INTEREST

Directors and officers were not required to review and sign Conflict of Interest statements during the examination period. Subsequently, a Conflict of Interest Policy was approved by the Board at their meeting on August 7, 2025. Conflict of Interest disclosures by the Board members were subsequently reviewed and approved at the Board meeting on November 18, 2025.

Company is 100% owned by PPHP-IN HoldCo, LLC, which is in turn 70% owned by Hoosier Senior Care Alliance, LLC (HSCA) and 30% owned by PPHP HoldCo LLC (HoldCo), the parent of all the affiliated health plans.

Scott Rifkin, MD is the ultimate controlling person of HoldCo through his 100% ownership and control of Rifkin Managed Care Holdings, LLC (Rifkin Managed Care), a member-managed LLC. Rifkin Managed Care, in turn, controls Rifkin PPHP Holdings, LLC (Rifkin Holdings), which is a manager-managed LLC whose manager is Rifkin Managed Care. Rifkin Holdings and Rifkin Managed Care hold an aggregate combined voting equity interest in HoldCo of 52.79%. Therefore, Dr. Rifkin has an indirect 15.84 % voting equity interest in PPHP-IN and, by extension, is an ultimate controlling party of PPHP-IN.

HSCA is a joint venture fund created with the purpose of investing in PPHP-IN by American Senior Communities, LLC (ASC); Beachside Holdings, Inc.; Miller's Health Systems, Inc. (MHS); Speedway ISNP, LLC (Speedway); Tender Loving Care Management, Inc. (TLC); and Trilogy Investors, LLC (Trilogy). Each of these entities holds a 16.66% ownership interest in HSCA, and therefore holds an indirect 11.67% interest in PPHP-IN and, by extension, is an ultimate controlling party of PPHP-IN.

CAPITAL AND SURPLUS

The Company had 1,000 authorized shares of common stock with a par value of $.001 per share and 1,000 shares issued and outstanding throughout the examination period for capital paid in of $1.

The Company received a surplus paid in contribution of $5 million from its owner, PPHP-IN HoldCo, LLC, prior to licensure on February 14, 2024.

DIVIDENDS TO STOCKHOLDERS

No dividends were paid to the Stockholders during the examination period.

MANAGEMENT AND CONTROL

Directors

The Company's Bylaws provide that the business affairs of the Company are to be managed by a Board of Directors (Board) consisting of no less than eight (8) directors. The Board is to be comprised of the same individuals as the Board of Managers of PPHP-IN HoldCo, LLC, the sole stockholder of the Company. At least one (1) of the directors must be a resident of Indiana. The Board members are elected at each annual meeting by receiving the most votes cast by the shares entitled to vote.

The following is a listing of persons serving as directors as of December 31, 2024, and their principal occupations as of that date:

Name and Location	Principal Occupation
Leigh Ann Barney Louisville, Kentucky	President and Chief Executive Officer Trilogy Health Services, LLC

CORPORATE RECORDS

Articles of Incorporation

There were no amendments made to the Articles of Incorporation during the examination period.

Bylaws

There were no amendments made to the Bylaws during the examination period.

Minutes

The Board meeting minutes were reviewed for the period under examination through the fieldwork date. Significant actions taken during each meeting were noted. The Annual Written Consent of the sole shareholder in lieu of an annual meeting, effective January 1, 2024, was executed on February 16, 2024. The subsequent Annual Written Consent of the sole shareholder in lieu of an annual meeting, dated December 30, 2024, was executed on December 11, 2024.

AFFILIATED COMPANIES

Organizational Structure

The following simplified organizational chart shows the Company's parent and affiliates as of December 31, 2024 that were included in this examination:

	NAIC Co. Code	Domiciliary State/Country
PPHP HoldCo, LLC		DE
Provider Partners Health Plan, Inc.	15719	MD
Provider Partners Health Plan of Texas, Inc.	17005	TX
Provider Partners Health Plan of Missouri, Inc.	16566	MO
Provider Partners Health Plan of Illinois, Inc.	16564	IL
Provider Partners Health Plan of Pennsylvania, Inc	14458	PA
Provider Partners Health Plan of Kentucky, Inc.	17746	KY
Provider Partners Health Plan of North Carolina, Inc.	17470	NC
Provider Partners Health Plan of Indiana, Inc	**17588**	**IN**

Affiliated Agreements

The following affiliated agreements and transactions were disclosed as part of the Form B – Holding Company Registration Statement filed with the INDOI, as required, in accordance with IC 27-1-23-4.

Management Agreements
The Company was a party to a Management Services Agreement with Provider Partners Management Services, LLC (PPMS), a Maryland limited liability company affiliated with PPHP-IN through common ownership by HoldCo. HoldCo owns 30% of PPHP-IN's immediate parent company, PPHP-IN HoldCo, LLC, and owns 100% of PPMS. Under the agreement, PPMS provides certain management, administrative, and/or business services to PPHP-IN that are necessary and appropriate for the day-to-day administration of the non-medical aspects of PPHP-IN's business. The total amount of fees incurred by PPHP-IN under the agreement in 2024 was $2 million and the total amount of fees paid by PPHP-IN under the agreement in 2024 was $1.7 million.

