



**EXAMINATION REPORT
OF
HealthSun Health Plans, Inc.**

NAIC Company Code: 10122

**Miami, Florida
as of
December 31, 2023**

**BY THE
FLORIDA
OFFICE OF INSURANCE REGULATION**

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May 20, 2025

Michael Yaworsky
Commissioner
Office of Insurance Regulation
State of Florida
Tallahassee, Florida 32399-0326

Dear Commissioner:

Pursuant to your instructions, in compliance with section 641.27, Florida Statutes, and in accordance with the practices and procedures promulgated by the National Association of Insurance Commissioners ("NAIC"), we have conducted an examination as of December 31, 2023, of the financial condition and corporate affairs of

HealthSun Health Plans, Inc.
9250 W. Flagler Street, Suite 600
Miami, FL 33174

hereinafter referred to as "the Company." Such report of examination is herewith respectfully submitted.

SCOPE OF EXAMINATION

This examination covered the period of January 1, 2021, through December 31, 2023, and the fieldwork commenced with planning with the Florida Office of Insurance Regulation (“OIR”) on August 16, 2024. The fieldwork concluded as of May 20, 2025. The Company’s last full scope exam by representatives of OIR covered the period of January 1, 2017, through December 31, 2020.

The examination was of a single-state, Health Maintenance Organization (“HMO”), as part of a coordinated holding company group examination conducted in accordance with the NAIC Financial Condition Examiners Handbook (“the Handbook”). The Handbook requires that the examination be planned and performed 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 Indiana Department of Insurance was the lead state for this examination. Participating states included Florida, Georgia, Kansas, Nevada, and New Mexico.

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 the NAIC Statements of Statutory Accounting Principles (“SSAP”). 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 such adjustment will be documented separately following the Company’s financial statements.

This examination report includes information obtained from the examination of the records, accounts, files and documents of or relative to the Company and other information as permitted by section 624.319, Florida Statutes. There may be other items identified during the examination that, due to their nature (for example, subjective conclusions or proprietary information), are not included within the examination report but separately communicated to other regulators and/or the Company.

SUMMARY OF SIGNIFICANT FINDINGS

Current Examination Findings

There were no significant findings of fact as a result of this examination.

Previous Examination Findings

There were no significant findings of fact for the prior examination as of December 31, 2020.

COMPANY HISTORY

General

The Company was incorporated in Florida on March 11, 2004, and commenced business on August 1, 2005. It was licensed by OIR as an HMO on May 26, 2005, in accordance with Part 1 of Chapter 641, Florida Statutes.

The Company had been acquired by Highland Acquisition Holdings, LLC, a wholly owned indirect subsidiary of Elevance Health, Inc. (formally known as Anthem, Inc.) on November 30, 2016. Effective October 31, 2020, the Company became a wholly owned subsidiary of AMERIGROUP Corporation, a wholly owned subsidiary of ATH Holding Company, LLC, a direct subsidiary of Elevance Health, Inc. On July 27, 2023, AMERIGROUP Corporation changed its name to Wellpoint Corporation.

Dividends

In accordance with section 641.365, Florida Statutes, the Company declared and paid dividends to its stockholder in 2023 and 2022, in the amounts of \$80,000,000 and \$24,000,000, respectively.

Capital Stock and Capital Contributions

As of December 31, 2023, the Company's capitalization was as follows:

Number of authorized common capital shares	100,000
Number of authorized preferred stock	
Number of shares issued and outstanding	1,500
Total common capital stock	\$15.00
Par value per share	\$.01

Surplus Notes

The Company did not have or issue any surplus notes during the period under examination.

Acquisitions, Mergers, Disposals, Dissolutions

The Company had no acquisitions, mergers, disposals, or dissolutions during the period under examination.

MANAGEMENT AND CONTROL

Corporate Governance

The annual shareholder meeting for the election of Directors was held in accordance with the Company's Bylaws. Directors serving as of December 31, 2023, are shown below:

Directors		
Name	City, State	Principal Occupation, Company Name
Elena Paul Newman, Chair	Tampa, Florida	President HealthSun Health Plans, Inc.
Vincent Edward Scher	Fishers, Indiana	Staff Vice President, Investment Programs Elevance Health, Inc.
Jennifer Ann Dewane	Indianapolis, Indiana	Vice President and Legal Counsel Elevance Health, Inc.

