

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

NAIC		C Company Code	15752 Employer	's ID Number	47-3451750
Organized under the Laws of	(Current) (Prior) lowa	, Stat	e of Domicile or Port o	f Entry	IA
Country of Domicile		United States of Am	erica		
Licensed as business type: _	Hea	alth Maintenance Org	anization		
Is HMO Federally Qualified? Y	es[X]No[]				
Incorporated/Organized	03/18/2015	Co	mmenced Business		01/01/2016
Statutory Home Office	207 Croker St, Ste 200			Des Moines, IA	US 50309
-	(Street and Number)		(City		ountry and Zip Code)
Main Administrative Office	1	148 Broadway M/S	06-16		
-		(Street and Numb		Security of the security	
	Tacoma, WA, US 98402 fown, State, Country and Zip Code)			763-321-	
(City of 1			.((Area Code) (Telep	ohone Number)
Mail Address	1148 Broadway M/S 06-16		WOWN -	Tacoma, WA,	
	(Street and Number or P.O. Box)		(City	or Town, State, Co	untry and Zip Code)
Primary Location of Books and F	Records	1148 Broadway M/S	06-16		
	Tacoma WA 115 08402	(Street and Numb	er)	700.004	
	Tacoma, WA, US 98402 fown, State, Country and Zip Code)		-	763-321- (Area Code) (Telep	
	Control for All Antiberration of the Control of the			, od oodo, (10/op	rione (varibely
Internet Website Address	ww	w.HarvestPlainsHea	lth.com		
Statutory Statement Contact _	Thuy Le		_7	253-	-517-4340
the	(Name) uy.le501@commonspirit.org				Telephone Number)
uit	(E-mail Address)			253-517- (FAX Nur	
				(17011101	
CEO/Brosident	Charles William Hanson	OFFICERS			
Corporate Secretary			-		
	Stimely 7 that do this on		-		
		OTHER			
	DIRE	ECTORS OR TRI	ICTEEC		
Jerry W		ECTORS OR TRU Isaac Tucker	SIEES		Thuy Mong Le
					Thay Mong Ed
10/01/	1,00				
State of VVVV	ss:				
County of Purch	00.				
The officers of this reporting enti-	ty being duly sworn, each depose and say tha	at they are the descr	bed officers of said re	porting entity, and	that on the reporting period stated above,
all of the fierein described asse	ts were the absolute property of the said rep exhibits, schedules and explanations therein of	porting entity, free a	nd clear from any lien	is or claims thereo	in except as herein stated and that this
condition and affairs of the said r	reporting entity as of the reporting period state	ed above, and of its	ncome and deduction	s therefrom for the	period ended, and have been completed
in accordance with the NAIC An	nual Statement Instructions and Accounting F ferences in reporting not related to account	Practices and Proce	dures manual except	to the extent that:	(1) state law may differ or (2) that state
respectively. Furthermore, the s	scope of this attestation by the described office	cers also includes the	e related correspondi	na electronic filina	with the NAIC when required that is an
exact copy (except for formatting to the enclosed statement.	differences due to electronic filing) of the end	closed statement. T	ne electronic filing ma	y be requested by	various regulators in lieu of or in addition
/11/1 2 44/5	M				
Mails Welled	us Janon				
Charles William Ha	inson	Shirley Ann Johns	nn.		
CEO/President		Corporate Secreta			
		,	2		
Subscribed and sworn to before r	me this		Is this an original filin	ng?	Yes [X] No []
3(St day of	July 2023		State the amendm	nent number	
	1		2 Date fled		

3. Number of pages attached......



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

NA	IC Group Code 4807 4807 N/	AIC Company Code 15752 Employer	s ID Number47-3451750
Organized under the Laws of	lowa	, State of Domicile or Port of	f EntryIA
Country of Domicile		United States of America	
Licensed as business type:	н	lealth Maintenance Organization	
Is HMO Federally Qualified?	Yes [X] No []		
Incorporated/Organized	03/18/2015	Commenced Business	01/01/2016
Statutory Home Office	207 Croker St, Ste 200		Des Moines, IA, US 50309
	(Street and Number)	(City o	or Town, State, Country and Zip Code)
Main Administrative Office		1148 Broadway M/S 06-16	
	Tacoma, WA, US 98402	(Street and Number)	763-321-3631
(City or	Town, State, Country and Zip Code)		Area Code) (Telephone Number)
Mail Address	1148 Broadway M/S 06-16		T IMA 110 00 100
- Ividii Address	(Street and Number or P.O. Box)	(City o	Tacoma, WA, US 98402 or Town, State, Country and Zip Code)
			r rown, class, country and zip code,
Primary Location of Books and	Records	1148 Broadway M/S 06-16	
	Tacoma, WA, US 98402	(Street and Number)	763-321-3631
(City or	Town, State, Country and Zip Code)		Area Code) (Telephone Number)
Internet Website Address		www.HarvestPlainsHealth.com	
_	v	www.riarvestriamsriealm.com	
Statutory Statement Contact	Thuy Le		253-517-4340
t	(Name) huy.le501@commonspirit.org		(Area Code) (Telephone Number) 253-517-4385
	(E-mail Address)		(FAX Number)
		05510550	,
CEO/President	Charles William Hanson	OFFICERS	
	Shirley Ann Johnson	-	
_	Chine y run room son		
		OTHER	
			-
Jerry '		RECTORS OR TRUSTEES Isaac Tucker	
	Willie	Isaac Tucker	Thuy Mong Le
State of County of Pierce	gton ss:		
and the fieleth described ass statement, together with related condition and affairs of the saic in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	tets were the absolute property of the said r d exhibits, schedules and explanations therei d reporting entity as of the reporting period stannual Statement Instructions and Accounting inferences in reporting not related to account scope of this attestation by the described or scope or scope	reporting entity, free and clear from any lien: in contained, annexed or referred to, is a full a ated above, and of its income and deductions ig Practices and Procedures manual except to unting practices and procedures, according fifteers also includes the related corresponding the process of the second second in the corresponding the process of the second	porting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state is the best of their information, knowledge and belief, and gelectronic filing with the NAIC, when required, that is an or be requested by various regulators in lieu of or in addition
Charles William F CEO/Preside		Shirley Ann Johnson Corporate Secretary	
Subscribed and sworn to before 31 day of	me this 2023	a. Is this an original filing b. If no, 1. State the amendm	The transfer of the second sec

Date filed

 Number of pages attached.......