Service Agreements

The Company was a party to a Master Participating Skilled Nursing Facility Agreement with CarDon & Associates, Inc. (CarDon) and 19 skilled nursing facilities (SNFs) that are controlled and operated by CarDon, through which CarDon and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed per-member per-month (PMPM) payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an Institutional Equivalent-Special Needs Plan (IE-SNP) Participating Skilled Nursing Facility Agreement with CarDon and nine (9) SNFs operated by CarDon. Under the agreement, the IE-SNP facilities act as participating providers in PPHP-IN's Medicare Advantage IE-SNP in exchange for a PMPM fee and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was party to a Master Participating Skilled Nursing Facility Agreement with MHS and 14 SNFs controlled and operated by MHS, through which MHS and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to a Master Participating Skilled Nursing Facility Agreement with TLC and 14 SNFs controlled and operated by TLC, through which TLC and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an IE-SNP Participating Skilled Nursing Facility Agreement with TLC and two (2) SNFs operated by TLC. Under the agreement, their IE-SNP facilities act as participating providers in PPHP-IN's Medicare Advantage IE-SNP in exchange for a PMPM fee and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to a Master Participating Skilled Nursing Facility Agreement with Trilogy and 33 SNFs controlled and operated by Trilogy, through which Trilogy and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an IE-SNP Participating Skilled Nursing Facility Agreement with Trilogy and three (3) SNFs operated by Trilogy. Under the agreement, their IE-SNP facilities act as participating providers in PPHP-IN's Medicare Advantage IE-SNP in exchange for a PMPM fee and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to a Master Participating Skilled Nursing Facility Agreement with Brickyard Healthcare, Inc. (Brickyard) and 23 SNFs controlled and operated by Brickyard, through which Brickyard and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment amount and a potential pay for performance adjustment. There were no

amounts paid under this agreement in 2024.

The Company was a party to a Master Participating Skilled Nursing Facility Agreement between PPHP-IN, ASC, and two (2) SNFs operated by ASC under contract with Henry County Memorial Hospital (HCMH), through which ASC and their skilled nursing facilities act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an IE-SNP Participating Skilled Nursing Facility Agreement with ASC, and HCMH d/b/a Bethany Village Assisted Living (Bethany Village), which is operated by ASC under contract with HCMH. Under the agreement, Bethany Village acts as a participating provider in PPHP-IN's Medicare Advantage IE-SNP in exchange for a fixed PMPM fee and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to a Master Participating Skilled Nursing Facility Agreement between PPHP-IN, ASC, and 38 SNFs operated by ASC, under contract with the Health and Hospital Corporation of Marion County (HCC Marion), through which ASC and their SNFs act as participating providers in PPHP-IN's Medicare Advantage plans. Under the agreement, the SNFs provide certain covered, medically necessary health care services to PPHP-IN members within the scope of the facilities' licensure, in exchange for a fixed PMPM payment and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an IE-SNP Participating Skilled Nursing Facility Agreement with ASC, HCC Marion, and five (5) SNFs operated by ASC, under contract with HCC Marion. Under the agreement, their facilities will act as participating providers in PPHP-IN's Medicare Advantage IE-SNP in exchange for a PMPM fee and a potential pay for performance adjustment. There were no amounts paid under this agreement in 2024.

The Company was a party to an IE-SNP Participating Care Manager Agreement with Anew Home Health, LLC (Anew Home Health), through which Anew Home Health acts as a participating provider in PPHP-IN's Medicare Advantage IE-SNP in exchange for a fixed PMPM fee and a potential pay for performance adjustment. Anew Home Health is affiliated with PPHP-IN through common ownership by ASC. There were no amounts paid under this agreement in 2024.

FIDELITY BOND AND OTHER INSURANCE

The Company protects itself against loss from any fraudulent or dishonest acts by any employees through a fidelity bond issued by Hanover Insurance Company. The fidelity bond is adequate to meet the minimum coverage suggested by the NAIC.

The Company had additional types of coverage in-force as of December 31, 2024, including but not limited to general liability, workers' compensation, business property and commercial crime.

TERRITORY AND PLAN OF OPERATION

The Company is solely licensed in Indiana. PPHP-IN specializes in serving institutionalized Medicare beneficiaries through its Institutional Special Needs Plan (I-SNP) products and limited IE-SNP offerings, which are specifically tailored to individuals residing in SNFs and Assisted Living Facilities (ALFs). The Company is licensed to write Medicare Advantage HMO I-SNP plans for individuals enrolled in Medicare who reside in long-term care facilities.