In accordance with the Company's Bylaws, the Board of Directors ("Board") appointed the following Senior Officers:

Senior Officers		
Name	City, State	Title
Elena Paul Newman	Tampa, Florida	President
Vincent Edward Scher	Fishers, Indiana	Treasurer
Kathleen Susan Kiefer	Indianapolis, Indiana	Secretary
Eric (Rick) Kenneth Noble	Fishers, Indiana	Assistant Treasurer
Jeannette Rios	Miami, Florida	Chief Medical Officer
Carolyn Bruton	Sunrise, Florida	Risk Manager

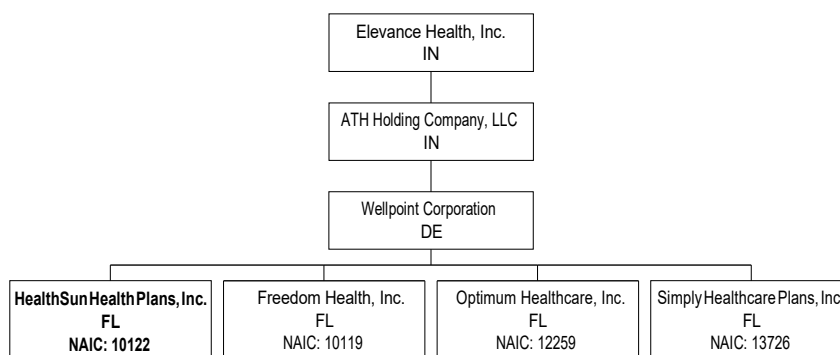
Elevance Health, the ultimate parent, maintains an Audit Committee that serves the subsidiaries as well as the parent. Audit Committee members as of December 31, 2023, were as follows:

Audit Committee		
Name	City, State	Title, Company Name
Lewis Hay, III, Chair	Juno Beach, Florida	Advisor Clayton, Dubilier & Rice, LLC
R. Kerry Clark	Cincinnati, Ohio	Former Chair and Chief Executive Officer Cardinal Health, Inc.
Deanna D. Strable	Des Moines, Iowa	Executive Vice President/Chief Financial Officer Principal Financial Group, Inc.
Antonio F. Neri	The Woodlands, Texas	President/Chief Executive Officer Hewlett Packard Enterprise Company
Susan D. DeVore	Charlotte, North Carolina	Chief Executive Officer Premier, Inc.

Holding Company System

A simplified organizational chart as of December 31, 2023, reflecting the holding company system, follows. Schedule Y of the Company’s 2023 Annual Statement provided a list of all related companies of the holding company group.

HealthSun Health Plans, Inc. Simplified Organizational Chart December 31, 2023



AFFILIATED AGREEMENTS

The following agreements were in effect between the Company and its affiliates:

Consolidated Federal Income Tax Allocation Agreement

The Company is a party to a Consolidated Federal Income Tax Allocation Agreement among Elevance Health and its subsidiaries. Under the agreement, federal income taxes, including the corporate alternative minimum tax, are based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to the agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses it may incur. Net losses carried forward as an offset to taxable income are also subject to recoupment. Intercompany tax balances are settled based on Internal Revenue Service due dates. The agreement became effective for the tax year ending December 31, 2018. Fees incurred under the agreement during 2023 amounted to \$33.4 million.

Master Administrative Services Agreement

The Company entered into a Master Administrative Services Agreement with Elevance Health and its subsidiaries effective July 1, 2018. Under the agreement, various administrative, management and support services are provided to or by the Company. The costs related to these services are allocated in an amount equal to the direct and indirect expenses incurred in providing the services. Cost allocations are based on various utilization statistics.

The Company was also a party to the Fair Market Value Services Attachment to the master administrative services agreement effective July 1, 2018. Expenses related to certain services including behavioral health, palliative care, utilization management, payment integrity services, subrogation services and health and wellness programs were allocated in an amount equal to the fair market value of the services provided. Cost allocations were based on various utilization statistics. Fees incurred under the Master Administrative Services Agreement and the Fair Market Value Services Attachment during 2023 amounted to \$88.7 million.