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

NAIG		NAIC Company Code _	15752 Employer	s ID Number	47-3451750
Organized under the Laws of	(Current) (Prior) lowa	, State	of Domicile or Port of	f Entry	IA
Country of Domicile		United States of Ame	erica		
Licensed as business type:		Health Maintenance Orga	anization		
Is HMO Federally Qualified?	'es[X]No[]				
Incorporated/Organized	03/18/2015	Col	mmenced Business		01/01/2016
Statutory Home Office	207 Croker St, Ste 200			Des Moines, IA,	US 50309
Ctatatory Florine Office	(Street and Number)	,	(City	or Town, State, Cou	
Main Administrative Office		1148 Broadway M/S 0	06-16		
_		(Street and Number			
(City or	Tacoma, WA, US 98402 Fown, State, Country and Zip Code)			763-321-3 Area Code) (Teleph	
	,		`	, , ,	,
Mail Address	1148 Broadway M/S 06-16 (Street and Number or P.O. Box)		(City)	Tacoma, WA, L or Town, State, Cou	
Primary Location of Books and	,	1148 Broadway M/S	` ,	or rown, otato, oou	may and Exp code,
Timary Education of Books and		(Street and Number			
(City or	Tacoma, WA, US 98402 Fown, State, Country and Zip Code)	,		763-321-3 Area Code) (Teleph	
(City of	Town, State, Country and Zip Code)		(Area Code) (Teleph	one Number)
Internet Website Address		www.HarvestPlainsHea	lth.com		
Statutory Statement Contact	Thuy Le		,	253-5	17-4340
41	(Name)			, , ,	elephone Number)
	nuy.le501@commonspirit.org (E-mail Address)			253-517-4 (FAX Num	
	,	OFFICERS		,	•
CEO/President	Charles William Hanson	OFFICERS			
Corporate Secretary			-		
, , , , , _		OTHER	-		
		DIRECTORS OR TRU	JSTEES		
Jerry \	White	Isaac Tucker			Thuy Mong Le
State of					
County of		:			
The officers of this reporting en	tity being duly sworn, each depose and sa	ay that they are the descr	ibed officers of said re	porting entity, and the	nat on the reporting period stated above,
	ets were the absolute property of the sai d exhibits, schedules and explanations the				
	reporting entity as of the reporting period				
	nnual Statement Instructions and Accour				
	ifferences in reporting not related to ac scope of this attestation by the described				
exact copy (except for formattir	ng differences due to electronic filing) of the				
to the enclosed statement.					
Charles William H		Shirley Ann Johns			
CEO/Preside	nt	Corporate Secreta	ıry		
		а	. Is this an original fili	ng?	Yes [X] No []
Subscribed and sworn to before	e me this	b	. If no,		
day of			 State the amendr 	nent numper	

Date filed
 Number of pages attached.....

ASSETS

Assets Nonadmitted Assets Net Admitted Assets Colos 1-2 Admitted Assets Colos 1-2				99E19			
1. Bonds 3,166,679 2. Shooks: 2.1 Preferred slocks 2.2 Common slocks 0 3. Mortgage Space nor real estate: 0 3. Mortgage Space nor real estate: 0 3.1 First Isons 0 3.2 Other than first Isins. 0 4. Real estate: 4.1 Properties cocupied by the company (less Senoumbrances) 4.2 Properties held for sale (less Senoumbrances) 0 4.3 Properties held for sale (less Senoumbrances) 0 5. Casel (Seg. 18, 127). cash equivalents 3 (8	December 31 Prior Year Net Admitted Assets	3 Net Admitted Assets	2	1			
2. Stocks: 2.1 Preferred stocks 2.1 Common stocks 3.1 First listens 3.2 Differ than first listens 3.2 Differ than first listens 3.2 Differ than first listens 4. Real estate: 4.1 Properties occupied by the company (less \$					Danda		
2.1 Preferred stocks	79						
2.2 Common stocks						2.	
3. Mortgage loans on real estate: 3.1 First lines							
3.1 First liens	0 0	0					
3.2 Other than first liens						3.	
4. Real estate: 4.1 Properties occupied by the company (less \$							
### 4.1 Properties occupied by the company (less \$ encumbrances)	0 0	0					
encumbrances						4.	
### 4.2 Properties held for the production of income (less							
\$ encumbrances)	0 0	0			,		
4.3 Properties held for sale (less \$ encumbrances) 5. Cash (\$					· · · · · · · · · · · · · · · · · · ·		
encumbrances	0 0	0			\$ encumbrances)		
5. Cash (\$					4.3 Properties held for sale (less \$		
(\$0) and short-term investments (\$74, 153)	0 0	0			encumbrances)		
investments (\$ 74,153)					Cash (\$58, 127), cash equivalents	5.	
6. Contract loans (including \$ premium notes)					(\$0) and short-term		
7. Derivatives	:8022,894	132,280		132,280	investments (\$74,153)		
8. Other invested assets	0 0	0			Contract loans (including \$ premium notes)	6.	
9. Receivables for securities	0 0	0			Derivatives	7.	
10. Securities lending reinvested collateral assets	0 0	0			Other invested assets	8.	
10. Securities lending reinvested collateral assets	0 0	0			Receivables for securities	9.	
11. Aggregate write-ins for invested assets		1				10.	
12. Subtotals, cash and invested assets (Lines 1 to 11)		1				11.	
13. Title plants less \$		1				12.	
only) 0 14. Investment income due and accrued 26,941 15. Premiums and considerations: 26,941 15.1 Uncollected premiums and agents' balances in the course of collection 0 15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$						13.	
14. Investment income due and accrued 26,941 26,941 15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection 0 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$		L0			• • • • • • • • • • • • • • • • • • • •		
15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums). 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) 16. Reinsurance: 16.1 Amounts recoverable from reinsurers. 16.2 Funds held by or deposited with reinsured companies. 16.3 Other amounts receivable under reinsurance contracts. 17. Amounts receivable relating to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 0 0 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets (\$)) 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 0 0 24. Health care (\$) and other amounts receivable.)41 13.778	1			**	14.	
15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$,		, , , , , , , , , , , , , , , , , , , ,			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$		0					
deferred and not yet due (including \$,		
earned but unbilled premiums)							
15.3 Accrued retrospective premiums (\$		0					
contracts subject to redetermination (\$					·		
16. Reinsurance: 16.1 Amounts recoverable from reinsurers 0 16.2 Funds held by or deposited with reinsured companies 0 16.3 Other amounts receivable under reinsurance contracts 0 17. Amounts receivable relating to uninsured plans 0 18.1 Current federal and foreign income tax recoverable and interest thereon 0 18.2 Net deferred tax asset 0 19. Guaranty funds receivable or on deposit 0 20. Electronic data processing equipment and software 0 21. Furniture and equipment, including health care delivery assets 0 (\$	0	0					
16.1 Amounts recoverable from reinsurers						16	
16.2 Funds held by or deposited with reinsured companies	0	0				10.	
16.3 Other amounts receivable under reinsurance contracts							
17. Amounts receivable relating to uninsured plans							
18.1 Current federal and foreign income tax recoverable and interest thereon						17	
18.2 Net deferred tax asset					·		
19. Guaranty funds receivable or on deposit	1	1			-		
20. Electronic data processing equipment and software							
21. Furniture and equipment, including health care delivery assets (\$,		
(\$							
22. Net adjustment in assets and liabilities due to foreign exchange rates		0				۷۱.	
23. Receivables from parent, subsidiaries and affiliates		1			,	22	
24. Health care (\$		1					
		1					
25. Aggregate write-ins for other than invested assets	1	1			·		
			0 	0 			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	003,355,944	3,325,900	0	3,325,900	Protected Cell Accounts (Lines 12 to 25)		
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	00	0				21.	
28. Total (Lines 26 and 27) 3,325,900 0 3,325,900		1	0	3,325,900	Total (Lines 26 and 27)	28.	
DETAILS OF WRITE-INS					DETAILS OF WRITE-INS	1101	
1101.							