Rifkin Managed Care owns PPMS, which provides management services to the licensed HMOs in the Group. The plans within the Group generally do not have any employees and each has an administrative services agreement with PPMS.

The Company did not write any business during the examination period. **(Please see the SUBSEQUENT EVENTS section of this Report of Examination.)**

REINSURANCE

Ceded Reinsurance

No business was ceded by the Company during the examination period. **(Please see the SUBSEQUENT EVENTS section of this Report of Examination.)**

Assumed Reinsurance

No business was assumed by the Company during the examination period.

FINANCIAL STATEMENTS

The following financial statements are based on the statutory financial statements filed by the Company with the INDOI and present the financial condition of the Company for the period ending December 31, 2024. The accompanying comments on financial statements reflect any examination adjustments to the amounts reported in the annual statement and should be considered an integral part of the financial statements.

PROVIDER PARTNERS HEALTH PLAN OF INDIANA, INC.
Assets
As of December 31, 2024

	Per Company
Cash, cash equivalents and short-term investments	$ 3,339,843
Totals	$ 3,339,843

PROVIDER PARTNERS HEALTH PLAN OF INDIANA, INC.
Liabilities, Capital and Surplus
As of December 31, 2024

	Per Company
General expenses due or accrued	$ 18,008
Current federal and foreign income tax payable and interest thereon	19,177
Amounts due to parent, subsidiaries and affiliates	667,297
Total liabilities	704,482
Common capital stock	1
Gross paid in and contributed surplus	4,999,999
Unassigned funds (surplus)	(2,364,639)
Total capital and surplus	2,635,361
Totals	$ 3,339,843

PROVIDER PARTNERS HEALTH PLAN OF INDIANA, INC.
Statement of Revenue and Expenses
For the Year Ended December 31, 2024

	Per Company
Total revenues	$ -
General administrative expenses	2,436,783
Total underwriting deductions	2,436,783
Net underwriting gain or (loss)	(2,436,783)
Net investment income earned	91,321
Net income or (loss) after capital gains tax and before all other federal income taxes	(2,345,462)
Federal and foreign income taxes incurred	19,177
Net income (loss)	$ (2,364,639)

PROVIDER PARTNERS HEALTH PLAN OF INDIANA, INC.
Reconciliation of Capital and Surplus Account
For the Year Ended December 31, 2024

	2024
Capital and surplus prior to reporting year	$ -
Net income or (loss)	(2,364,639)
Capital changes:	
Paid in	1
Surplus adjustments	
Paid in	4,999,999
Net change in capital and surplus	2,635,361
Capital and surplus end of reporting period	$ 2,635,361

COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to the financial statements as of December 31, 2024, based on the results of this examination.

OTHER SIGNIFICANT ISSUES

No other significant issues were identified, based on the results of this examination.

SUBSEQUENT EVENTS

Effective January 1, 2025, the Company began marketing and writing business in Indiana with an enrollment of 2,382 members. For the 2025 contract year, the Company contracted with 42 ALFs and 106 SNFs within the approved service area.

An HMO Specific Excess Loss Reinsurance Agreement became effective on January 1, 2025 for covered person classifications of Medicare I-SNP and Medicare IE-SNP, with a specific deductible of $225 thousand per covered person and unlimited maximum payable per person during the agreement term. A maximum aggregate limit is not applicable to this agreement.

AFFIDAVIT

This is to certify that the undersigned is a duly qualified Examiner-in-Charge appointed by the Indiana Department of Insurance and that they, in coordination with staff assistance from The Thomas Consulting Group, Inc. and actuarial assistance from Michael Mayberry, FSA, MAAA, performed an examination of Provider Partners Health Plan of Indiana, Inc. as of December 31, 2024.

The Indiana Department of Insurance is accredited under the National Association of Insurance Commissioners Financial Regulation Accreditation Standards.

This examination was performed in accordance with those procedures required by the NAIC Financial Condition Examiners Handbook and other procedures tailored for this examination. Such procedures performed on this examination do not constitute an audit made in accordance with generally accepted auditing standards and no audit opinion is expressed on the financial statements contained in this report.

The attached Report of Examination is a true and complete report of the condition of the Provider Partners Health Plan of Indiana, Inc. as of December 31, 2024, as determined by the undersigned.

D. Patrick Huth, CFE
The Thomas Consulting Group, Inc.

Under the Supervision of:

Jerry Ehlers, CFE, AES
Examinations Manager
Indiana Department of Insurance

State of: Indiana
County of: Marion

On this 30 day of June, 2026, before me personally appeared, D. Patrick Huth and Jerry Ehlers, to sign this document.

IN WITNESS WHEROF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires: 12/20/2030

Amanda Lane Shipman
Notary Public

SEAL
AMANDA LANE SHIPMAN
Notary Public, State of Indiana
Boone County
Commission Number NP0745631
My Commission Expires
December 20, 2030