ACCOUNTS AND RECORDS

The Company maintained its principal operational offices in Norfolk, Virginia.

The Company and non-affiliates had the following material agreements:

Custodial Agreement

The Company maintained a custodial agreement with JPMorgan Chase Bank, N.A. executed on March 14, 2019. The agreement complied with Rule 69O-143.042, Florida Administrative Code.

Independent Auditor Agreement

An independent CPA, Ernst & Young, LLP, audited the Company's statutory basis financial statements annually for the years 2023, 2022, and 2021, in accordance with section 641.26(5), Florida Statutes. Supporting work papers were prepared by the CPA firm as required by section 641.26(5), Florida Statutes.

Corporate Records Review

The recorded minutes of the Shareholder and the Board were reviewed for the period under examination. The recorded minutes documented its meetings and approval of Company transactions and events, in compliance with the Handbook adopted by Rule 69O-138.001, Florida Administrative Code, including the authorization of investments, as required by section 641.35(7), Florida Statutes.

TERRITORY AND PLAN OF OPERATIONS

The Company has been licensed in Florida since 2005. At year-end 2023, the Company was authorized to write Medicare business in the following Florida counties: Broward, Miami-Dade, and Palm Beach. The Company contracts with the Center for Medicare and Medicaid Services to provide health care services to Medicare enrollees through a network of health care providers.

REINSURANCE

Reinsurance Assumed

The Company did not assume any reinsurance during the period of this examination.

Reinsurance Ceded

The Company did not cede any reinsurance during the period of this examination.

FINANCIAL STATEMENTS

The following includes the Company's statutory Statement of Assets, Liabilities, Capital and Surplus, and statutory Statement of Revenue and Expenses, which includes an analysis of changes in the Capital and Surplus Account for the year ended December 31, 2023. The financial statements are based on the statutory financial statements filed by the Company with the OIR, and present the financial condition of the Company for the period ending December 31, 2023. Due to rounding, column amounts may not add to the totals reflected in this Report. There were no examination adjustments to the amounts reported by the Company.

HealthSun Health Plans, Inc.
Assets
December 31, 2023

	Per Company
Bonds	432,511,009
Cash, cash equivalents and short-term investments	3,127,887
Securities lending reinvested collateral assets	28,672,752
Subtotal cash and invested assets	464,311,648
Investment income due and accrued	3,800,820
Premiums and considerations:	
Accrued retrospective premiums	6,695,350
Current federal and foreign income tax recoverable and interest thereon	3,740,022
Net deferred tax asset	1,720,963
Health care and other amounts receivable	8,968,724
Aggregate write-ins for other than invested assets	609
Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts	489,238,136
Totals	489,238,136

HealthSun Health Plans, Inc.
Liabilities, Capital and Surplus
December 31, 2023

	Per Company
Claims unpaid	104,267,372
Unpaid claims adjustment expenses	967,373
Aggregate health policy reserves	78,878,077
Premiums received in advance	241,981
General expenses due or accrued	6,663,934
Amounts withheld or retained for the account of others	119
Remittances and items not allocated	59,423
Amounts due to parent, subsidiaries and affiliates	74,265,323
Payable for securities lending	28,672,752
Liability for amounts held under uninsured plans	25,607,648
Aggregate write-ins for other liabilities	2,371,101
Total liabilities	321,995,103
Common capital stock	15
Gross paid-in and contributed surplus	124,625,099
Unassigned funds (surplus)	42,617,919
Total capital and surplus	167,243,033
Total liabilities, capital and surplus	489,238,136

HealthSun Health Plans, Inc.
Statement of Revenue and Expenses
December 31, 2023

	Per Company
Net premium income	1,309,578,206
Change in unearned premium reserves and reserve for rate credits	(11,025,852)
Total revenues	1,298,552,354
Hospital and Medical:	
Hospital/medical benefits	541,566,832
Other professional services	181,109,932
Outside referrals	134,775,063
Emergency room and out-of-area	12,875,855
Prescription drugs	155,877,028
Subtotal	1,026,204,710
Total hospital and medical	1,026,204,710
Claims adjustment expenses	36,048,270
General administrative expenses	94,280,955
Total underwriting deductions	1,156,533,935
Net underwriting gain or (loss)	142,018,419
Net investment income earned	27,347,292
Net realized capital gains (losses) less capital gains tax	(6,237,694)
Net investment gains (losses)	21,109,598
Aggregate write-ins for other income or expenses	377,557
Net income or (loss) after capital gains tax and before all other federal income taxes	163,505,574
Federal and foreign income taxes incurred	33,373,398
Net Income (loss)	130,132,176