LIABILITIES, CAPITAL AND SURPLUS

1		, ,	Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1. (Claims unpaid (less \$ reinsurance ceded)				
1	Accrued medical incentive pool and bonus amounts				
1	Unpaid claims adjustment expenses				
1	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act			l0	0
5. A	Aggregate life policy reserves				l l
1	Property/casualty unearned premium reserve				
1	Aggregate health claim reserves				
1	Premiums received in advance				
1	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	including \$ on realized gains (losses))	42.262		42.262	42.262
1	- ' ' ''				
	Net deferred tax liability				
1	Ceded reinsurance premiums payable				
1	Amounts withheld or retained for the account of others				
	Remittances and items not allocated			0	0
	Borrowed money (including \$ current) and				
ir	nterest thereon \$ (including				
	\$ current)				
15. A	Amounts due to parent, subsidiaries and affiliates	41,110		41,110	32,752
	Derivatives				
1	Payable for securities				
18. F	Payable for securities lending			0	0
19. F	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20. F	Reinsurance in unauthorized and certified (\$				
	companies			0	0
21. N	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. L	Liability for amounts held under uninsured plans			0	0
1	Aggregate write-ins for other liabilities (including \$				
1	current)	0	0	0	0
	Total liabilities (Lines 1 to 23)				
	Aggregate write-ins for special surplus funds				0
	Common capital stock				
	Preferred capital stock				
	Gross paid in and contributed surplus				
1	Surplus notes				
	Aggregate write-ins for other than special surplus funds				
1	Unassigned funds (surplus)				
				239,309	273,420
	Less treasury stock, at cost:				
3	32.1 shares common (value included in Line 26	2004	2007		
	\$	XXX	XXX		
] 3	32.2shares preferred (value included in Line 27				
	\$				
	Total capital and surplus (Lines 25 to 31 minus Line 32)				
	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,325,900	3,355,943
"	DETAILS OF WRITE-INS				
2301					
2302					
2303					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. 7	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501		xxx	XXX		
2502		xxx	XXX		
2503		xxx	xxx		

STATEMENT OF REVENUE AND EXPENSES

			ent Year o Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				Total
2.	Net premium income (including \$ non-health				
	premium income)	xxx			
3.	Change in unearned premium reserves and reserve for rate credits	xxx			
4.	Fee-for-service (net of \$ medical expenses)	xxx			
5.	Risk revenue	xxx			
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	xxx	0	0	0
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services		1		
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs Aggregate write-ins for other hospital and medical				
14.					
15.	Incentive pool, withhold adjustments and bonus amounts				
16.			,		u
17.	Less: Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				0
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ cost				
	containment expenses				L0
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts		, , , , , , , , , , , , , , , , , , , ,	,,,,,	, , , , , , , , , , , , , , , , , , , ,
	(including \$ increase in reserves for life only).				0
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of				
	\$		(79,558)) (3,933)	(12,071)
27.	Net investment gains (losses) (Lines 25 plus 26))(29,943)	9, 169	20,904
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	Aggregate write-ins for other income or expenses) 0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal	2004	(20, 051)	4 200	C 600
0.4	income taxes (Lines 24 plus 27 plus 28 plus 29)			1,4,299	6,688
31.	Federal and foreign income taxes incurred		(36,051)	4,299	5,284
32.	Net income (loss) (Lines 30 minus 31) DETAILS OF WRITE-INS	XXX	(30,031)	4,299	3,204
0601.	DETAILS OF WRITE-INS	2007			
		XXX			
0602.		XXX			
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	U
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page			0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page	<u></u>	00	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX		Continue	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	3.275.421	3.270.137	3.270.137
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			0
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	(36,051)	4,299	5,284
49.	Capital and surplus end of reporting period (Line 33 plus 48)	3,239,370	3,274,436	3,275,421
	DETAILS OF WRITE-INS			
4701.	PY tax adjustment		0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page		0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	10 Bate	10 Date	December 01
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income		18,797	38,760
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	32,271	18,797	38,760
5.	Benefit and loss related payments	0	0	
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			11.654
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	8,458	4,947	11,654
11.	Net cash from operations (Line 4 minus Line 10)	23,813	13,850	27,106
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	3, 176, 957	920,904	1,465,452
	12.2 Stocks	1	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,176,958	920,904	1,465,452
13.	Cost of investments acquired (long-term only):		·	
	13.1 Bonds	3,099,743	924 ,835	1,518,020
	13.2 Stocks		, i	
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets		0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	3,099,743	924,835	1,518,020
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	77,215	(3,931)	(52,568)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	L0	0	0
	16.2 Capital and paid in surplus, less treasury stock		0	0
	16.3 Borrowed funds			0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders		0	0
	16.6 Other cash provided (applied)	8,358	4,607	10,693
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	8,358		
	plus Line 16.6)	0,338	4,607	10,693
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	109,386	14,526	(14,769)
19	Cash, cash equivalents and short-term investments:			

Exhibit of Premiums, Enrollment and Utilization ${f N}$ ${f O}$ ${f N}$ ${f E}$

Claims Payable - Aging Analysis of Unpaid Claims **NONE**

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statement of HarvestPlains Health (HVH or the company) are presented on the basis of accounting practice prescribed or permitted by the State of Iowa Department of Insurance.

The lowa Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of lowa for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the lowa Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of lowa. The State of lowa has not adopted any prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the lowa Department of Insurance is show below:

		F/S	F/S		
	SSAP#	Page	Line #	2023	 2022
NET INCOME (1) State basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	XXX	\$ (36,051)	\$ 5,284
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (36,051)	\$ 5,284
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,239,369	\$ 3,275,420
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	P:			
(7) State Permitted Practices that are an increase/(decrease) fr	om NAIC SAF) :			
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,239,369	\$ 3,275,420

 Use of Estimates in the Preparation of the Financial Statements No significant changes.

C. Accounting Policy

Revenue Recognition: The Company provides health benefits to Medicare-eligible members under contract with the Centers for Medicare and Medicaid Services (CMS). Premium revenue is fixed in advance of the periods covered and is not generally subject to significant accounting estimates.

Recognition of Health Care Costs: The Company arranges for medical care for its members through a combination of capitation agreements and fee-for-service programs with medical services providers. Medical and hospital expenses are recorded in the period the member receives or is entitled to the services. These expenses include payments to primary care physicians, specialists, hospitals, pharmacies and other medical services providers.

