



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

ADDITIONAL NAMED INSURED INCLUDE:

- CCS-CMGC Parent Holdings, LP
- CCS-CMGC Intermediate Holdings2, Inc.
- CCS-CMGC Intermediate Holdings, Inc.
- Wellpath Holdings, Inc
- CCS-CMGC Holdings, Inc.
- Wellpath Group Holdings, LLC
- Correct Care Solutions Group Holdings, LLC
- Wellpath CFMG, inc.
- CFMG Holdings Corp.
- Wellpath Management, Inc
- Correctional Medical Group Companies, Inc.
- Southwest Correctional Medical Group, Inc.
- California Forensic Medical Group, Inc.
- Colorado Correctional Medical Group, PLLC
- Northwest Correctional Medical Group, PLLC
- Southwest Correctional Medical Group, PLLC
- Southeast Correctional Medical Group, PLLC
- Wellpath, LLC
- Correct Care Solutions, LLC
- Health Cost Solutions, LLC
- Correct Care Holdings, LLC
- Wellpath Recovery Solutions, LLC
- Correct Care, LLC
- Correct Care of South Carolina, LLC
- Correct Care Australia Pty, Ltd (Australia)
- League Medical Concepts, LLC
- League Medical Concepts, LP
- Jessamine Healthcare, Inc.
- Conmed Healthcare Management, LLC
- Conmed, LLC
- Correctional Mental Health Services, LLC
- Correctional Healthcare Holding Company, LLC
- CHC Companies, LLC
- CHC Pharmacy Services, LLC
- Physicians Network Association, Inc
- Correctional Healthcare Companies, LLC
- Healthcare Professionals, LLC
- Wellpath Recovery Solutions of Alaska, Inc.

Additional Workers Compensation Policies:

- American Zurich Insurance Company (CMGC PCs)
- Policy # WC0540754-00
- 10/13/19 - 10/01/20
- Workers Compensation - Statutory



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employers Liability - 1M/1M/1M
 Named Insureds Include:
 California Forensic Medical Group Inc
 Colorado Correctional Medical Group PLLC
 Southeast Correctional Medical Group PLLC
 Southwest Correctional Medical Group PLLC

Zurich American Insurance Company (CCS PCs)
 1/1/19 - 1/1/20
 Workers Compensation - Statutory
 Employers Liability - 1M/1M/1M
 WC0165570-02 - Grand Prairie Health Services, New York Correct Care Solutions Medical Services, CCS Kastre NV Medical Services
 WC0165568-02 - Midwest Center, PC
 WC0165664-02 - California CCS, PC
 WC0165660-02 - Great Peak Healthcare Services, PC
 WC0125678-02 - Massachusetts Correction Healthcare Services, PC
 WC0165668-02 - New Garden Healthcare PC, Emerald Healthcare Services
 WC0165573-02 - Old Empire Dental, Great Peak Dental
 WC0165670-02 - Old Empire Psychology, PC
 WC0165670-02 - Old Empire Psychology, PC