Statement of Revenue and Expenses continued

	Per Company
Capital and Surplus Account	
Capital and surplus, prior reporting year	163,389,250
Net Income	130,132,176
Change in net unrealized capital gains (losses) less capital gains tax	231,654
Change in net deferred income tax	5,625
Change in nonadmitted assets	(1,186,584)
Dividends to stockholders	(80,000,000)
Capital Changes:	
Aggregate write-ins for gains or (losses) in surplus	(45,329,088)
Net change in capital and surplus	3,853,783
Capital and surplus, end of reporting year	167,243,033

HealthSun Health Plans, Inc.
Reconciliation of Capital and Surplus
December 31, 2023

Capital/Surplus Change during Examination Period			
Capital and Surplus at December 31, 2020, per Examination			64,766,838
	Increase	Decrease	
Net income or (loss)	237,971,242		237,971,242
Change in net unrealized capital gain (loss)	348,135	(240,032)	108,103
Change in net deferred income tax	2,005,758		2,005,758
Change in nonadmitted assets	13,587,144	(1,866,964)	11,720,180
Dividends to stockholders		(104,000,000)	(104,000,000)
Aggregate write-ins for gains or (losses) in surplus		(45,329,088)	(45,329,088)
Net increase (or decrease)			102,476,195
Capital and Surplus at December 31, 2023, per Examination			167,243,033

No adjustments were made to surplus as a result of this examination.

COMMENTS ON FINANCIAL STATEMENT ITEMS

Liabilities

Losses and Loss Adjustment Expenses

Renee H. Smith, ASA, MAAA, Actuarial Director, Elevance Health, Inc., appointed by the Board, rendered an opinion that the amounts carried in the balance sheet as of December 31, 2023, made a reasonable provision for all unpaid loss and loss expense obligations of the Company under the terms of its policies and agreements.

The OIR consulting actuary, Michael Berman, FSA, MAAA, Senior Director of Davies North America, reviewed the loss and loss adjustment expense work papers provided by the Company and he was in concurrence with this opinion.

Capital and Surplus

The amount of capital and surplus reported by the Company of \$167,243,033 exceeded the minimum of \$32,199,510 required by section 641.225, Florida Statutes.

SUBSEQUENT EVENTS

On May 1, 2025, the United States Department of Justice filed a complaint under the False Claims Act against Elevance Health, two other large health insurers and three large insurance brokerage organizations. The complaint alleges that, from 2016 through at least 2021, the insurers paid hundreds of millions of dollars in illegal kickbacks to the brokers in exchange for enrolling members in the insurers' Medicare Advantage plans. The case, captioned United States ex rel. Shea v. eHealth, et al, was filed in federal court in Boston, Massachusetts. The ultimate outcome of this filing cannot presently be determined.

CONCLUSION

The insurance examination practices and procedures as promulgated by the NAIC have been followed in ascertaining the financial condition of Freedom Health, Inc. as of December 31, 2023, consistent with the insurance laws of the State of Florida.

The following individuals with the firm of Noble Consulting Services, Inc. participated in the examination: Thomas J. Cunningham, CFE, CPA, Examiner-in-Charge; and Chelle Atkins, CIE, MCM, Participating Examiner. Members of OIR who participated in the examination include Alicia Thompkins-Perryman, CFE(Fraud), APIR, Examination Manager and Otonye Dago, APIR, Participating Examiner. Additionally, Michael Berman, FSA, MAAA of Davies North America and Stefan Obereichholz-Bangert, AES, CISA, CISM, CDPSE, IT Specialist of Noble Consulting Services, Inc. are recognized for participation in the examination.

Respectfully submitted,



Thomas J. Cunningham, CFE, CPA
Examiner-in-Charge
Noble Consulting Services, Inc.



Carolyn M. Morgan
Director
Life & Health Financial Oversight
Florida Office of Insurance Regulation
Date Signed: 7/17/25