- (1) Basis for Short-Term Investments No significant changes
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method Bonds are stated at amortized cost using the interest method.
- (3) Basis for Common Stocks No significant changes
- (4) Basis for Preferred Stocks No significant changes
- (5) Basis for Mortgage Loans No significant changes
- (6) Basis for Loan-Backed Securities and Adjustment Methodology None.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities No significant changes
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities No significant changes
- (9) Accounting Policies for Derivatives No significant changes
- (10)Anticipated Investment Income Used in Premium Deficiency Calculation No significant changes
- (11)Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses No significant changes
- (12)Changes in the Capitalization Policy and Predefined Thresholds from Prior Period No significant changes
- (13)Method Used to Estimate Pharmaceutical Rebate Receivables No significant changes
- D. Going Concern

None

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

(1) Capital & Surplus

Less:

- (2) Admitted Positive Goodwill
- (3) Admitted EDP Equipment & Operating System Software
- (4) Admitted Net Deferred Taxes
- (5) Adjusted Capital and Surplus (Line 1-2-3-4)
- (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%])
- (7) Current period reported Admitted Goodwill
- (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)

Prior Qua Number	rter	Reporting Period
		XXX
\$	-	xxx
\$	-	XXX
XXX		
XXX		0.0%

Calculation of

NOTE 4 Discontinued Operations

No significant changes

NOTE 5 Investments

- Mortgage Loans, including Mezzanine Real Estate Loans None
- B. Debt Restructuring
 No significant changes

Current Year Prior Year

C. Reverse Mortgages

No significant changes

- D. Loan-Backed Securities
 - (1) Description of Sources Used to Determine Prepayment Assumptions None
 - (2) OTTI recognized 1st Quarter None

Recognized OTTI securities - None

(3)

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains): None.
- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) Policy for Requiring Collateral or Other Security No significant changes
 - (2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities No significant changes
 - (3) Collateral Received
 - a. Aggregate Amount Collateral Received -None
 - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged -None
 - c. Information about Sources and Uses of Collateral No significant changes
 - (4) Aggregate Value of the Reinvested Collateral No significant changes
 - (5) Collateral Reinvestment -None
 - (6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge None.
 - (7) Collateral for securities lending transactions that extend beyond one year from the reporting date. -None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
 - (1) Company Policies or Strategies for Repo Programs None
 - (2) Type of Repo Trades Used -None
 - (3) Original (Flow) & Residual Maturity-None
 - (4) Fair Value Securities Sold and/or Acquired that Resulted in Default None
 - (5) Securities "Sold" Under Repo Secured Borrowing -None
 - (6) Securities Sold Under Repo Secured Borrowing by NAIC Designation -None

- (2) Type of Repo Trades Used -None
- (3) Original (Flow) & Residual Maturity -None
- (4) Fair Value Securities Sold and/or Acquired that Resulted in Default None
- (5) Fair Value of Securities Acquired Under Repo Secured Borrowing -None
- (6) Securities Acquired Under Repo Secured Borrowing by NAIC Designation -None
- (7) Collateral Provided Secured Borrowing -None
- (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity -None
- (9) Recognized Receivable for Return of Collateral Secured Borrowing -None
- (10) Recognized Liability to Return Collateral Secured Borrowing (Total) -None
- H. Repurchase Agreements Transactions Accounted for as a Sale
 - (1) Company Policy or Strategies for Engaging in Repo Programs None
 - (2) Type of Repo Trades Used -None
 - (3) Original (Flow) & Residual Maturity -None
 - (4) Fair Value Securities Sold and/or Acquired that Resulted in Default None
 - (5) Securities "Sold" Under Repo Sale -None
 - (6) Securities Sold Under Repo Sale by NAIC Designation -None
 - (7) Proceeds Received Sale -None
 - (8) Cash & Non-Cash Collateral Received Sale by NAIC Designation -None
 - (9) Recognized Forward Resale Commitment -None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
 - (1) Company Policy or Strategies for Engaging in Repo Programs None
 - (2) Type of Repo Trades Used -None
 - (3) Original (Flow) & Residual Maturity -None
 - (4) Fair Value Securities Sold and/or Acquired that Resulted in Default None
 - (5) Securities Acquired Under Repo Sale -None
 - (6) Securities Acquired Under Repo Sale by NAIC Designation -None
 - (7) Proceeds Provided Sale -None
 - (8) Recognized Forward Resale Commitment -None
- J. Real Estate

None

K. Low Income Housing tax Credits (LIHTC)

None

L. Restricted Assets

No significant changes

- M. Working Capital Finance Investments
 - 1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:
 - 2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

Book/Adjusted Carrying Value

- a. Up to 180 Days
- b. 181 to 365 Days
- c. Total (a+b)

\$

3. Any Events of Default or Working Capital Finance Investments - None

Not applicable

Asset Type

Percent Share

- (1) Cash
- (2) Cash Equivalents
- (3) Short-Term Investments
- (4) Total

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None

NOTE 7 Investment Income

No significant changes.

Note 8 Derivative Instruments

- A. Derivatives under SSAP No. 86—Derivatives
 - (1) Market Risk, Credit Risk and Cash Requirements No significant changes
 - (2) Objectives for Derivative Use No significant changes
 - (3) Accounting Policies for Recognition and Measurement No significant changes
 - (4) Identification of Whether Derivative Contracts with Financing Premiums No significant changes
 - (5) Net Gain or Loss Recognized No significant changes
 - (6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting No significant changes
 - (7) Derivatives Accounted for as Cash Flow Hedges No significant changes
 - (8) Total Premium Costs for Contracts None
- B. Derivatives under SSAP No. 108—Derivative Hedging Variable Annuity Guarantees
 - Discussion of Hedged Item/Hedging Instruments and Hedging Strategy No significant changes
 - (2) Recognition of gains/losses and deferred assets and liabilities
 - a. Scheduled Amortization -None
 - b. Total Deferred Balance * -None
 - c. Reconciliation of Amortization: -None
 - d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86 -None
 - e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108 -None
 - (3) Hedging Strategies Identified as No Longer Highly Effective -None
 - (4) Hedging Strategies Terminated -None

NOTE 9 Income Taxes

No significant changes.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

C. Transactions with related party who are not reported on Schedule Y -None

NOTE 11 Debt

- A. Debt Including Capital Notes No significant changes
- B. FHLB (Federal Home Loan Bank) Agreements
 - (1) Nature of the Agreement None
 - (2) FHLB Capital Stock -None
 - (3) Collateral Pledged to FHLB -None

- A. Defined Benefit Plan No significant changes
 - (1) Change in benefit obligation
 - a. Pension Benefits -No significant changes
 - (2) Change in plan assets -No significant changes
 - (3) Funded status -No significant changes
 - (4) Components of net periodic benefit cost-None
 - (5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost -No significant changes
 - (6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost -No significant changes
 - (7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period: -No significant changes
 - (8) Accumulated Benefit Obligation for Defined Benefit Pension Plans No significant changes
 - (9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s) No significant changes
 - (10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated: -No significant changes
 - (11) Estimate of Contributions Expected to be Paid to the Plan No significant changes
 - (12) Amounts and Types of Securities Included in Plan Assets No significant changes
 - (13) Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses No significant changes
 - (14) Substantive Comment Used to Account for Benefit Obligations No significant changes
 - (15) Cost of Providing Special or Contractual Termination Benefits Recognized No significant changes
 - (16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations Assets Not Otherwise Apparent No significant changes
 - (17) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans No significant changes
 - (18) Full Transition Surplus Impact of SSAP 102 No significant changes
- B. Investment Policies and Strategies No significant changes
- C. The fair value of each class of plan assets No significant changes
- Basis Used to Determine Expected Long-Term Rate-of-Return
- D. No significant changes
- E. Defined Contribution Plan No significant changes
- F. Multiemployer Plans No significant changes
- G. Consolidated/Holding Company Plans No significant changes
- H. Postemployment Benefits and Compensated Absences No significant changes
- Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No significant changes

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes.

NOTES TO FINANCIAL STATEMENTS

(1) Description of any Loaned Securities

No significant changes

- (2) Servicing Assets and Servicing Liabilities None
- (3) When Servicing Assets and Liabilities are Measured at Fair Value

No significant changes

- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales None
- (5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing

No significant changes

(6) Transfer of Receivables with Recourse

No significant changes

(7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements No significant changes

1	2	3	4	5	6	7	8 Percentage
Identification of Transaction	BACV at Time of Transfer	Original Reporting Schedule of the Transferred Assets	Amount Derecognized from Sale Transaction	Amount that continues to be recognized in the statement of financial position (Col. 2 minus 4)	BACV of acquired interests in transferred assets	Reporting Schedule of Acquired Interests	of interests of a reporting entity's transferred assets acquired by affiliated entities

Wash Sales

- (1) Description of the Objectives Regarding These Transactions None
- (2) The details by NAIC designation 3 or below, or unrated of securities sold during the current quarter and reacquired within 30 days of the sale date

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans None

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators Not applicable

NOTE 20 Fair Value Measurements

Fair Value Measurements

- (1) Fair Value Measurements at Reporting Date The Company reports investments at amortized cost.
- (2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy -None
- (3) Policies when Transfers Between Levels are Recognized The Company has no transfers between fair-value levels.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement None
- (5) Fair Value Disclosures for Derivative Assets and Liabilities None
- Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements None
- Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.-None
- Not Practicable to Estimate Fair Value-None
- NAV Practical Expedient Investments None

NOTE 21 Other Items

None.

NOTE 22 Events Subsequent

Subsequent events have been considered through for these statutory financial statements which are to be issued on. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

NOTES TO FINANCIAL STATEMENTS

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [] No [X]

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year -None
- (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.-None
- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year -None
- (5) ACA Risk Corridors Receivable as of Reporting Date -None

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The following schedule represents the changes in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves from the beginning of the year to the end of the period.

		2023	2022	
Beg Liab for unpaid losses and loss adjustment expenses	\$		\$	-
Health Care Receivable		-		-
Beg Liab for unpaid losses and loss adjustment expenses, net of Health Care Rec		-		-
Incurred related to:				
Current Year	1	-		-
Prior Year	1	-		-
Total Paid		-		-
Ending Liability for unpaid losses and loss adjustment expense		-		_
Health care receivable	1	-		-
Ending Liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	1	-		_

Reserves as of December 31, 2022 were \$0. As of June 30, 2023, \$0 has been reversed for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0 favorable prior year development since December 31, 2022 to June 30, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions - None.

NOTE 26 Intercompany Pooling Arrangements

No significant changes

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

No significant changes

NOTE 29 Participating Policies

Not applicable to the reporting Company.

NOTE 30 Premium Deficiency Reserves

No significant changes.

NOTE 31 Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?	Yes [] No [X]
1.2	If yes, has the report been filed with the domiciliary state?	Yes [] No []
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [] No [X]
2.2	If yes, date of change:	
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	Yes [X] No []
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes [] No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.	
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [] No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [] No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	
	1 Name of Entity NAIC Company Code State of Domicile	
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?	[] No [X] N/A []
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2017
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2017
6.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	08/12/2019
6.4	By what department or departments? lowa Department of Insurance	
6.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	[X] No [] N/A []
6.6	Have all of the recommendations within the latest financial examination report been complied with?	[X] No [] N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [] No [X]
7.2	If yes, give full information:	
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [] No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.	
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [] No [X]
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X] No []
9.11	If the response to 9.1 is No, please explain:	
9.2 9.21	Has the code of ethics for senior managers been amended?	Yes [] No [X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).	Yes [] No [X]
	FINANCIAL	
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	
	INVESTMENT	
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
12. 13. 14.1 14.2	Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:	
	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.22 14.23	Bonds \$ 0 Preferred Stock \$ 0 Common Stock \$ 0 Short-Term Investments \$ 0	\$ \$ \$
4.25 4.26 4.27	Mortgage Loans on Real Estate	\$
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [] No [X]] No [] N/A [X]
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	S0

GENERAL INTERROGATORIES

17.	offices, vaults or safet custodial agreement v Outsourcing of Critical	y deposit boxes, v vith a qualified bar I Functions, Custo	Special Deposits, real estate, movere all stocks, bonds and other seak or trust company in accordance dial or Safekeeping Agreements of	ecurities, owner with Section of the NAIC Fir	d throughout 1, III - Gener ancial Cond	t the current year al Examination C ition Examiners H	held pursuant to a onsiderations, F. landbook?	Yes	[X]	No []
17.1		1 Name of Cust			enter, 500 G	2 Custodian Addr	ess te 410, Pittsburgh, PA 1	5258			
17.2	For all agreements that location and a comple		vith the requirements of the NAIC I	Financial Cond	lition Examin	ners Handbook, p	rovide the name,				
	1 Name((s)	2 Location(s)			3 Complete Expla	nation(s)				
17.3 17.4	Have there been any of lf yes, give full information		g name changes, in the custodian(to:	s) identified in	17.1 during t	the current quarte	er?	Yes	[]	No [X	[]
	1 Old Custo	odian	2 New Custodian	Date	3 of Change		4 Reason				
17.5	make investment deci	isions on behalf of	ivestment advisors, investment ma the reporting entity. For assets the tment accounts"; "handle securi	at are manage							
		Name of Firm	1	2							
	Catholic Health Init	Name of Firm tiatives - Treasu	n or individual ry department	Affilia							
	BNY Mellon Asset Mar	nagement North Am	erica	U							
	17.5097 For those firm	ns/individuals liste	d in the table for Question 17.5, do	o any firms/ind	ividuals unaf			Yes	[X]	No []
			d with the reporting entity (i.e. desing the design of the					Yes	[X]	No []
17.6	For those firms or inditable below.	viduals listed in th	e table for 17.5 with an affiliation o	code of "A" (af	iliated) or "U	" (unaffiliated), pr	ovide the information for t	he			
	1		2			3	4		Inves	5 stment gement	
	Central Registration								Agre	ement	
	Depository Number	BNY Mellon Asset	Name of Firm or Individual Management North America			y Identifier (LEI)	Registered With		$\overline{}$) Filed	1
18.1 18.2	If no, list exceptions:	uirements of the P	urposes and Procedures Manual o	of the NAIC Inv	restment Ana				[X]	No []
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	n necessary to per available. or is current on all s an actual expect	eporting entity is certifying the follomit a full credit analysis of the secton contracted interest and principal pation of ultimate payment of all costs SGI securities?	urity does not a ayments. ntracted intere	exist or an No	AIC CRP credit ra	ating for an FE or PL	Yes	[]	No []	X]
20.	a. The security wa b. The reporting er c. The NAIC Designon a current privity. d. The reporting er	s purchased prior ntity is holding cap gnation was derive vate letter rating h ntity is not permitte	reporting entity is certifying the fol to January 1, 2018. ioital commensurate with the NAIC and from the credit rating assigned teld by the insurer and available for to share this credit rating of the PLGI securities?	Designation re by an NAIC CF r examination PL security w	eported for th RP in its legal by state insur th the SVO.	ne security. I capacity as a NF rance regulators.	RSRO which is shown	Yes	[]	No [ː	X]
21.	FE fund: a. The shares were b. The reporting er c. The security had January 1, 2019 d. The fund only of e. The current repe in its legal capar	e purchased prior ntity is holding cap d a public credit ra d r predominantly ho orted NAIC Design city as an NRSRC	registered private fund, the reportition to January 1, 2019. bital commensurate with the NAIC (ting(s) with annual surveillance as olds bonds in its portfolio. nation was derived from the public of the public of the public of the purchast of the public of the purchast of the public of the publ	Designation resigned by an l	eported for th NAIC CRP in) with annual not lapsed.	e security. i its legal capacity	as an NRSRO prior to			No []	

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		
	1.2 A&H cost containment percent		
	1.3 A&H expense percent excluding cost containment expenses		
2.1	Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$		
2.3	Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$\$		
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes []	No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes []	No [X]

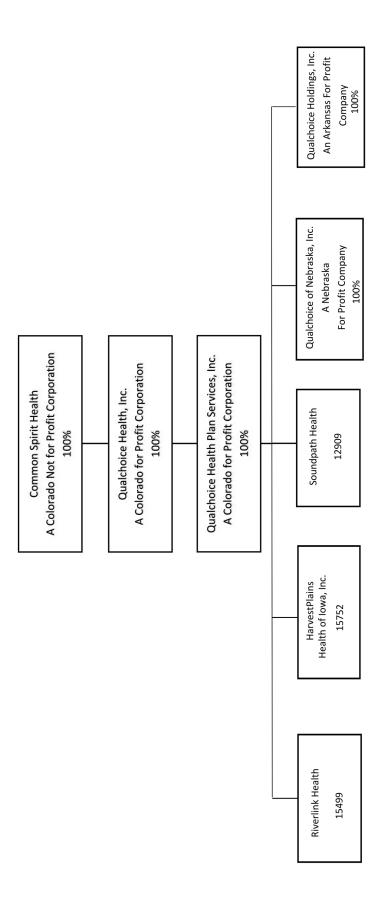
STATEMENT AS OF JUNE 30, 2023 OF THE HarvestPlains Health of lowa SCHEDULE S - CEDED REINSURANCE

			Showing All New Reinsurance Treaties - Current Year to Date	ce Treaties -	Current Yea	ar to Date	
- Z	2	ო	4	ഗ	6 Type of		∞
Company	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Ceded	Business Ceded	Type of Reir
	<u>:</u>	<u> </u>					
	<u>:</u>	-					
		-					
	: :						
	: :						
	:						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
							Federal Employees	Life and			
							Health	Annuity			
		Active	Accident and				Benefits	Premiums &	Property/	Total	
	States, etc.	Status (a)	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Program Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama AL	N	i romiumo	Title Aviii	THE AIA	///	riomiumo	Sonorderations	Fremiums	0	Contracts
2.	Alaska AK	N								0	
3.	Arizona AZ	N								0	
4.	Arkansas AR	N								0	
5.	California CA	N								0	
6.	Colorado CO	N								0	
7.	Connecticut CT	N								0	
8.	Delaware DE	N								0	
9.	District of Columbia DC	N								0	
10.	Florida FL	N								0	
11.	Georgia GA	N								0	
12.	Hawaii HI	N								0	
13.	ldaho ID	N								0	
14.	Illinois IL	N								0	
15.	Indiana IN	N								0	
16.	lowa IA	L								0	
17.	Kansas KS	N								0	
18.	Kentucky KY	N								0	
19.	Louisiana LA	N								0	
20.	Maine ME	N								0	ļ
21.	Maryland MD	N								0	
22.	Massachusetts MA	N								0	
23.	Michigan MI	N								0	
24.	Minnesota MN	N								0	
25.	Mississippi MS	N								0	
26.	Missouri MO	N								0	
27.	Montana MT	N								0	
28.	Nebraska NE	N							•••••	0	
29.	Nevada NV	N							•••••	0	
30.	New Hampshire NH	N								0	
31.	New Jersey NJ	N								0	
32.	New Mexico NM	N								0	
33. 34.	New York NY North Carolina NC	N								0 0	
35.	North Carolina NC North Dakota ND	N								0	
36.	Ohio OH	N								0	
37.	Oklahoma OK	N								0	
38.	Oregon OR	N								0	
39.	Pennsylvania PA	N								0	
40.	Rhode Island RI	N								0	
41.	South Carolina SC	N								0	
42.	South Dakota SD	N								0	
43.	Tennessee TN	N								0	
44.	Texas TX	N								0	
45.	Utah UT	N								0	
46.	Vermont VT	N								0	
47.	Virginia VA	N								0	ļ l
48.	Washington WA	N								0	ļ
49.	West Virginia WV	N								0	ļ
50.	Wisconsin WI	N								0	
51.	Wyoming WY	N								0	
52.	American Samoa AS	N								0	
53.	Guam GU	N								0	ļ
54.	Puerto Rico PR	N								0	ļ
55.	U.S. Virgin Islands VI	N								0	
56.	Northern Mariana									_	
	Islands MP	N	·····							0	
57.	Canada CAN	N	·····		·····		·····			0	
58.	Aggregate Other Aliens OT	xxx	0	l0	l0	0	0	0	0	l0	ا م
59.	Subtotal	xxx	0	0	0	0	0	0	0	0	ا م ا
60.	Reporting Entity			J						⁰	
00.	Contributions for Employee										
	Benefit Plans	xxx								0	
61.	Totals (Direct Business)	XXX	0	0	0	0	0	0	0	0	0
	DETAILS OF WRITE-INS										ı 7
58001.		XXX	·····				·····				J
58002.		XXX	ļ								
58003		YYY		I	l .		l	I		I	



STATEMENT AS OF JUNE 30, 2023 OF THE HarvestPlains Health of lowa **SCHEDULE Y**

ST 1A - DETAIL OF INSTIDANCE HOLDING COMPANY SYSTEM	<i>•</i>	QualChoice Health Plan Services, Inc															
	<i>•</i>		<i>S</i>														
DADT 1A	5 6 Federal													_			
	4 G	46-1224037	12909 42–1720801	15499 46-4380824	15752 47–3451750												
	3 NAIC Company	_									-			_			
	Section Name	ocide de la company de la comp	. 4807 Catholic Hith Initatives Grp	. 4807 Catholic Hith Initatives Grp	. 4807 Catholic HIth Initatives Grp											sk	-
	Group		4807	4807	4807		1	İ		i	1	-	<u> </u>			Asterisk	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	NO
	Explanation:	
1.		
2.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	
2.	Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans Prior Year Ended 1. Book value/recorded investment excluding accrued interest, December 31 of prior year 2.1 Actual cost at time of acquisition ... 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease) 5. 6. Total gain (loss) on disposals Deduct amounts received on disposals Deduct amortization of premium and mortgage in 9. Total foreign exchange change in book value/rec 10. Deduct current year's other than temporary impairment recognized 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. 13. Subtotal (Line 11 plus Line 12) ... 14. Deduct total nonadmitted amounts

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

Statement value at end of current period (Line 13 minus Line 14)

15.

	Other Long-Term Invested Assets	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

2 Prior Year Ended

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

	During the	Current Quarter for	all Bonds and Prefe	During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation	Designation		
		1	2	3	4	2	
		Book/Adjusted				Book/Adjusted	Book
		Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value Fnd of	Carry
	NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Secor
	BONDS						
<u> </u>	NAIC 1 (a)	2,807,570	1,322,522	1,386,180	2,564	2,807,570	
.2		465,636	57,171	29 062	613	465,636	
ď		0	0	0	0	0	
. 4		0	0	0	0	0	
. 5		0	0	0	0	0	
. 6		0	0	0	0	0	
7.		3,273,206	1,379,693	1,415,245	3,177	3,273,206	
	PREFERRED STOCK						
	NAIC 1	0	0	0	0	0	
о́ —	NAIC 2	0	0	0	0	0	
10.	NAIC 3	0	0	0	0	0	
	NAIC 4	0	0	0	0	0	
12.	NAIC 5	0	0	0	0	0	
13.		0	0	0	0	0	
4.	Total Preferred Stock	0	0	0	0	0	
15.	Total Bonds and Preferred Stock	3,273,206	1,379,693	1,415,245	3,177	3,273,206	

....0; NAIC6 \$...

.....0; NAIC 5 \$

....0 NAIC 4 \$

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

..... 34,774; NAIC 3 \$

.... 39,378; NAIC 2 \$

NAIC 1 \$

SCHEDULE DA - PART 1

Short-Term Investments

	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1	2	3	4	5
					Paid for
	Book/Adjusted			Interest Collected	Accrued Interest
	Carrying Value	Par Value	Actual Cost	Year-to-Date	Year-to-Date
770999999 Totals	74, 152	l xxx	73,698	0	482

SCHEDULE DA - VERIFICATION

Short-Term Investments

	Short-renn investments	1	2
			_
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of short-term investments acquired	112,542	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	
5.	Total gain (loss) on disposals	(3)	
6.	Deduct consideration received on disposals	38,851	
7.	Deduct amortization of premium	(2)	
8.	Total foreign exchange change in book/adjusted carrying value	0	
9.	Deduct current year's other than temporary impairment recognized	0	
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	74 , 153	0
11.	Deduct total nonadmitted amounts	0	
12.	Statement value at end of current period (Line 10 minus Line 11)	74,153	0

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts **NONE**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	(Cash Equivalents)	1	
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of cash equivalents acquired	14,946	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	
5.	Total gain (loss) on disposals	6	
6.	Deduct consideration received on disposals	14,972	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value	0	
9.	Deduct current year's other than temporary impairment recognized	0	
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11.	Deduct total nonadmitted amounts	0	
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

SCHEDULE D - PART 3

			Show All	Show All Long-Term Bonds and Stock Acquired During the Current Quarter		
~	2	3	4	ۍ	9	7
CUSIP	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost
91282C-GL-9	UNITED STATES TREASURY NOTE/BOND	,	04/03/2023	RBS SECURITIES INC./		281,565
91282C-GV-7	UNITED STATES TREASURY NOTE/BOND		06/01/2023			274,625
91282C-HB-0	UNITED STATES TREASURY NOTE/BOND		06/01/2023	DEUTSCHE BANC/ALEX B		326, 377
91282C-HD-6	UNITED STATES TREASURY NOTE/BOND		06/20/2023	BANK OF MONTREAL LON		14,877
91282C-HH-7	United States treasury note/Bond		06/20/2023	BANK OF MONTREAL LON		199,086
01099999999.	0109999999. Subtotal - Bonds - U.S. Governments					1,096,530
03066T-AC-5			05/02/2023	WELLS FARGO SECS LLC		
06051G-FS-3			04/14/2023	BANC/AMERICA SECUR.L		19, 565
09661R-AE-1			04/19/2023	NATL FINANCIAL SERVI		19,280
11120V-AF-0			05/24/2023			9,701
14448C-AN-4			04/14/2023	-		6.539
172967-NQ-0			04/14/2023	CITIGROUP GLOBAL MKT		9,875
254683-CZ-6			06/21/2023	_		4,999
341081-GR-2			05/15/2023	_		2,999
34528L-AE-5			04/20/2023	PERSHING & COIIPANY		19,584
45866F-AD-6	INTERCONTINENTAL EXCHANGE INC		04/14/2023	•		14,659
46625H-KC-3			04/14/2023	<u> </u>		19,450
58769V-AD-2	MERCEDES-BENZ AUTO RECEIVABLES TRUST 202		05/02/2023	TORONTO DOMINION SEC		14,355
617446-80-6			04/14/2023	UPIN SECURITIES-FIXED		19,756
63111X-AG-6	INSUAC INC		06/22/2023			2, 998
5548UW-AB-/	IN ISSAN AUTO HECETVABLES 2023-A UNINER THU		04/18/2023	BK UF NY/MILDUHU SECU		9,000
929160-BA-6	MILON MATERIALS ON		04/14/2023			811 41
67077M-AZ-1	NUTRIEN LTD	A	04/14/2023			10, 137
11099999999.	ubtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					224,069
2509999997.	2509999997. Total - Bonds - Part 3					1,320,599
2509999998.	2509999998. Total - Bonds - Part 5					XXX
2509999999	250999999. Total - Bonds					1,320,599
4509999997.	4509999997. Total - Preferred Stocks - Part 3					0
4509999998.	450999998. Total - Preferred Stocks - Part 5					XXX
4509999999.	450999999. Total - Preferred Stocks					0
598999997.	5989999997. Total - Common Stocks - Part 3					0
5989999998.	5989999998. Total - Common Stocks - Part 5					XXX
5989999999.	598999999. Total - Common Stocks					0
59999999999.	599999999. Total - Preferred and Common Stocks					0
6009999999 - Totals	- Totals					1,320,599

STATEMENT AS OF JUNE 30, 2023 OF THE HarvestPlains Health of lowa SCHEDULE D - PART 4

Description UNITED STATES TREASURY NOTE/BOND	E 9	4	5	9	2	6 8 7 9		10 Change In Book/Adjusted Carrying Value	占	ange In Bool	k/Adjusted (Change In Book/Adjusted Carrying Value	ne ,	16	17
	Ē		_		-	_		,			0.7	77	L		_
	eign	r- Disposal	Name of Purchaser	Number of Shares of Stock	Consid-	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	Current (Year's (Amor- Itization)/ Accretion	13 Current Year's Other Than Temporary Impairment Impairment	Total Change in Book/ Adjusted Carrying Value (11 + 12 -	15 Total Foreign Exchange Change in Book /Adjusted Carrying	Book/ Adjusted Carrying Value at Disposal Date	Foreigr Exchanç Gain (Loss) o
		04/03/2023	. BANK OF MONTREAL LON		53,481	55,000	52,955	0	0	66	0	66	0	53,054	
UNITED STATES TREASURY NOTE/BOND UNITED STATES TREASURY NOTE/BOND					189,698	195,000	189,812	29,811	0	494	0	494	0	190,361	
UNITED STATES THEASURY NOTE/BOND					223,956	230,000	229, 436	229,543	0		0	09	0	229,604	
	÷	•	DEUTSCHE BANC/ALEX B		161,055	165,000	162,326	162, 790	0 0	7 289	0 0	789	0	163,079	
91262C-ET-3 UNITED STATES THEASURT NOTE/BOND					197 938	300,000	201 118		0 0	(37)	0 0	1,033	0 0	201 042	
UNITED STATES TREASURY NOTE/BOND			GOLDMAN SACHS & CO		5,052	5,000	5,076	0	0	(2)	0	(2)	0	5,074	
99. Subtotal - Bonds - U.S. C	rnments	1	1	1	1, 155, 190	1, 183, 000	1,164,694	486,886	0	1,897	0	1,897	0	1, 167, 262	
020002-AZ-4 ALLSTATE CORP/THE		06/15/2023 .	. MATURITY		15,000	15,000	16,035	15, 146	0	(146)	0	(146)	0	15,000	
			PAYDOWN .		295	295	295	295	0	0	0	0	0	295	
					2,537	2,537	2,537	2,537	0	0	0	0	0	2,537	
		•			791	791	. 791	791	0	0	0	0	0	791	
149134-23-7 CALEMPILLAM FINANCIAL SENVICES COMP	•	05/02/2023 .	MORGAN STANIEV & CO		908	10,000	10 913	10,448	0 0	(108)	0	(103)	- c	10,286	
					14,395	15,000	14 994	14 995	0	1	0		0	14 996	
					14,257	14,000	14,070	0	0	(5)	0	(5)	0	14,065	
		04/15/2023 .	PAYDOWN		2, 599	2,599	2,599	2,599	0	0	0	0	0	2,599	
	/A				3,242	3,242	3,241	3,241	0	0	0	0	0	3,242	
	_				4,251	4,251	4,251	4,251	0	0 0	0	0 0	0 0	4,251	
41284N-AC-4 MARLEY-DAVIDSON MOTORICE IROST 2021-A		06/15/2023 .	PAYDOWN		1,834	1 010	1 910	1 010		0		0 0	0 0	1 010	
					14,619	15,000	14,659	0	0	22	0	22	0	14,682	
					15,000	15,000	16,079	15,067	0	(67)	0	(29)	0	15,000	
	-	_			15,000	15,000	16,033	15, 133	0	(133)	0	(133)	0	15,000	
	-				14,488	15,000	14,810	14,903	0	35	0	35	0	14,938	
713448-FB-9 PEPSICO INC	<u> </u>	04/26/2023 .	. MERRILL LYNCH PIERCE		14,707	15,000	15,060		0	(7)	0	(7)	0	15,010	
					29, 186	30,000	30,015	30.00	0	(3)	0	(3)	0	30.003	
		_			2,005	2,005	2,005	2,005	0	0	0	0	0	2,005	
					2,867	2,867	2,867	2,867	0	0	0	0	0		
98163G-AE-1 WORLD OMNI AUTOMOBILE LEASE SECURITIZATI		05/15/2023	. PAYDOWN		15,000	15,000	14,999	15,000	0	0	0	0	0	15,000	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)	and Misce	llaneous (U	naffiliated)		215,677	218, 174	223, 284	183, 431	0	(201)	0	(201)	0	218,372	
2509999997. I otal - Bonds - Part 4					1,370,867	1,401,174	1,387,978	670,317	0	1,396	0	1,396	0	1,385,634	,000
2509999998. Total - Bonds - Part 5					XX	XX	XX	X	X	×	X	X	×	×	XX
2509999999. Total - Bonds					1,370,867	1,401,174	1,387,978	670,317	0	1,396	0	1,396	0	1,385,634	
4509999997. I otal - Preferred Stocks - Part 4	4 1				0	XX	0	0	0	0	0	0	0	0	7007
4509999998. I otal - Preferred Stocks - Part 5	12				X	X	X	X	× ,	X	XX	× ,	× ,	XXX	XX
4509999999. Total - Preferred Stocks					0 (X 3	0 (0 (0 (0 (0 0	0 (0 (0	
598999998. Total - Collilliol Stocks - Part 5	1.5				×	₹×	××	×××	×	××	××	×	×	×	XX
598999999. Total - Common Stocks					0	××	0	0	0	0	0	0	0	0	
599999999. Total - Preferred and Common Stocks	n Stocks				0	×	0	0	0	0	0	0	0	0	
6009999999 - Totals					1,370,867	XX	1,387,978	670,317	0	1,396	0	1,396	0	1,385,634	

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

			End Depository					
1	2	3	4	5	Book Ba	lance at End of Ead	ch Month	9
					Di	uring Current Quart	ter	
			Amount of	Amount of	6	7	8	1
			Interest Received	Interest Accrued				
		Rate of	During Current	at Current				
Depository	Code	Interest		Statement Date	First Month	Second Month	Third Month	*
Bank of New York Mellon								
Investments, Pittsburgh, PA .		0.000	١	0	5 . 154	36,780	57.919	xxx.
		0.000						
Wells Fargo Bank NA								
Operating, San Francisco, CA								
					209	209	209	XXX.
0199998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	5,363	36,989	58,128	XXX
0299998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	5,363	36,989	58,128	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	0	0	5,363	36,989	58,128	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter $\bf N$ $\bf O$ $\bf N$ $\bf E$